

Doctorate in Professional Studies (Nurse Education in Practice)

**An innovative practice assessment in nursing:
exploring the contested relationship between
assessment and learning in practice.**

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Abstract

This professional doctorate addresses a protracted challenge that is fundamental to 'learning to nurse', that of learning, and the assessment of that learning, in the practice environment. This project was inspired by the obligation to implement a Pan London practice assessment document for nursing students as mandated by the National Health Service (NHS) London office in 2013. As a member of the pan London practice learning group (PLPLG) I had a participatory role in its development. As 'Head of Practice-based Learning' within the School of Health and Education my 'inward' facing role in this project was to positively influence the practice learning curriculum development institutionally. Collaborating within my institutional community of practice to achieve their understanding and ownership of this externally produced assessment tool, and lay the foundations for their adoption and implementation of this tool across a variety of placements was key to this project.

A critical consideration for Middlesex University was the specific requirement pertaining to the our curriculum validated in 2011, being that the assessment of practice must be both graded and awarded credits and the timing of this implementation afforded me with the opportunities to explore views and perceptions related to this integral part of our learning and assessment strategy.

My approach to this inquiry reflects an action research methodology due to its critical and transformative nature and the integration of action and reflection. The action cycles adopted a range of activities including a critical discussion using an appreciative inquiry approach, focus groups involving academics, practice education staff and students as well as an analysis of the text provided by student assessment documentation.

A number of important insights have been developed along the journey of this project and significant learning gains for myself and participants. The challenges that students face, whether their practice is graded or not, are illuminated against a background of traditional and controlling assessment practices and complex environments influenced by historical and socio-political factors. The significance of these findings within the changing context of nurse education with the planned implementation of new Nursing and Midwifery Council standards for education in Sept 2019 will also be elucidated.

This project has led to the enhancement of a community of practice for practice learning within the school, involving both academic and practice colleagues; a fuller appreciation of the student experience with a decision not to grade practice in our new curriculum; actions that aim to empower students to engage more actively in their learning; and the promotion of an enhanced team based approach to learning in practice.

Glossary

AI - Appreciative Inquiry

CoDH- Council of Deans of Health

CQC- Care Quality Commission

ENB- English National Board

FNMOB- Future Nurse and Midwifery Oversight Board

FNOB - Future Nurse Oversight Board

HEE- Health Education England

HEI- Higher Education Institute

LETB- Local Education and Training Board

MDX – Middlesex

NHS- National Health Service

NMC- Nursing and Midwifery Council

QMPPA- Quality Monitoring Panel for Practice Assessment

RCN- Royal College of Nursing

STEP- Strengthening Team-based Education in Practice

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Chapter 1: Introduction

1.0 Defining practice learning in a changing health care context

This professional doctorate addresses a protracted challenge that is fundamental to 'learning to nurse', that of learning, and the assessment of that learning, in the practice environment. As 'Head of Practice-based Learning' I participated in developing a shared nursing assessment tool for use across nine London universities in 2013 and as well as supporting that development I needed to assure its effective implementation locally at Middlesex University. This unique endeavor created the opportunity for me to comprehensively review and enhance our approach to practice learning locally taking into consideration the needs of over 900 nursing students working across approximately 500 placement areas. By adopting an evidence based critical approach to this work it has also motivated me to position myself to influence practice learning and assessment in the broader London and national context, resulting in the next iteration of the practice assessment document for London, now adopted by many regions in England.

It is the responsibility of the professional regulatory body, the Nursing and Midwifery Council (NMC) to set and monitor standards of education and one key requirements for education programmes leading to registration for nursing students is that 50% of the learning (2300 hours) must be practice-based (NMC, 2010; NMC, 2018a). This learning is delivered and assessed in a diverse range of placement environments. It is assessed by practitioners in the local practice context and not academics.

Whilst adhering to professional and regulatory body standards (NMC, 2010; NMC, 2018a) what students are assessed upon in practice, how they are assessed and whether or not this practice learning is graded and documented takes many forms and varies considerably across universities. Consequently, the assessment of practice learning has become a greatly contested issue in nurse education. A greater understanding of the significant relationship between practice learning and the assessment of that learning is imperative if we are to be more effective in preparing safe and competent practitioners. As this at the heart of this project, a brief preface to practice learning and assessment will be offered in support of the project aims and objectives which conclude this chapter.

In this introductory Chapter I will locate the assessment of student nurses practice learning against the care context in which it has evolved, one of a prolonged period of turbulence, challenge and change in the National Health Service (NHS) (Wood, 2013). This in turn has impacted on Professional Regulation and Education and acted as a catalyst for education

and regulation changes enacted by the NMC which have been significant throughout the life of this project and thus are critical considerations. As the parameters of this project are defined by the regional setting, the HEIs (Higher Education Institutions) and NHS Partners with whom I engage and operate in my role as Head of Practice-based Learning, I present the regional structure and organisation of Nursing Education in London framed by the overarching context of the NMC and their regulation and governance role in nurse education. My approach to this inquiry reflects an action research methodology due to its critical and transformative nature and the integration of action and reflection (Mc Niff and Whitehead, 2011), it reflects a process of asking questions about my own practice and the practice of others, agreeing solutions with others and studying the ongoing actions and their potential impact (Herr and Anderson, 2015).

1.1 Regulation and Governance of Nursing Education and Practice in the UK.

Registration as a Nurse in the UK is regulated by the NMC which has been the statutory body for nursing since 2002 as set out under the Nursing and Midwifery Order 2001 (HM Government 2002). As the professional regulator for nurses and midwives in the UK and nursing associates in England the core purpose of the NMC is to assure public safety and to achieve this through effective and proportionate regulation of its professional members (NMC, 2019). The NMC sets and reviews standards for conduct and performance, education and training, and investigates allegations of impaired fitness to practise (NMC, 2019).

All HEI programmes leading to NMC registration must be approved by the NMC prior to enrolling any students, demonstrating adherence to their published standards in all aspects of the curriculum, from recruitment through to registration. As part of the approval process the HEI must present documentation explicitly detailing how opportunities for achieving the prescribed nursing competencies are to be assessed, documented and quality assured.

Strong evidence of effective and established partnership working with all placement providers must also be evident (NMC, 2010; NMC, 2018a). In addition to this the NMC undertake a robust annual monitoring function which may involve a visit to the organisation and their associated practice partners to confirm processes are meeting the required regulations.

The essential role of learning in and from practice is clearly emphasised by the NMC and as a practice-based profession there is a requirement, supported by a European Directive, that student nurses undertake 50% of their programme in practice learning environments

equating to 2300 hours over a three year period to achieve the competencies for registration (NMC, 2010; NMC, 2018 a). The NMC standards are rarely static and the context of health care along with government policy influences the standards for nurse education and training, as evidence by 'Raising the Bar' (Willis, 2015) .

At the outset of this project the NMC standards for Pre-Registration Nursing Education (NMC, 2010) were in place detailing what students must achieve in theory and practice to register accompanied by the NMC Standard to Support Learning and Assessment in Practice (NMC, 2008) which set out the practice learning parameters that must be met by practitioners, mentors and nursing academics who facilitate, support and assess learning in practice.

Within these UK wide standards the NMC defined a mentor as 'a registrant who, following successful completion of an NMC approved mentor preparation programme achieved the knowledge, skills and competence to meet the defined outcomes' (NMC 2008, p.19). There is no international consensus or terms used to describe a mentor and the term is used interchangeably across countries with titles such as preceptor, supervisor or facilitator being common (RCN, 2016) however there are a number of similarities in how the role is operationalised to support student learning and assessment, as will be evident in chapter 2. According to the NMC a mentor is accountable for confirming that students have met or not met specific NMC competencies in practice (NMC, 2010) though the role in managing the summative assessment of practice adds a complex dimension to this role and the preparedness of mentors for this level of responsibility has been questioned (Hughes, Mitchell and Johnson, 2016; Hunt, et al 2016a).

Both sets of standards identified above reflect the regulatory requirements during the life of this project, however, following a lengthy review of these standards and a national consultation strategy the NMC developed and published a new and significantly revised education framework in 2018, i.e. the Standards for Proficiency for Registered Nurses (NMC, 2018a) alongside the Standards for Student Supervision and Assessment (NMC, 2018b). This new framework is must be implemented for all pre-registration students from September 2020 with the option of transferring current students to the newly approved programmes.

The fact that we were moving towards the implementation of new standards during the latter part of this project did influence some of the critical discourse related to curriculum design and my involvement in coordinating the revised version of the PAD has created the opportunity for me to work with the Future Nurse Oversight Board for England (HEE 2019)

and advise on issues related to learning and assessment in practice.

1.2 Practice Learning and Assessment

The centrality of practice learning to the socialisation, resilience and competence of student nurses on the journey towards their professional registration is always under intense scrutiny because of the high stakes inherent in ensuring public safety. Eraut (2000) believed the success of nursing curricula to be largely reliant on the effectiveness of the practice learning experience, whereby their experiences within clinical contexts are not only powerful in shaping student attitudes to learning but fundamental to their practice and professional development (Eraut, 2000).

The development and implementation of an assessment document for nurses impacts on student learning and development in practice and hence this critical relationship between learning and assessment needs to be explored and understood. This is multi-faceted involving Nursing Academics, Mentors, Practitioners, Service Users and Students, and begs a philosophical surfacing of the values and beliefs that underpin our conceptualisation of practice learning. It is an integral part of the student and mentor learning experience, influencing what is learnt and how it is learnt and hence impacting on the students fitness to practise as safe and competent practitioners. Hence, developing and implementing strategies to further support practitioners and students in embedding assessment as learning became central to this project.

1.3 The Context of Health Care Policy and Practice

This practitioner research inquiry commenced at a time of unprecedented change in the health service, or as Wood (2013) described it 'The NHS at 65 is facing a triple-pinch of recession, austerity and demographic change'.

In response to economic downturn, Government policy and demographic changes we saw a new Government introduce a radical shake-up embodied in the Health and Care Act 2012 (NHS, 2012) which introduced a complete new series of local structures, shifted commissioning responsibilities for health care and introduced opportunities for a wider range of providers to be involved in the delivery of NHS care (Wood, 2013). The impact of such structural change for nursing education was highly significant as the wider range of providers would mean the need to establish new partners – such as private providers and care homes, involve new staff in the preparation of student nurses for registration and make changes to

the way commissioning of the future nursing workforce took place.

Subsequent to this in 2014 NHS England (NHS England, 2014) published its Five Year Forward review which set out a clear direction for the NHS and encouraged the breaking down of barriers of where care is delivered with an emphasis on integrated out of hospital care and the need to integrate care to meet the needs of a changing population. These changes in the way health services are managed and delivered also influenced the student nurse's programme in a number of ways. The reduced length of hospital stays and increased focus on primary care and community care, provoke changes in how and where we access student placements, require curricular change to embed the required new knowledge and skills needed and subsequently impact on the quality of the learning opportunities available.

This period also saw the emergence of concerns and ensuing inquiries into the Quality of Care at a number of trusts, raising uncomfortable questions about the environments in which care is delivered, those who deliver the care, and the openness of trusts to hear accounts from those who endeavoured to surface poor care (Traynor, 2013).

The publication of these major evidence-based reports, including Willis (2012), Francis (2013), Berwick (2013), Cavendish (2013) and Keogh (2014) all made recommendations related to the need for improved patient safety, enhanced care, greater transparency and more effective leadership. A critical discourse concerning the education of nurses and their future practice learning experience also ensued. The Francis report (Francis, 2013) detailing the serious failings at the Mid Staffordshire NHS Foundation Trust and the associated abhorrent care delivery, highlighted the role that learners have in raising concerns about standards of care and was a key catalyst in creating national debate related to the education of student nurses. There was an emphasis on placements and a plea for education providers to foster a culture of positive role models and environments where learners feel that their views are listened to and acted upon. Francis (2013) suggested that students are invaluable eyes and ears in hospital settings and that student feedback should be universally used at a national level to enhance quality standards and inform service improvements.

Resultant from this "Raising the Bar", a report commissioned by the NMC and Health Education England (HEE), reviewed the future education and training of registered nurses and care assistants, identifying the challenges of ensuring that the future workforce meet the health care needs of the population for the next 10 – 15 years. Led by Lord Willis this report was critical of the current models of mentorship for student nurses, identified inconsistencies in the quality of the learning environment and called for new ways of working to enhance the student experience and development (Willis, 2015). A number of recommendations related

to the preparation of the future workforce highlighted the need for new roles to support the registered nurse. In response to the changing context of health care since 2012, Willis (2015) concurred with previous reports regarding education and recommended that more needs to be expected from the graduate nurse of the future to meet the needs of diverse populations to incorporate both health care and social care delivery nearer to or at home. One key outcome from the various reviews into healthcare delivery was an increased emphasis on the importance of the role of the service user in all aspects of care, a view that was fully supported by the NMC. The role of the service user and carers in contributing to the design and delivery of programmes had already been proposed and was a requirement of the 2010 pre-registration nursing standards (NMC, 2010). The need to work in partnership with the service user in all aspects of curriculum activity including recruitment, teaching and assessing has been given even more prominence in the revised standards published in 2018 (NMC, 2018a).

1.4 Nurse Education in London

The structural changes initiated by the 2012 Health and Care Act saw Health Education England (HEE) formed in 2012. Their main remit being to ensure that the healthcare workforce are appropriately prepared to deliver high quality care (NHS, 2012; NHS, 2017) and with responsibility for commissioning of all professional programmes up until 2017. HEE have undergone significant change both in structure and governance since its inception. At the time of commencing this project HEE were composed of a number of Local Education and Training Boards (LETBs). There were three LETBs in the London region (previously known as NHS London) who worked with the nine Higher Education Institutes (HEIs) that deliver nurse education, these LETBs reduced to two in 2018 and later regrouped as HEE (London).

Changes in the HEE structure made in 2017/2018 as a result of the 2015 Spending Review saw a significant change to the funding system for health care students which removed the need for commissioning. NHS bursaries for healthcare students in England were replaced with student loans which took effect for students starting programmes from 1 August 2017 (HM Treasury, 2015).

Each LETB worked independently on a number of issues but had shared governance processes regarding contract monitoring and quality enhancement and monitoring of learning in practice. Throughout the duration of this project we continued to have some commissioned students who commenced their programme prior to 2017. This meant that we

were obligated to regularly and formally report on our established processes to demonstrate contract compliance and capability to provide appropriate high quality healthcare education programmes. HEE have continued to manage a placement tariff, introduced in a staged approach in 2013, which provides funding to practice environments to support learning in practice and hence assuring the quality of the learning experience in practice remains one of their key priorities (DoH, 2014)

In order to manage practice learning processes and share effective practices across London a Pan London Practice Learning Group (PLPLG) was formed over 10 years ago. This was initially a self-regulatory group of like-minded academics who realised the potential and benefits of working collaboratively to develop a strong portfolio of projects and I was privileged to be invited as one of the initial members.

1.5 Development of the Pan London 'PAD'.

The significance of the relationship between the two LETBs who seek to monitor and enhance the quality of student nurses practice learning, with nine HEIs only becomes clear when we consider what that looks and feels like for busy practitioners/mentors assessing students in practice. At the outset of this pan London PAD project there were nine assessment documents in use across London and with a number of students from different HEIs sharing placements this often resulted in staff in practice managing up to three different assessment tools and processes at a given time. To address the matter a representation from the Directors of Nursing in London lobbied the London Deans and NHS London for the implementation of a shared assessment tool. Despite reservations and concerns expressed by experienced members of the PLPLG regarding the process of developing a new assessment document to fit with an already validated curriculum, these were outweighed by the perceived benefits. In 2011 NHS London placed a clause within the 2012/2013 contract with all London HEIs to develop a single assessment tool.

In response to this mandate, supported by the London LETBs a steering group was formed (a subgroup of the PLPLG) to lead on the development and implementation of a pan-London assessment document for pre-registration nursing. As Head of Practice-based learning in the School of Health and Education and member of the pan-London Practice Learning Group I was appropriately placed to represent Middlesex University on the steering group. Senior staff representatives from the other eight HEIs with pre-registration nursing commissions in London, as well as representatives from the LETBs, London Deans and the London Directors of Nursing were also invited to be members. Funding from the

North Central London LETB enabled us to appoint a project manager to manage timelines and oversee the development of the new practice assessment document and supporting processes.

Aiming for approval by the NMC in July 2013, with full implementation in Sept 2013, the timescale was considered ambitious and constrictive, a sentiment I fully championed given the potentially negative impact this may have had on the quality of the document and related processes. An 'extraordinary' meeting was facilitated by the project lead with the steering group members, London Deans, Directors of Nursing and the LETBs in attendance in order to review the project plan. Following an intense and passionate discussion an agreement was reached resulting in a proposed partial implementation in 2014 with all students transferring to the new document by September 2015.

One of the key roles of the project manager was facilitating the collaboration with the multiple stakeholders in London across health and social care and the private and independent sector (Appendix 1: Context Paper PLPAD Development). At the time of the development of the document it was estimated that there were approximately 35 acute hospital trusts and 30 community trusts in the London region who provided multiple placement opportunities for student nurses with each university also working with 30 plus independent sector placement organisations. For example, at Middlesex university we have over 500 placements that students can access at any one time to support summative assessment and hence requiring an identified mentor to support their learning. These numbers put in perspective the huge challenge and resultant achievement in effectively engaging with the vast number of staff identified in supporting or assessing roles for students and infer the complexity in managing robust quality processes.

It is estimated that the number of stakeholders involved at some point in the document development was 1347 (Appendix 1) which was viewed as an outstanding achievement though only a percentage of these were able to consistently contribute to the development. This mainly reflected those staff who were employed in senior or education related roles in practice alongside a number of academic colleagues from across London with a representative number of students and service users. Staff who led on programme development and delivery at Middlesex University and all of our local senior partners were regularly invited to events and documents were shared via email inviting comment. I also facilitated project updates at all appropriate meetings.

Service user involvement in the development of the PAD was very evident from the inception of the project and at the time of implementation the PLPLG had developed a strategy to

evaluate the service user experiences of being involved in student assessment. Since this was identified as a London wide initiative that I was already participating in it was not fundamental to replicate this from a Middlesex perspective hence not specifically incorporated as part of the objectives of this inquiry. Feedback from service users did however play a significant role in the ongoing student learning and assessment and therefore kept under review throughout this inquiry and has naturally formed a central tenet of the development of version 2 of the PAD which I was fortunate to lead on.

Having a core role in one of the largest collaborative nursing assessment projects in the UK to date, observed with interest by healthcare and education providers throughout the UK was a unique opportunity but also carried immense accountability. Working with commissioners of education, professional regulators, nursing leaders, clinical staff, academic staff, students and patients and representing their voice was paramount. The complexities of developing and implementing this unified assessment document across London are highlighted and a more in-depth analysis of how we at Middlesex University worked in partnership to manage the local nuances and challenges.

1.6 Practice Learning and Assessment at Middlesex University.

Prior to the implementation of the pan London project our assessment tool at Middlesex was conceptualised as a *Practice Learning Document*, with a deliberate focus on what the student needed or was interested to learn plus a number of formative learning activities designed to support their learning. The process of development took approximately 18 months prior to its implementation due to the level of engagement and collaboration in pursuit of a shared philosophy and promote a sense of achievement, ownership and agency. From the outset of this new initiative I was acutely aware of this and reflected on the potential implications at each stage of development. Equally, all the London HEIs had developed and validated their own unique curricula between 2011 and in 2013 and were being required to introduce a momentous change that influenced the whole curriculum and not just the 50% that was practice. Whilst this pan London project aimed for parity across all HEIs there were individual assessment regulations that impacted on local academic frameworks that could not be altered. For example, some HEIs had modules specifically identified for practice learning which attracted credits, though the number of credits varied and others had integrated theory and practice modules with credits aligned to the theoretical components.

A critical consideration for us was the specific requirement pertaining to the Middlesex curriculum validated in 2011, being that the assessment of practice must be both graded and awarded credits. Grading practice involves making a decision based on the assessment of performance that allows recognition of merit or excellence beyond awarding a mere pass (Andre, 2000). Within our curriculum the grade awarded to the student by the mentor in practice can be in one of five grade bands ranging from excellent to unsatisfactory and is then converted to a percentage to contribute to their degree classification. Grading had been a part of the nursing assessment strategy at Middlesex for less than three years prior to the entering into the development and implementation of the new pan London assessment tool. The decision to grade practice was based on a collaborative decision taken after a careful examination of the literature and evidence pertaining to grading, which we felt created the potential to enhance learning and feedback. Only one other London HEI graded practice whilst all others used a pass / fail system.

Throughout this curriculum period ongoing feedback was sought from students and mentors via a range of evaluative approaches to enable us to continually monitor assessment processes. The views expressed were found to be variable with a number of queries raised by staff and students regarding the award of both formative and summative grades and how the summative grade equated to the student programme and degree classification. To this end various amendments to language and presentation were introduced in an effort to clarify and enhance practice. This doctoral project therefore presented an invaluable opportunity to critically enquire into Middlesex University students and mentors experiences of grading practice and also positioned me to critically influence practice learning and assessment at a National level, and engage in critical discourse on this subject. It was intended that the findings from this inquiry would also contribute to stage two of the development of the pan London document and the assessment strategy for the next Middlesex University nursing programme which was due in 2016/2017, eventually delayed until 2019 due to the late publication of the new NMC professional standards (NMC, 2018a).

With the implementation of the PAD one notable and unique challenge for this project was engaging Middlesex nursing academics with an 'externally' created 'generic' practice assessment document in the development of which they had limited agency. It was essential that they fully understood and embraced this initiative and therefore an essential part of my 'inward' facing role in this project was to positively influence the practice learning curriculum development institutionally and facilitate local ownership of the pan London assessment tool and processes. Academic Staff participation and understanding of this amendment to the overall curriculum will be highlighted further in chapter 4.

1.6 Positioning Myself as Practitioner and Researcher

Situating myself in this project as a researcher and striving to delineate my role I initially considered myself both insider and outsider, but reconciled this by recognizing that what centred and situated me was my profession and professional role. First and foremost what was driving this inquiry was professional nursing practice, personified for me in my position as Head of Practice-based learning, inwardly facing my institutional colleagues as part of a community of practice. However, the seniority and authority of my position was also affording me selected entry to an influential group of policy makers.

Collaborating within my institutional community of practice to achieve their understanding and ownership of an externally produced assessment tool, and lay the foundations for their adoption and implementation of this tool across a variety of placements was one aspect of the project. My position within the PLPLG created the opportunity for me to take a scholarly approach to critically review and develop an in-depth understanding of the views and behaviours of a range of stakeholders towards learning and assessment in practice, both institutionally and beyond. Hence this practitioner research project afforded me the opportunity to positively influence and transform future practices not only within Middlesex but pan London and also visioning the potential impact of this work on a national level.

My approach to this inquiry reflects a critical constructivist epistemology in recognition of the fact that nurses, like any other professional group, are influenced by their social and historical backgrounds and the complex sociocultural environments (Jesse, 2016) they work in. The views of and perceptions of these participants and 'their worlds' of practice were highly valued and core to my understanding (Denzin and Lincoln, 2008; Kincheloe and Berry, 2004). Methodologically an action research with its cyclic and dynamic nature 'bringing together action and reflection, and theory and practice' (Reason and Bradbury 2008, p.4) provides the most facilitative approach to fulfilling the nature of practice learning change this project aims to achieve. To take action though improving my understanding, developing my learning and equally influencing the learning and practice of others all fits effectively with this methodology (Mc Niff and Whitehead, 2011).

As an insider researcher with responsibility for practice learning I needed to be aware of my dual role as practitioner and researcher and continually and carefully consider my positionality within this inquiry. Having a level of pre-understanding which Coghlan (2001) describes as the knowledge, insight and experience applying to both the dynamics and lived experience of the organization needed to be recognised and hence the need for me to

explore the benefits and challenges of my leadership position in the organisation within the context of this inquiry was crucial to illuminate. Adopting a process of 'self-regulation' which McFarlane (2008) advocates, included the need for me to make professional as well as research judgements explicit, acknowledging conflict and tensions between these. Whilst my experience and relationship with others is at times an advantage it can also compromise my ability to critically engage with information, hence Drake and Heath (2011) suggest the need for the insider researcher to devise means of stimulating reflexivity whenever possible locating oneself and one's ideas in the research project. Critical reflection in this sense is not just about developing insights into practice, it relates to being 'mindful of self' to gain new insights into self and be empowered to respond more congruently in future situations (Johns, 2004), and be aware of one's own positioning in the action research, the setting, and the potential abuse of one's own position power (Mc Niff, 2013).

1.7 Project Overview: Aims and Objectives

Within this introductory chapter I have presented the background and context of my doctoral project related to the contested relationship between learning and assessment in practice, providing evidence to demonstrate how this work impacts on my professional role, my organisational role and its contribution to an extended community of practice beyond my own organisation.

Whilst being fully committed to the fact that practice learning is a significant and integral part of the student programme and acutely aware of the enormity of this implementation task I felt that it was essential to create a community of practitioners with a full appreciation of the role of assessment within this process and the underpinning pedagogy to support and drive learning. Working purposefully together to advocate for practice learning, develop strategies to support the effective implementation of the document and transform practice was viewed as imperative.

The aims of this doctoral project were therefore to generate a greater understanding of the significant relationship between practice learning and the assessment of that learning, in contributing to the effective preparation and support of nursing students as safe and competent practitioners, through the process of implementing an innovative assessment tool.

The key objectives are presented below and set out to:

1. Positively influence the practice learning curriculum development at Middlesex University and facilitate effective change in the adoption and local ownership of the pan- London approach and processes for practice, learning and assessment.
2. Uncover the perceived realities of students, mentors and academics related to assessment and learning in practice and specifically grading in practice from the Middlesex perspective and inform curriculum development.
3. Implement strategies to further support students and practice staff in embedding assessment as learning and in ensuring students are fit for practice, purpose and award.
4. Contribute to the wider body of knowledge related to learning and assessment in practice and personally influence the practice learning agenda and critical discourse at a local and national level.

The articulation of the research questions that underpin this inquiry will be set out in chapter 3 alongside an exploration of critical action research as the chosen methodology with the associated rationale for this choice. Prior to this the Terms of Reference and initial literature review incorporating the critical analysis of the 5 emergent themes will be presented in chapter 2. My project activity is detailed in chapter 4 beginning with the presentation of data generated supported by the analysis of some of the initial findings.

This collaborative action oriented inquiry is broadly captured within 3 dynamic cycles in parallel with Mezirows reflective model representing content, process and premise reflection at each stage of the cycle to support meta- learning (Coghlan and Brannick, 2005) representing a critical reflexive approach. The presentation of the findings with a concurrent critical analysis of these is presented in chapter 5 with conclusions, recommendations and impact discussed in chapter 6, using my research questions as the framework to present these. Finally chapter 7 consolidates my critical reflexive approach using Johns reflective model (Johns, 2004) to outline my personal and professional achievements during this inquiry and provides insights into a number of related projects and achievements that have emerged during this professional doctoral journey.

2.0 Chapter 2: Practice Learning: Terms of Reference and a Review of the Literature

Being immersed in practice learning and adopting a scholarly approach to my everyday work, I am constantly reviewing policy and evidence based literature related to this topic area and therefore entered this project with what I felt was a reasonable grasp of the issues and access to and familiarity with relevant literature resources. However, in line with a critical paradigm I needed to challenge my current perceptions and understanding and embraced the opportunity to undertake a critical review of the available literature to enhance my understanding and develop key themes to inform this project design and research questions.

As reflected in chapter 1 the last decade has seen unprecedented NHS change which in turn has driven professional, educational and regulatory changes across Health Professions in the UK. In this chapter I set out an overview of key concepts influencing and impacting on the practice learning experience. Firstly very brief consideration will be given to nursing history to set the context, then addressing the present and the current professional and regulatory dictates of the Nursing and Midwifery Council (NMC) which have a mandatory influence on nursing curricula and thus the Terms of Reference for this project.

Nursing has long struggled to rid itself of historical images that undermine the art, science and 'Ways of Knowing' (Carper, 1978) that provide the theoretical underpinnings that delineate the Nursing profession and its discrete body of knowledge.

Nursing has historically been viewed as 'primarily character-based moral work' (Traynor 2014, p.547) vocational in nature, angelic in form and delivered with handmaiden subservience. These influences have greatly impacted on the media image of nursing (Hoeve, Jansen and Roodbol, 2014), the self-image of nurses themselves removing their agency and disempowering any notion of Professionalism or self-determination. Stereotypes reflecting these traditional views of nursing devalue the knowledge base needed to inform the practice of nursing (Traynor, 2014), consequently influencing how nurse education is framed and inevitably those 'learning to nurse' (Spouse, 2003).

Elements of the Florence Nightingale era which reflects 'the patriarchal nature of nursing's origin' (Smith 2012, p.3) and the focus on a nurse being obedient and disciplined surprisingly still appears to influence the current culture of nursing where students are socialized to obey senior staff members without questioning practice and to have full respect for authority (Smith, 2012; Scammell, 2015). On the journey towards Professional Recognition nursing

frequently visited, and struggled to close, a much recognised 'theory-practice' gap that persists in undermining practice learning to this day. Moving student nurse education into universities followed by the announcement that nursing should be an all degree profession in 2013 created a narrative related to whether nurses really needed this level of education to do the job. The emphasis on the 'doing' without theoretical underpinnings created headlines suggesting that student nurses were becoming 'too posh to wash' (Smith, 2012).

As indicated above the stereotype and associated narratives bandied about in the newspapers over a number of years creates a negative dialogue around nurses and the education needed to nurse (Fleming, 2009) rooted in the history of nursing. The arguments about whether a nurse needs a degree to care extended to even questioning whether it will actually harm patient care (Martin, 2009). Smith (2012, p.35) states that the negative reaction to an all graduate entry would have not happened 'if the nursing profession was overwhelmingly male' and nursing seems to be the only profession where an education is seen to be unnecessary (Oliver 2017).

2.1, Education, Regulation, Governance and the NMC.

2.1:1. NMC Standards and Practice Learning at Middlesex University

The NMC are responsible for ensuring that nurses and midwives and more recently nursing associates are appropriately prepared to deliver high quality care. Programmes that were approved to run prior to 2019 are governed by the 2010 Standards for pre-registration nursing and these apply at Middlesex University for all programmes that commenced prior to September 2019. The 2010 standards for pre-registration nursing contained both standards for competence and standards for education and reflected a commitment to the Bologna process, which aimed at reforming nurse education across the European Union promoting degree status across all countries. Whilst variations remain across the European Union the NMC have upheld the requirement to meet the Directive 2005/36/EC which sets out requirements for 'general care' for pre-registration nursing education for the adult field with some aspects of the directive, such as the length of programme in terms of years and hours, to be applied to all fields (NMC, 2010; NMC, 2018 c).

Student nurses at Middlesex university spend an average of 21 weeks of their programme each year in practice settings, remote to the university campus, in a range of health and social care contexts. During this time when they are learning to nurse (Spouse, 2003) they need to develop a complex blend of knowledge, skills and attitudes to meet the competencies for registration, with equal weighting in assessment of practice and theory

(NMC, 2010).

The competencies within the 2010 standards are set out under four 4 key areas of practice that include; professional values; communication and interpersonal skills; nursing practice and decision making, and leadership, management and team working; and reflect what must be achieved prior to registration (NMC, 2010). During the allocated weeks in practice the nature and quality of learning experience is very influential in students achieving these competencies and registering as safe and competent practitioners (Spouse, 2003; NMC, 2010)

The majority of the NMC competencies are reflected in the practice assessment document as part of the summative assessment of practice. As indicated previously in addition to the standards for nursing the NMC also published Standards for Learning and Assessment in Practice (NMC, 2008) outlining the role of the mentor and detail both the university and practice environments responsibilities related to supervision and assessment of practice. In the UK the most common model in place to support student learning has been the mentorship model (NMC, 2008) and whilst these were under consultation and have since been greatly revised (NMC, 2018 b) mentorship has been in place throughout the life of this project and hence reflected in this literature review and throughout the data generating activity. The implications of the new standards (NMC, 2018b) were however considered as they are key to a number of developments and debates throughout the life of the inquiry and are their influence explored in chapters 5 and 6.

The UK has been the only country to have a published statutory requirements for this role. Outside the UK this role is undertaken by qualified nurses, sometimes known as mentors or at times referred to as preceptors or supervisors, as indicated in chapter 1. Local programmes of preparation do exist in a number of countries and the international literature related to practice learning remains hugely beneficial in informing the debates related to practice learning.

Mentors have the responsibility to identify appropriate learning opportunities, support and assess student learning and are accountable for confirming that students have met or not met the NMC competencies in practice (NMC, 2008). This programme of preparation which can only be delivered by an NMC approved institute typically spans five study days with a mix of face to face and self-directed learning, though the NMC stipulated that the programme should be a total of 10 days (NMC, 2008).

There has been no agreed international definition of mentorship, with the term mentor or

preceptor being used interchangeably in many European countries, and the term clinical preceptors or clinical instructors used in the United States (Wu et al., 2015) but as Willis indicates the NMC have influenced this agenda by formalising the role and providing clear guidance (NMC, 2008; Willis, 2012). Whilst the preparation and training for the many titles can vary across the globe the role and responsibilities of the individual registered nurse in supporting student learning in practice reflects many similarities.

One of the domains within the NMC Standards for Learning and Assessment in Practice (NMC, 2008) is creating an environment for learning which focuses on identifying the requirements needed to ensure a high quality experience for the student nurse or midwife and in supporting students to identify and meet their appropriate learning needs. This includes access to a range of learning opportunities and relevant resources within the environment to support their development (NMC, 2008).

2.1.2 Project Parameters and Terms of Reference.

The parameters of this project are defined to some extent by others, i.e. the Nursing and Midwifery Council who dictate the assessment and placement requirements, Health Education England with the dictate to implement the document and the conditions set within the university sector underpinning academic and quality frameworks. My role and responsibility in the project, and hence my positionality, was to navigate this path, and map a route that positioned me to develop practice learning at institutional level, empowering nursing academics and practice educators to own this generic practice tool, yet work within the professional and regulatory boundaries of the approved curriculum.

2.2 Literature Review

To advance my understanding of practice learning and assessment my search strategy was devised to ensure access to as wide a scope of the available literature as possible including national and international studies. Whilst student learning and assessment is arranged differently in different countries, similar factors appear to promote or constrain learning and hence provide valuable insights and debate.

This included a detailed literature search using the university software enabling me to review a range of databases, initially including Cinahl and the British Nursing Database which effectively provided me with a broad range of articles from nursing, midwifery and allied healthcare professional as well as Medline which provided me with a medical perspective.

Keyword searches were carried out, supplemented by searches of citations to additional articles that appeared relevant. The following keywords / terms were used in various arrangements: practice learning; student nurses; student midwives; practice assessment; grading practice; mentorship; using the Boolean operators AND /OR to support the search. Initially the search strategy was typically yielding 20,000 plus sources and hence needing filters to be applied. The publication dates were limited to 2000-2015 and filters such as 'articles only' 'full text online' and 'scholarly and peer reviewed journals' were applied to refine the search. With using the search terms 'Practice Assessment' AND 'Grading' in CINAHL and using the words/terms Practice Assessment AND Mentorship AND students reduced the prevalence of articles and made the review more manageable.

In addition to this I regularly examined the contents of specific journals such as 'Nurse Education Today' and 'Nurse Education in Practice' as part of my scholarly approach to my work and I was aware that these journals published regular evidence based studies related to practice learning and assessment, again reflecting a broad international context.

2.2.1 Identification of Key Themes

As part of this inquiry much of my research and reading was informed by my knowledge and experience and led to the identification of five distinct themes from the literature, which from my perspective captures the student practice learning journey. These include:

- The Clinical Learning Environment
- Supporting Learning in Practice
- Assessment of Competence
- Grading of Practice:
- Fitness to Practice

A significant part of my work relates to the quality of the learning experience for students and my leadership of the PBLU team involves achieving a partnership approach to supporting student's fitness for practice. This necessitates the maintenance of high standards of learning, support, and assessment in practice and reflects our established quality assurance and enhancement processes, informed by professional and regulatory body requirements.

At the outset of a student journey, before a placement is deemed appropriate the nature of the potential learning experience that can be offered in practice must be examined (NMC, 2010). It is therefore imperative to develop a better understanding of the enablers and barriers to the creation of a conducive *Clinical Learning Environment* (CLE) and hence why

this became a critical focus for this study and is the first theme to be presented here.

Integral to the CLE is the nature of support for practice learning both in terms of staff being appropriately prepared as well as their ongoing skills and attitude to that learning and hence why *Supporting Learning in Practice* became the second identified theme from the literature. Achievement of competence is core to any professional programme and much of the literature is underpinned by discussions related to the definition of competence and the challenges of assessment, specifically when grading is included as part of the assessment process which explains why both *Assessment of Competence and Grading of Practice* became individual themes. The ultimate aim of learning and assessment in practice is ensuring *Fitness for Practice and* as the final theme this draws the student's professional journey to registration to a close and is presented here as the final theme.

2.3 Themes from the Literature

2.3.1 The Clinical Learning Environment

The clinical learning environment (CLE) can comprise a range of learning opportunities across health and social care in the NHS and in the private, voluntary and independent sector. Developing a tool to measure the CLE has been the focus of many studies with Chan, (2003) developing the Clinical Learning Environment Inventory (CLEI) to understand the perspectives of nursing students who were completing their placements. The tool has two scales, an actual, measuring students' views of their experience in an environment and an expected scale, measuring what they would wish for in a learning environment. The tool was specifically developed to assist researchers to assess student nurses perception of the of the CLE and consists of 42 items classified into six scales: personalization, student involvement, task orientation, innovation, satisfaction and individualization, all of which student nurses identified as desirable for effective facilitation of their learning (Chan, 2003). Chan, (2003) reported that students wished for a more positive learning experience than they perceived they received.

There is an acknowledgement that learning takes place in a dynamic environment and the CLEI continues to be one of the most widely used tools both in its original or adapted format (Newton et al., 2015; O'Mara et al., 2014; Papathanasiou et al., 2014; Flott and Linden, 2015). This tool has however been criticized for focusing too much on the student's perception of the learning environment rather than the environment itself though as Chan (2003) argues it is the students' perception which is important and that attempting to change clinical learning environments in line with student perceptions may lead to better outcomes

being achieved by the student. An analysis of the CLE undertaken by Newton et al.,(2015), involving a review of the perceptions of 659 students between 2006 and 2008, offered an extension to the original work of Chan. Their work also identified factors such as student-centeredness, engagement, individualisation, fostering workplace learning, valuing nurses' work and innovative and adaptive practices (Newton et al, 2015). One criticism levelled at many of these studies is that they have focused on hospital based experiences only with further research needed to facilitate understanding of the student experience in community based settings across health and social care (Murphy at al., 2012), a factor that has become more important with the development of placement opportunities in line with service changes (NHS England, 2014).

The CLE has been described as 'a complex sociocultural entity' (Newton et al. 2010, p.1371) that offers students a variety of learning opportunities to engage or disengage in learning', and the significance of the local environment in how and what students learn is widely documented (Papp, Markkanen, and von Bonsdorff, 2003; Mc Carthy and Murphy, 2008). The importance of a student-centred facilitative approach to learning in the CLE is consistently emphasised by the NMC (NMC, 2008; NMC, 2010) and should lead to personal and professional growth (Newton et al, 2015). However, achieving a consistently positive learning experience often proves challenging due in part to the overall complexity of practice and the subjective nature of assessment (Cassidy, 2009; Gopee, 2014; Newton at al., 2015). O'Mara et al., (2014) has reported that relationships with staff members is one of the most significant challenges influencing negative experiences.

The importance of the pedagogical atmosphere, i.e. the psychosocial climate is clearly highlighted in both the work of Chan and Newton and an area that has gained increasing recognition as being essential to take account of in promoting positive learning experiences for students (Chan, 2003; Newton et al., 2015; Bisholt et al., 2013). A good learning situation is one that is variable and that corresponds to the particular students level (Johannsson et al., 2012) and in which students need to feel appreciated and recognised as part of the team (Papp, Markkanen and von Bonsdorff, 2003). Students seek support and acknowledgement of their achievements with the importance of relationships and support rating highly (Bisholt et al., 2013), providing ontological security, though as many studies have recognised the facilitation of this by creating a positive sense of belonging has been challenging (Levett-Jones and Lathean, 2008; Newton, Billett and Ockerby 2009; McInnes et al., 2015). The findings from the mixed method study undertaken by Levett-Jones and Lathean (2008) has underpinned much of the discourse regarding the quest for ontological security. Their study involving 18 students representing two Australian and one UK University explored students'

sense of belongingness and its implications on learning. The importance of positive first impressions and the impact of staff who were both receptive and approachable reduced their anxiety and increased their motivation to learn though some students described the negative impact of being excluded from the team and the resultant feeling of 'being in the way' (Levett-Jones and Lathean 2008, p.321), thus influencing the quality of their overall learning experience impacting on their need to 'feel safe and secure' (Levett-Jones and Lathean 2008, p.320). Becoming part of the team, being welcomed and feeling accepted adds to the sense of belonging, a view expressed by students in many international studies (Newton, Billett and Cokerby 2009; McInnes et al., 2015) as opposed to unfamiliar and unfriendly environments which have been found to create stress for students and impede their learning (Eick, Williamson and Heath, 2012; Pulido-Martos et al., 2012; O'Mara et al., 2012).

The 'variable quality' of the student experience was identified as a 'major problem' within the Report of the Willis Commission on Nursing Education (Willis 2012, p. 32) impacting on student satisfaction and outcomes that ultimately lead to attrition from the programme (Spouse 2003; Chan 2003; Flott and Linden 2015, HEE 2018). A systematic review of placement related attrition by Eick, Williamson and Heath (2012) involving 18 international studies concluded that poor placement experiences, negative staff attitudes and lack of support for learning were all reasons cited by students that led to them terminating their programmes. The RePAIR project (HEE, 2018) which will be referred to again in chapter 5 also highlights the financial, psychological and social costs of attrition for the student as well as costs for the HEI, placement provider and the public. Although it is evident that attrition from placement is multifactorial one consistent message from numerous studies undertaken has been the key role of the mentor/ preceptor in providing effective support for learning in practice (Papp, Markkanen, and von Bonsdorff ,2003; Gidman 2011; Jesse, 2016, RCN, 2016; HEE, 2018) and this will be explored under theme two..

2.3.2 Supporting Learning in Practice.

The importance of effective support for learning in practice cannot be over emphasised, as identified above. As indicated previously the NMC mentorship model was in operation throughout the life of this project and hence reflected throughout the literature review, data generation and analysis.

Thomas, Jacks and Jinks (2011) emphasise how a student's mentor / preceptor is the lynchpin for the acquisition of clinical skills with positive role models being the key to enabling students to manage challenges they experience in their placements (Lauder et al,

2008; Donaldson and Gray, 2012; Walker et al, 2014). There are a number of examples of positive student experiences though equally some students consistently report very varied experiences of support ranging from very good to not good (Gidman et al, 2011; Willis, 2012). Students rely on their mentors to support and direct their learning and engage them in a vast range of activities at increasingly complex levels that challenge students' understanding and promote their development of professional knowledge and skills (Spouse, 2003). Effective mentoring has therefore been shown to have many positive benefits and the presence of a good mentor is crucial to student growth and professional development and fundamental to a student's fitness for practice (Nettleton and Bray, 2008; Gidman et al, 2011)

Being a mentor is not compulsory for nurses in the UK, the introduction of the Knowledge and Skills Framework (KSF) in 2004 linked promotion with obtaining additional skills and competencies, of which mentorship was one (Department of Health, 2004). Although this framework has ensured there has been the numbers of mentors needed to support students, it unfortunately does not necessarily result in mentors who are interested in mentorship or enjoy the role with some staff reporting that they felt that they had no choice but to become mentors (Papp, Markkanen, and von Bonsdorff (2003); Nettleton and Bray, (2008); Foster, Ooms and Marks-Maran, (2015); Nash and Scammell, (2010). Nettleton and Bray (2008) do question whether all qualified nurses are necessarily suited to the role of the mentor with Willis, (2015) also raising similar questions in the Shape of Caring Review. A diverse opinion amongst staff in practice and those in educational institutions was reported by Robinson et al, (2012) with university staff feeling that mentorship should be a specialist role, possibly underpinned by hearing the concerns expressed by students, in contrast to trust educational leads who indicated that mentorship should be generic and part of everyone's role. This drive to encourage all registered nurses to become mentors may be linked to the high numbers of students in training and hence the demand for mentors rather than the individuals motivation to be a mentor or their suitability for the role (Willis 2015).

Whilst the value of mentorship has been regularly cited (Papp, Markkanen, and von Bonsdorff, 2003; Gidman, 2011; Jesse, 2016, RCN, 2016) mentorship has been viewed as a difficult process at times, not least because of the complexities of contemporary nursing practice as mentors try to balance their clinical role with their educator role (Lauder et al 2008). In Nettleton and Bray's (2008) study students also reflected this viewpoint and the lack of time working with and learning from their mentors was one of the most significant issues impacting on their experience. Mentors themselves also have regularly reported feeling undervalued, with the lack of protected time to undertake this role effectively being

one of their main concerns, though they also highlighted the lack of investment in their education and ongoing development as issues (Willis, 2012; RCN, 2016) with Duffy (2003) also indicating that mentors were often unsure of what to do when dealing with poor performing students, leaving them at times feeling vulnerable. Many of these challenges resonated with Willis (2012) who also identified lack of funding, limited support for mentors whilst undertaking their role as well as poor partnership working between the education institute and NHS organisation and leading to recommendations that the NMC review the current model of mentorship (Willis, 2015). This review has culminated in the 2018 standards (NMC 2018 a,b) which will be further explored in later chapters.

At the time the Willis report was published and in recognition of the challenges related to practice learning a new model to support learning in practice known as the Collaborative Learning in Practice (CLIP) model had been introduced by the University of East Anglia (Lobo, Arthur and Lattimer, 2014; Willis, 2015). This model was originally known as the Amsterdam model and was adapted for use in the UK. CLIP differs from mentorship both in its philosophy underpinning practice learning and the organisation of that learning, and is underpinned by a team-based coaching philosophy, with a significant emphasis on peer support and learning leading to increased student capacity (Lobo, Arthur and Lattimer, 2014). It has been purported that this approach has been shown to develop critical thinking and decision making skills alongside leadership and clinical skills (HEE, 2016) though there have been concerns highlighted regarding the significantly increased capacity of students in some areas and the risk created by the potential of having students who are not adequately supervised (Hill, Woodward and Mc Arthur, 2015). At the time of the literature review there was limited literature available on the CLIP model, though the concept was beginning to be adopted and adapted by others (Ashworth ,2018; Harvey and Uren, 2019), a topic that will be revisited in chapter 5.

Another common model, with some similarities to the CLiP model is that of dedicated education units (DEUs), where academic and practice staff work in partnership within the practice setting. This model was first developed in South Australia in the late nineties and is now prevalent throughout Australia, New Zealand, Canada and the USA (Rhodes et al, 2012). Mulready-Shick et al, (2013) describe the model in which one staff nurse, coached by a faculty member is assigned to two students demonstrating very positive results with high levels of student satisfaction, effectiveness in implementing the education programme and in promoting collaborative research and practice (RCN, 2016). With many of the challenges highlighted previously regarding staffing issues and lack of funding related to the established mentorship approach it is questionable if this DEU model would work in the UK

as it would require a significant shift in how we structure education and the way in which resources are allocated. Indeed Rhodes et al (2012) also highlights the difficulties expressed by staff in this model regarding the management of student supervision and learning alongside their patient care responsibilities, despite the partnership working.

The RCN review of mentorship (RCN, 2016) however concluded that a more collaborative team based model for practice learning incorporating the use of coaching is what is needed to promote the development of safe and competent practitioners, elements of which are evident in the NMC Standards for student supervision and assessment (NMC 2018 b) and will be explored later.

2.3.3 Assessment of Competence.

Establishing effective assessment approaches in nursing to determine competency and the use of competency assessment tools has received significant attention in the nursing literature over a period of many years. Competency assessment tools have been prevalent in a number of countries and supported by the NMC (Norman et al., 2000; Dolan, 2003; Cowan et al., 2005; NMC 2010; Levett-Jones et al., 2011 Heaslip and Scammell 2012; Franklin and Melville, 2013) though there are many reports of challenges with their implementation and concerns regarding validity and reliability (Cassidy et al., 2012; Hunt et al., 2012; Dolan, 2003; Cowan et al., 2005; Levett-Jones et al., 2011).

Competence is viewed as a complex and multifaceted phenomenon (Levett-Jones et al 2010; Cassidy et al 2012;) defined in different ways by different people, hence leading to some of the related confusion and criticisms (Watson et al 2002; Cowan et al 2005; Cassidy 2009; Helminen, Tossavainen and Turunen 2014). Nursing practice requires the application of knowledge, performance, skills, values and attitudes and for a student to demonstrate competence they must demonstrate all of these attributes to meet their specific learning outcomes and hence some of the difficulties in assessing competency are attributed to the diverse range of the role of the nurse (Bezuidenhout and Alt 2011; Franklin and Melville 2013).

There has been the added confusion about whether it is competence or performance that is to be assessed (Cassidy, 2009; Chenery-Morris 2010). DeBrew, Lewallen, and Porter (2014) found that decisions are often based on the characteristics and behaviours of the students and are regularly inconsistent and ambiguous. Interpersonal relationships between the student and their mentor can potentially influence the process and outcomes of assessment encouraging different interpretations and creating challenges in achieving objectivity (Dolan, 2003; Cassidy, 2009).

A number of studies have highlighted that inconsistency of assessment judgements is linked to the fact that mentors and students do not always understand the assessment requirements (Helminen, Tossavainen and Turunen, 2014). Lauder et al. (2008) undertook a review of the pre-registration education of nurses and midwives in Scotland over a two year period (2006-2008) and found notable variability in assessment processes and documentation practices across HEIs, findings which were evident whether the organization graded practice or not. Similar findings were found in a study by Norman et al (2000) as students claimed they had limited knowledge of their own assessment and reported that mentors likewise appeared to have little understanding and often completed them wrongly. Assessment documents have regularly been reported as being complex to use and understand, with the use of academic jargon creating additional problems with interpretation for both students and mentors (Calman et al, 2002; Cassidy et al, 2012; Fahy et al, 2011; Helminen, Tossavainen and Turunen, 2014; Issacson and Stacy, 2009).

Assessment of competence can often come at the end of a placement and focus on testing learning and fail to embrace assessment for learning, i.e. identifying individual students learning needs and using assessment to inform students about their progression and areas for development (Birenbaum et al, 2006). Bound and Falchov (2007) claim that this traditional view of assessment is no longer tenable though staff require enhanced preparation for their roles in order to improve their practice. It has been suggested for some time that a multi-method approach to assessment should be adopted with self-assessment and reflection of clinical competence being fundamental in demonstrating competence and evaluating performance and essential in facilitating life-long learning (Norman et al., 2000; Watson et al., 2002; Helminen, Tossavainen and Turunen, 2014).

The lack of preparation of assessors (Franklin and Melville, 2013) and having sufficient time to undertake assessment is a well-documented problem for mentors with many feeling ill-prepared and unsupported (Gopee, 2008; Webb and Shakespeare, 2008; Mc Carthy and Murphy, 2008; O'Mara et al, 2014). Whilst some studies have highlighted that students have reported having sufficient time with their mentors and feeling their assessment was managed effectively (Helminen, Tossavainen and Turunen, 2014), other researchers are more critical and suggest that actually mentors spend very little time on assessment despite its importance (Butler et al, 2011). However, in defense of mentors Holland (2010) emphasises that we do need to acknowledge the complexity of their dual roles of assessor and care giver and how this impacts on their ability to consistently support students. We need to therefore create a renewed focus on supporting practitioners and mentors in their development of consistent assessment practice that balances and moderates objectivity and

subjectivity, promotes a sound understanding of professionally defined levels of competency and fosters sound professional judgement.

2.3.4 Grading of Practice

Practice may be assessed using a pass/fail system or via awarding a specific grade that can be converted to a percentage and contribute to the student classification. Challenges with what and how to assess have been highlighted in section 2.3.3 and are further explored here when discussing the concept of grading.

The NMC standards for pre-registration nursing (NMC, 2010; NMC, 2018) emphasise the importance of valuing theory and practice equally. With the introduction of an all graduate profession for Midwifery the NMC provided new guidelines in 2009 that clinical practice for programmes leading to registration needed to be graded and counted as part of the academic award, i.e. contribute to the grade classification (NMC, 2009), though limited reasoning was presented to support this decision. The same guidance was not applied to nursing nor was the rationale for this decision clarified. In addition to this there was great variance in the way that grading was implemented across midwifery programmes making comparisons difficult (Passmore and Chereny Morris, 2014).

Heaslip and Scammell (2012) highlight the fact that grading can help assessors differentiate between the level of practice that a student is performing at rather than just indicating a pass/fail result with Moon (2002) supporting this and emphasising that the use of a pass/fail system over simplifies what is a complex assessment. Grading can lead to recognition of levels of excellence in a student's performance, communicate the value of practice and also acknowledge its equal contribution to the academic award (Andre, 2000) with some authors also acknowledging the enhanced quality of student feedback (Donaldson and Gray, 2012; Heaslip and Scammell, 2012). Not to grade students' performance in practice is viewed by some as attributing less value to this essential and important aspect of their education (Glover et al, 1997; Andre, 2000).

Grading performance undoubtedly acknowledges the accomplishments of high achieving students (Andre, 2000) and provides the student with more concrete information regarding their development (Duffy and Hardicre, 2007; Gray and Donaldson, 2012; Heaslip and Scammell, 2012) however as Chereny-Morris (2010) claims finding a strategy to grade practice is challenging as it is not always clear whether it is competence or performance that is being assessed. In drawing on the work of Bernstein, Chereny-Morris (2010) refers to these as different models of pedagogic practice, hence explaining why the confusion exists.

Studies have highlighted grades are awarded for a variety of reasons with Smith (2007) reporting that findings from her interviews with 72 midwifery mentors concluded that these decisions were made on whether the student demonstrated good communication skills, clinical skills and were generally able to do the job. Donaldson and Gray (2012) concur with these findings and emphasise that the relationship between the student and their mentor can influence the grade awarded raising concerns about the reliability and validity of these decisions.

A multisite study undertaken with 125 students at Swedish universities identified significant differences in attitudes and behaviours with students in programmes that graded being viewed as being more committed as opposed to those students who were in programmes with pass/fail criteria (Dahlgren et al., 2009). Andre (2000) claims that the motivation for students to excel in their practice component may be reduced, if grading is not used and strong links between the weighting of a subject and the level of motivation exhibited towards the learning of that subject was also found in a study of medical students (Wormald et al, 2009). However, contrary to these findings, the removal of numerical grades and a return to pass fail led to a statistical difference in the well-being of medical students in one study and in particular the female students reported a reduction in their stress and anxiety when not graded (Bloodgood et al, 2009).

Gray and Donaldson (2009), in their extensive study on behalf of Nurse Education Scotland highlight a range of challenges to grading practice, though acknowledge that some of the challenges such as consistency of assessments and time constraints arguably apply to all assessment of practice, whether graded or not. One of the most challenging outcomes associated with grading as described by Gray and Donaldson (2009) is the concept of 'grade inflation'. Grade inflation is well documented in the literature and is defined as when there is a greater percentage of higher scores awarded than is warranted and hence deemed to not be a true reflection of the students' actual performance (Cacamese et al., 2007; Isaacson and Stacy, 2009; Donaldson and Gray, 2012). Students who performed poorly in the classroom setting were reported to be excelling in their clinical grades and this disparity has caused concern in a number of studies (Smith, 2007; Isaacson and Stacy, 2009; Gray and Donaldson, 2009; Passmore and Cherney-Morris, 2014). The resultant skewing of the overall degree classification is said to be linked to inexperienced staff who lack confidence in making an objective decision (Iramaneerat and Yudkowsky, 2007; Smith, 2007), though Seldomridge and Walsh (2005) suggest that this may also be a result of confusing criteria which are open to subjectivity.

Paskarsky and Simonelli (2014) also raise concerns that grade inflation creates a risk to patient safety though do admit that there is no published evidence to support this. In their study they found that 98% of students had achieved a higher grade for practice than they had in their exam 20% of students achieved this by 2 grade bands which suggests that this may lead to students thinking they are better than they actually are, linking this to patient safety concerns. The notion of failing the patient has also been articulated in by Cacamese et al (2007) who purport that the danger of grade inflation is that it allows students to erroneously believe that they are more competent than they perhaps are and may have weaknesses that are not being addressed.

Heaslip and Scammell (2012) undertook an evaluation of a practice assessment tool that incorporated grading for student nurses at one UK university, involving 107 student nurses and 112 mentors and there were no reports of grade inflation. Within their study it is reported that mentors largely felt confident to grade student practice, and that it facilitated them in differentiating between the struggling student in identifying what is acceptable or what is not to achieve a pass though there were questions raised regarding their understanding of criteria. In the initial implementation phase there was some evidence of disparity in the grades awarded and this raised concerns regarding the mentors differing interpretations of the criteria aligned with the different grades. However once highlighted this was effectively managed by the introduction of additional mentor preparation and support alongside more robust moderation processes (Heaslip and Scammell, 2012).

A number of authors do suggest the use of rubrics to enhance the validity of the assessment using grading as word based criteria are generally viewed as being open to interpretation and sometimes influenced by the nature of the practice (Smith, 2007; Roberts, 2011). Others emphasise the need for these to be specific and to clearly outline the behaviours and skills needed for each level (Isaacson and Stacy, 2009; Gray and Donaldson, 2009). Overall though the clear message from across a range of literature is that further research into the impact of grading of practice is needed (Smith, 2007; Gray and Donaldson, 2009; Donaldson and Gray, 2012; Heaslip and Scammell, 2012). Whether an approach to assessment uses grading or not it should not only verify the knowledge and performance of students but convey a powerful message to students and mentors about what they should be learning and how they should be developing.

2.3.5 Fitness for Practice

Whilst the grading of practice assessment may identify levels of achievement or excellence in practice learning, a crucial aspect of practice assessment is identifying student

competence, aligned to ensuring patient safety and in ensuring their fitness for practice. So whilst grading may identify a student who is borderline pass/fail there is a concern, whether grading is being used or not, that those who are not achieving the required level of performance to register are passing, hence mentors 'fail to fail, (Duffy 2003, p.5) a concept that will be discussed within this final theme.

Duffy (2003) undertook a grounded theory approach to uncover mentors and lecturers perceptions regarding assessment of student competence in practice and specifically when concerns had already been raised about the student's level of performance. Findings from her study highlighted a plethora of factors influencing decisions to pass students despite doubts, and these have been replicated by many other authors. These include emotional factors such as guilt, anxiety, self-doubt, feelings of loneliness and personal failure (Duffy, 2003; Rutkowski, 2007; Luhanga et al., 2008; Black, Curzio and Terry, 2014; DeBrew, Lewallen Porter, 2014), with mentors being unprepared to challenge student's self-assessment and lacking experience in failing students (Donaldson and Gray, 2012).

Helminen, Tossavainen and Turunen (2014) undertook a study across 5 Finnish universities and their partner hospitals, involving 276 students, 225 mentors and 108 teachers reporting that it was very rare for a student to fail practice as multiple opportunities and additional time were often given to support their achievement and with evidence that mentors are lacking the courage to fail students. Black, Curzio and Terry (2014) however explored the mentors' experience of failing a student in their final placement in order to develop an understanding of the emotions they were experiencing and describe this as a moral journey requiring moral courage to finally make this difficult decision. Feelings of vulnerability and uncertainty amongst practice staff (Duffy, 2003) were most likely further perpetuated by the lack of support and visibility of university lecturers (Rooke, 2014).

In comparing failure rates from assessments undertaken in university and practice Hunt et al (2012) gathered data from 27 universities across England. Twenty five percent of universities reported to have had no students fail in practice and overall the failure rates for theory represented a ratio of 5:1 generating doubts about the level of competence of some registered nurses. In addition to this it was discovered that a number of universities did not hold any data related to failure rates in practice which raises essential questions regarding the importance that universities place on practice assessment.

A number of authors have also observed the discrepancy between time allocated to marking and moderating assessment in an academic setting as opposed to the practice setting where the decision regarding a student's performance is often made by a mentor with competing

priorities and for some after only one year of qualification (Giot 2000; Holland 2010; Hunt 2012) another potential reason cited for their reluctance to fail (Hunt 2012).

Hughes, Mitchell and Johnson (2016, p. 54) undertook a systematic integrative literature review to examine what is known about the phenomenon of 'failure to fail'. Areas identified reflect many of those issues already highlighted including a focus related to the difficulties of making this decision, though few of the studies were found to adequately define the difficulties. The issues raised by the Duffy report resonated across many studies in identifying the reasons why mentors may avoid failing students and the strong emotions that the actual process of failing students evoked in mentors (Duffy, 2003). One of the most intriguing findings however from the review of these 12 studies is that only one looked at the concept of failing from the students' perspective and limited discussion related to why students fail (Hughes, Mitchell and Johnson, 2016).

The Duffy report (Duffy, 2003) has presented some really searching and fundamental issues related to trying to understand the decisions that mentors make regarding passing or failing a student that has a hugely positive impact on the way we consider assessment and prepare staff and students. Since the publication of the work of Duffy (2003) there has been a tendency for many authors to give greater focus to the fact that mentors have not been failing students at the expense of considering how to support students to achieve the required level to safely practice (Rutkowski, 2007; Luhanga et al., 2008; Jervis and Tilki, 2011; Black, Curzio and Terry, 2014; DeBrew, Lewallen Porter, 2014).

This research however has been instrumental in the decision for the NMC to develop the mentorship standards (NMC 2008) with the introduction of the Sign off Mentor role in the final 12 week placement in pre-registration nursing programmes to assure this process.

The decision by the NMC to revise the Education Standards again in 2018 has also been attributed to the need to continue to address the 'failing to fail' phenomena and to provide guidance in support of the debate that has ensued around this moral and professional challenge whilst also promoting positive and effective learning experiences for students (NMC 2018b).

2.4 Summary

The five themes explored in this chapter are all inextricably linked in the discourse related to assessment and learning in practice and the findings from this literature review have supported the development and refinement of the research questions which are presented in chapter 3. The key messages reflect the importance of robust assessment tools,

unambiguous assessment criteria and the need to address the multiple challenges related to supervision and support in practice to promote students who are fit for practice.

The decision to introduce grading to our nursing programme in 2011 was based on our motivation to value practice, support constructive feedback and to communicate poor performance early so that students could be effectively supported (Duffy and Hardicre, 2007). At this time there was limited research on the topic and hence the opportunity to explore nursing students, mentors and academics experience of grading students' performance in practice assessment presented itself as an essential area of inquiry that I needed to pursue. The associated questions emergent from this as to issues of reliability and validity, and whether practice assessment can influence the realisation of an 'assessment for learning' approach in practice will be explored later in chapter 5 alongside the analysis of the data generated in this inquiry.

Engaging practitioners in the support of students learning in practice, and particularly in the advancement of any models or tools that are available to support practice learning, requires further understanding of the values and beliefs that underpin our conceptualisation of practice learning, and indeed, how these values and beliefs influence the actions and nurturing of learning in practice. Hence to introduce a new practice learning assessment tool it was imperative to firstly explore with the practice community their understandings and values for practice learning, and to both challenge or amplify and augment these in the pursuit of a positive student experience.

3.0 Chapter 3 : Research Methodology

This work-based learning project evolved from my role as Head of Practice-based Learning and the management of the mandatory introduction of a significant change in our practice. Grounded in both my academic and professional subject specialism of Nursing, from the outset this was clearly defined within the domain of practitioner research. In this chapter I will explain my own 'reality' and my responsibility as a senior manager leading this area, this practice, this practitioner research. My focus in this project is the need to address an issue of concern that impacts on everyday practice, which Reason (2006) describes as the essential purpose of action research. In this inquiry I have aimed to transform practice through the development of in-depth understanding of the complexities regarding student learning and assessment in practice, effect the implementation of the PAD and produce evidence based recommendations to contribute to the wider body of knowledge related to assessment and learning in practice.

From the identified aims and objectives, supported by an analysis of an initial literature review, four research questions were proposed. The first relates to processes needed to support the initial implementation of the PAD; the second and third reflect the need to gain a more in-depth understanding of current practice to transform that practice and the fourth focuses on my role within this inquiry with consideration of how I might best use this new knowledge and expertise to contribute to the broader practice learning arena. As purported by Herr and Anderson (2015) actions research is not only about finding solutions but is equally about the need to ask questions regarding one's own practice.

Research questions :

1. How can I positively engage nursing academics and practice educators in the adoption of an externally created practice assessment tool and promote agency in facilitating effective implementation to support learning?
2. What do nursing students, mentors and academics identify as the benefits and challenges of grading student nurses performance in practice assessment and its potential impact on the student learning experience?
3. What are the enablers and barriers to the realisation of 'assessment for learning' in practice learning environments?

4. How can I best act and position myself to facilitate these learnings at personal, institutional and regional platforms and positively influence the wider agendas that inform effective practice learning and assessment?

Working with others in the pursuit of the project aims and addressing the subsequent research questions I recognised the need to give careful consideration to the potential impact of historical, social and cultural factors that have influenced nursing and nurse education. This inquiry therefore reflects a critical constructivist epistemology which values the perceptions and views of others shaped by the world they live in (Denzin and Lincoln, 2008; Kincheloe and Berry, 2004). The project also set out to collaboratively change practice, and to facilitate such action towards change with the adoption of an action research approach, that will be outlined in section 3.2. This cyclic and dynamic nature of action research, with its diversity of approaches aids understanding of the 'swampy lowland' of professional practice (Schon, 1983) and the adoption of a critical framework alongside this aligns with the ethos of this inquiry enabling me to transform my practice and the practice of others.

This methodology fits with this complex and intricate project where the need for, and nature of, change has necessitated positive engagement with a number of participants to create a space for forward thinking and innovation and avoid complacency. As Coghlan (2019, p.6) proposes action research 'builds on the past, takes place in the present with a view to shaping the future'. It is a 'pragmatic co-creation of knowledge with, not about people' (Bradbury 2015, p.1).

The core of action research is a research approach that focuses on action and inquiry in collaborative ways but it is also used to describe a family of different methods or modalities (Coghlan, 2019). As part of my Action Research approach I initially drew on an Appreciative Inquiry approach (Cooperrider, Whitney and Stavros, 2008), as this fits with my personal philosophy of trying to promote positive thinking and learning from perceived problems as opposed to dwelling on the negative. The use of Appreciative Inquiry will be particularly evident when presenting the first cycle of this project as I approached those staff who were key in the implementation of this new practice assessment document to invite them on this journey with me. In addition to this, a form of action research termed 'Action Science' which is underpinned by theory of how people reason-in-action (Argyris, 1993) will be evident because it makes a clear distinction between what individuals believe they do i.e. espoused theory and what they actually do, i.e. theory in action. This theoretical framework is particularly emphasised throughout cycle two and three of this project to aid understanding of staff and students experience of assessment and grading of practice and to support

transformation of learning and behavior. Both of these approaches will be explored in more depth later in this chapter. Figure 3.i presents an overview of the research design.

Throughout my professional career I have been immersed in a world that relates in some way to practice learning and am conscious of my role, expertise and perceived position of authority in different situations. To this end I have continuously critically reflected on my positionality and pre-understanding and have carefully and comprehensively considered the related ethical issues which fit naturally with my professional values, as outlined in section 3.1.2 later in this chapter. Kincheloe (2003) claims that in adopting a critical constructivist approach the knower and the known are inseparable.

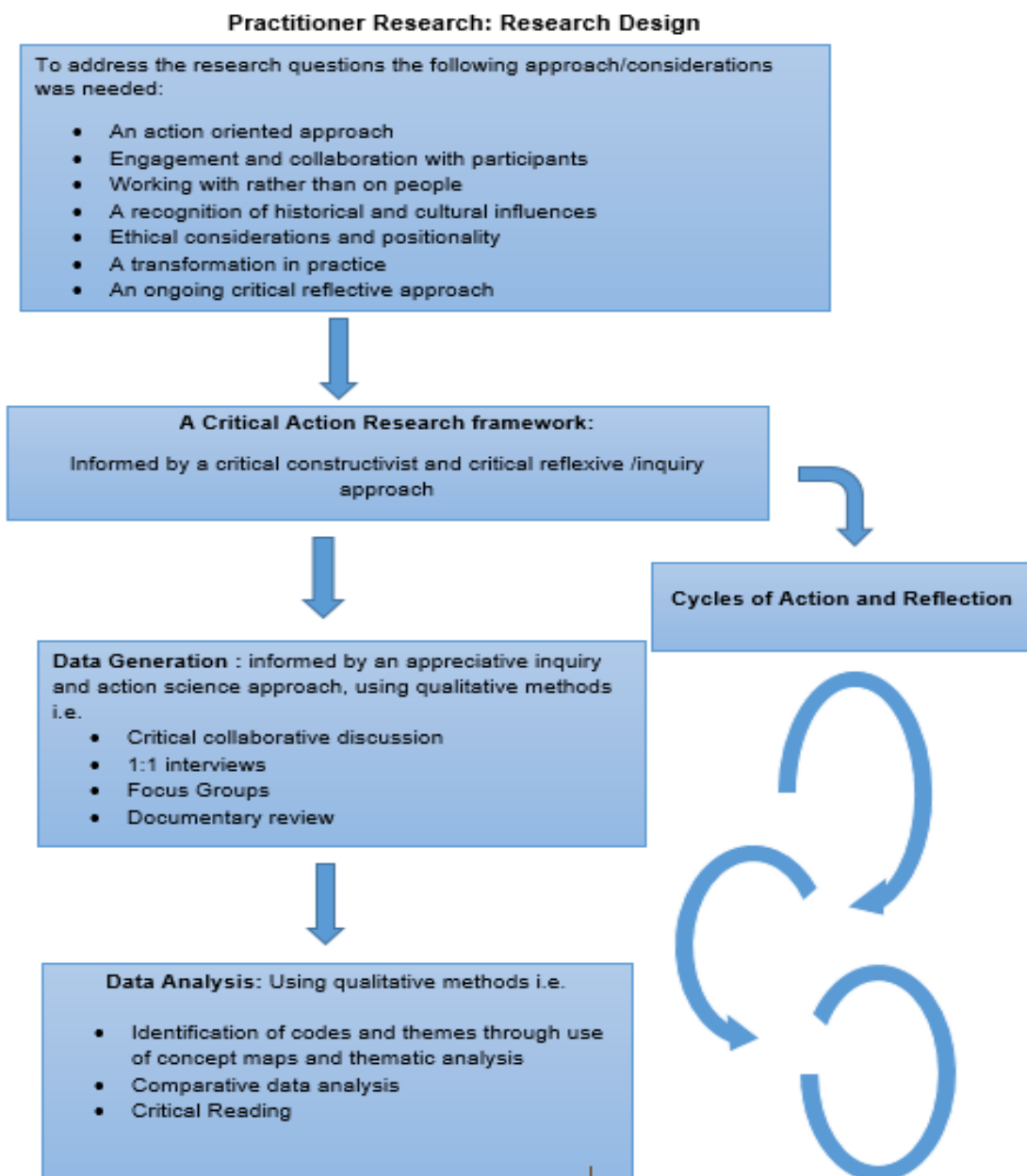


Figure 3.i: Research Design

3.1 Practitioner Research

3.1.1 Knowing the researcher

My journey as a nurse and later as a teacher has shaped who I am; I was drawn to both roles by my desire to work with people. The care values that underpin nursing practice have compelled me to gain an holistic understanding of the factors influencing peoples' behavior and has continued to guide all aspects of my professional and academic practice. Working initially as a module leader and then as a programme leader with responsibility for over 400 students has meant that I have gained varied experiences and insights regarding the student experience of learning and assessment in practice. I have also been exceptionally fortunate in my career and personal development to date in that I have been able to specifically become steeped in an area of practice that I am passionate about.

As Head of Practice-based Learning my role is both unique and autonomous and spans all aspects related to monitoring and enhancing the quality of practice learning experiences for nursing and midwifery pre-registration students within the School. Since practice learning is a vital part of a students' preparation for registration it is a fundamental part of their programme and key to student satisfaction, retention and their development as confident and competent practitioners (NMC, 2008). Approaching this role as both an academic and a healthcare practitioner made me aware of the high stakes element of this project and inspired by a pedagogy that champions the belief that assessment drives learning propelled me forward.

Whilst actively engaging in professional practice and several collaborative NHS projects in recent years, I have not undertaken any formal academic study for a number of years, hence this professional doctorate has also created the opportunity for me to integrate my professional and academic knowledge and as purported by Drake and Heath (2011, p.18) the insider researcher engages with new knowledge at all stages of a professional doctorate. Through the use of critical and analytical reflection throughout all aspects of the inquiry, whether it be whilst engaging with staff or students, reading and researching, or simply stopping to think I have acknowledged a number of positive benefits for my personal and professional development both related to and beyond this inquiry.

Having decided to adopt the implementation of the PAD as the underpinning platform for this project I was motivated to take on the role as chair of the pan London practice learning group. Whilst this role needed to be incorporated into my university day to day work I was energised by my doctoral studies and believed that I could positively influence the future direction for practice learning and equally benefit from being in such a strategic role. How my role has extended throughout the life of this project will be detailed later.

3.1.2 Ways of Knowing/ Uncovering Knowledge

As Cohen, Manion and Morrison (2007) purport, our understanding of what knowledge is and how we acquire it defines the nature of the questions we might ask when carrying out research. Appleby (2013) discusses how given the nature of practitioner research, the question we construct, is highly personal, revealing who we are and reflecting the whole methodology and theoretical frameworks we employ. This was evident in the fact that the questions posed earlier in this chapter reflected my desire to work collaboratively to research 'with' rather than 'on participants'.

The way individuals' practice is personal and subjective and listening to and exploring the actions and interactions of those involved was central to this inquiry as it created further insights of practice and the challenges and difficulties they face, specifically uncovering those experienced by the students in this inquiry.

From an ontological perspective the recognition of multiple realities informing peoples' interpretations and actions was an important consideration at each stage of the inquiry and this inquiry involved a number of participants in different roles, each bringing their own unique stories. In the context of practice each participant constructs meaning in different ways and their perception of reality is important to uncover (Appleby, 2013), for example, academic staff mentors and students approach and respond to the grading of practice from different perspectives as they are invested in different ways and are situated differently. The knowledge that is possessed by these participants is socially and historically constructed (Steinberg, 2001) and is essential to understand if the full meaning of a situation is to be revealed. Nursing in particular has been greatly influenced by its history and culture and constantly operates in a very politically charged environment where traditionally nurses have been socialized to listen and not question.

As a nurse I am very aware of this historical and sociopolitical context and as many authors have identified it not only has a negative impact on the profession but also in terms of how nurses view themselves and subsequently behave (Traynor, 2014). Many negative stereotypes reflecting the low status attributed to nursing and its place amongst a male dominant health care arena have blighted nursing past and present (Hoeve, Jansen and Roodbol, 2014; Traynor, 2014). The traditional view of nursing being influenced by its religious roots and associations with women's work devalues the true nature of caring (Hoeve, Jansen and Roodbol, 2014). Further views perpetuated by Florence Nightingale referring to nurses needing to be obedient and subservient to their male medical counterparts (Rafferty, 1995) creates images that are 'linked to oppression, steeped in power, tradition and embodiment' (Johns, 2004, p.7). The importance of realising this historical, cultural and social situatedness can bring richness to the inquiry (Kincloe and

Berry, 2004), aspects that traditional methodologies have failed to recognize (McNiff, 2013). However, a number of the studies raise questions as to what features inherent in nursing practice leads to instances of students observing and experiencing what at one level may be described as an unwelcoming and daunting reception by clinical staff to one which is hostile and disenchanting (Johnson, 2009). Hohman (2019) supports the theory proposed by Freire who purports that oppressed groups or individuals are more likely to adopt oppressive behaviours such as bullying, as it is viewed as a common reaction when a dominant group oppresses another group because members of the oppressed group lash out at each other. Kincheole (2003, p206) claims that to adopt a critical constructivist epistemology requires a rejection of the positivist notion that facts and values are separate and the only role that values plays is to undermine its validity. Reality is not external and unchanging and the human mind and thought cannot be meaningfully separated from human feeling and action (Kincheloe 2003, p. 49). Approaching this inquiry from a positivist perspective that is value neutral and ahistorical would have significantly restricted what I was aiming to achieve. At the outset of this inquiry survey research was an approach I had used in the past and I considered whether this research knowledge could in anyway be applied to this inquiry. However, it was clear from the outset that since survey research mainly relies on employing the quantitative method of statistical analysis (Crotty, 1998) it sits mainly in the positivist paradigm and would not have uncovered the rich discussion and insights needed here. The complex insights and perceptions of students and staff groups cannot be appreciated by reducing them to constituent parts as in Cartesian reductionism (Kincheloe, 2003).

Within this project it was essential that I worked closely with and listened to the people that were most impacted on and gaining insight into 'their' world, which in this case was academic colleagues, nurse mentors and student nurses, i.e. developing theories as a result of data generation and analysis rather than before it. This is a core element of grounded theory which Crotty (1998) describes as a form of inquiry that through a series of carefully planned steps, develops theoretical ideas, seeking to ensure the theory emerges from the data and hence this approach was given careful consideration. The purpose of this inquiry however did not stem from an overall aim to generate theories as such, it emerged from the need to address an issue of concern that impacted on everyday practice and began with the need to implement a unique assessment tool. Some of the principles of grounded theory are nevertheless evident as there was a key focus on developing theories as a result of data generation. One of key elements of grounded theory is the constant comparative analysis of data and this was an approach employed specifically towards the end of the project to make sense of the multiple sources of data generated and the initial themes produced from each group of data (Cohen, Manion and Morrison 2018).

In gaining a true sense of the culture of learning and assessment in practice I did also consider the possibility of using ethnographic inquiry and becoming a participant observer in the students' natural setting of the clinical area. Specifically employing critical ethnography which seeks to uncover power relationships and address oppressive behaviors rather than just being an 'instrument of enlightenment to understand a culture' (Crotty 1998, p.12) could potentially have added to the richness of the inquiry. There were however a number of intrinsic and extrinsic factors that needed consideration. These were related to the complexities of gaining ethical approval and access to these clinical areas, consideration of time factors and the impact of my dual role of researcher and practitioner, all of which made me question the practicalities and value of ethnography as a main approach in this inquiry. I was however able to draw on the principles of ethnography using experiences of being within the practice learning environment as a link lecturer and the multiple opportunities I had of being involved in tripartite assessments, supporting staff and students with their respective roles in learning and assessment and facilitating reflective sessions with students regarding their assessment decisions. Many of these activities and related reflections were captured within my learning log and have enabled me to reflect critically on these insights when analysing and interpreting data. Practice settings such as placements where student nurses undertake their practice and the issues related to practice learning and assessment are complex and determined by the local culture with its sociopolitical influences and power relations.

Research in the critical constructivist process involves engaging in the analysis, interpretation and construction of a wide variety of knowledge/research emerging from multiple domains. Drawing on different interpretative paradigms as is evident in the bricolage, Kincheloe and Berry explain that the Bricolage exists out of an appreciation of the complexity of the lived world (Steinberg, 2001 in Kincheloe and Berry, 2004). My choice of participant research and the desire to understand and develop more in depth insights into the world of assessment processes and practices informed all aspects of this work and as purported by Kincheloe and Berry (2004) an inquiry is shaped by the researchers assumptions and purposes. The subjectivity inherent in the research process needs to be understood and not ignored. It was not the intention to predict how the inquiry would evolve but allow the inquiry to be emergent though the cyclic nature of action research, hence why the flexibility of bricoleur, as evident in this inquiry enables one to choose the tools most appropriate at a given time to reveal understanding and learnings.

Kincheloe and Berry (2004) claim that the thinking of a bricoleur exists out of respect for the complexity of the lived world. The bricoleur makes use of many tools available to best complete their task, in research terms, this means adopting research strategies from a

variety of disciplines or traditions adopting those that fit best with the questions and situations that emerge as the research. The importance of social, cultural and historical analysis are specifically emphasised with bricolage therefore being flexible, cross-disciplinary, creative and emergent (Kincheloe and Berry, 2004).

A central task of research is engaging people in the production of knowledge and hence finding a positive way to way to engage with the people involved was imperative for me. Participating initially with a group of staff in creating new and better ways of working directed me to use appreciative inquiry to realise our vision and make a commitment to positive change. This formed the basis for the first action research cycle which will be discussed further within this chapter.

The second and third cycle incorporated a range of methods to gain a better understanding of how students and mentors were embracing the new practice assessment document and this process of investigation was used to further explore the student learning experience in practice. Through the use of a number of qualitative methods to generate the data, such as one to one interviews, focus groups, staff meetings and analysis of assessment documents, it enabled me to have further insight into their realities, heavily influenced by individual perceptions and interpretation (Crotty, 1998). These cycles were underpinned by action science which Argyris describes as being about 'understanding and producing action' (Argyris 1995, p.25). Prior to exploring the theoretical principals of appreciative inquiry and action science a general overview of action research methodology will be presented. All three cycles are reflected in Figure 3.ii which provides an overarching summary of this research project.



Figure 3.ii: An Overall Summary of Action Research Project

3.2 Action Research

'Action without reflection and understanding is blind, just as theory without action is meaningless' (Reason and Bradbury, 2008, p4)

As previously indicated the catalyst for this practitioner research was the need to effect a change and, through the process of inquiry, aim to develop an in-depth understanding of people's behaviours and perceptions related to professional practice learning. The further potential to create new insights and knowledge, to inspire a transformation in the way people practice meant that an action research methodology was most appropriate. The initial implementation of the pan London document created opportunities for understanding and enhancing current practices. In keeping with my personal way of working and knowing I choose to utilize an enlightened approach that would allow for revisions and developments throughout the inquiry and so a dynamic and cyclical process that would enable different methods of data generation and analysis evolved. True action research is said to be about choices and the importance of making decisions as things unfold through the inquiry process. This overall approach has been described by Reason (2006) as representing good action research as it emerges as we develop our understanding of the issues being

explored.

As Reason and Bradbury (2008) claim action research seeks to bring together action and reflection, theory and practice, in participation with others to explore practical solutions to issues causing concern and in empowering individuals and their communities. Denzin and Lincoln (2008, p72) would describe this as co-generative inquiry which they claim is the foundation of action research, defined by them as a collaborative and democratic inquiry concerned with knowledgeable stakeholders aiming to solve real life problems.

The development of individuals and their communities became a critical goal of this inquiry as it can generate a special kind of knowledge (Denzin and Lincoln, 2008, p72). By using a flexible approach it enabled me as researcher to use my expertise to steer the inquiry towards the areas of greatest concern or need identified by the wider audiences. This is recognizing the value of learning through the process of inquiry which in action research is viewed by Reason and Bradbury (2006) as important as the specific outcomes.

3.2.1 Model of Action Research

Coghlan (2007) claims that there are 4 elements required to support the quality of action research including its context, the relationships and level of collaboration, the robustness of the action research process as well as the outcomes. Lewin (1946 p.146, cited in Coghlan and Brannick 2005, p.21) developed a theory of action research as 'a spiral of steps composed of action, planning, fact-finding about the result of action' which later became known as planning, acting, observing and reflection and various iterations of this model are evident in the literature. Many authors purport that the dual perspective in this approach (action and reflection) distinguishes action research from most conventional social science practices (Levin, 2012). The model proposed by Coghlan and Brannick (2005) which includes diagnosing, planning, action and evaluation will be used here. The term 'naming the issue' has been preferred in this inquiry as the first stage rather than using the term 'diagnosing' as it implies working with opportunities rather than problems.

The reason this is my preferred model is because of the way in which Mezirow's three forms of reflection, namely content, process and premise are made very explicit (Coghlan and Brannick, 2005). Coghlan and Brannick (2005) purport that when content, process and premise reflections are applied to the action research cycle, they form the meta-cycle of inquiry. Content reflection requires me to think about the issues that are arising at each stage of the cycle, i.e. what is happening at each stage of the cycle. Process reflection require me to focus on how things are being done, i.e. strategies and procedures and premise reflection requires analysis of people assumptions and perspectives, all of which fit with a critical constructivist paradigm.

In this model the researcher is viewed as crucial to the generation of data and hence there are two action research cycles operating in parallel, the second one being an action research cycle about the action research cycle. This reflection on reflection described by Coghlan and Brannick (2005) as meta-learning demonstrates the quality of rigor of the inquiry and provides a clear structure to incorporate my own critical reflection as an integral and organic part of the process.

It is difficult to define cycles and there are often cycles within cycles (Coghlan and Brannick, 2005). The approach adopted here would be described as Heron as Dionysian which is an imaginative, expressive approach to integrating reflection and action rather than an Apollonian approach which is more linear and systematic. It is also important to note that whilst appreciative inquiry was used to facilitate the generation of data in the first cycle the principles of using positive psychology and trying to engage, enthuse and energise colleagues and students is reflected throughout the inquiry. Likewise, the theoretical principles of Action science, with its roots in participatory action research are being reflected throughout the cycles of the project but will be specifically discussed with regards the stages within the second cycle.

3.2.2 Appreciative Inquiry

To ensure an effective implementation of the pan London document and to provide the foundations for the remainder of the inquiry required an approach which was underpinned by positive psychology. It was imperative to ensure that academic staff were committed to this venture and that we had a shared goal and vision. McNiff and Whitehead (2011) purport that the purpose of action research is to improve learning, workplace practices and advance knowledge and theory. This is not possible without the 'deep involvement' of those significant others who are central to the process (Reason 2006, p.189). Within all areas of practice it would be counterproductive to work in isolation as it would not be possible to achieve personal and professional goals in creating best practice. I am always conscious of the fact that whilst I have years of experience it is imperative to listen to the voices of others and appreciate their personal journeys and insights.

The opportunity to create the best possible scenario, revisit a pedagogical approach that values assessment for learning and engage positively with colleagues meant I needed to consider the rich and diverse family of approaches to action research (Reason and Bradbury, 2008) and draw on these different perspectives. As highlighted earlier, the use of appreciative inquiry reflected my personal approach and was congruous with the aims and objectives of this inquiry.

Appreciative Inquiry (AI) was developed in the 1980's from the work of David Cooperrider

and described by Marjorie Schiller (Cockell and Mc Arthur-Blair 2012, p.6) as a co-constructed practice informed by all those whom work on creating the conditions for growth and change based upon seeking 'the positive core'. In Higher Education the positive core is said to be found wherever people are working in ways that enhance learning and enhance the mission and purpose of higher education (Cockell and Mc Arthur-Blair, 2012).

In undertaking a project related to assessment in a professional degree programme such as nursing then the positive core becomes the group of staff who have responsibility for the quality of the programme being delivered. It was important to motivate and enthuse this group of staff in achieving a positive outcome for both themselves as academics and professionals as well as the students. We needed to work together to embed a process, underpinned by relevant pedagogy that would facilitate effective learning and develop competent professionals.

AI assumes that organisations and groups are social systems and stay healthiest when they are focused on their positive life-giving characteristics (Kadi-Hanifi et al., 2014), It offers a constructive, strengths-based framework for engaging students and staff in the enhancement of academic programmes of study. Billings and Kowalski (2008) purport that AI's emphasis on the use of affirmative questions supports new ideas, enthusiasm and commitment from co-workers and hence a productive approach to facilitating staff to recognize what was good and to energise them to imagine what could be.

Setting out on this journey it was imperative that the group of senior academics who managed the day-to-day running of the programme had all the required information about the proposed change and understood the schools position within this unique scenario of having to comply with this implementation. However, it was also imperative that we as a group did not lose sight of our values and beliefs about professional practice education and that we recognized this, not as a troublesome task but as an opportunity that could transform practice.

Within the context of this project a meeting with all key staff was convened and the purpose of the meeting explained in advance. The attendees included two Directors of Programmes, who have responsibility for the overall curriculum development and delivery; four programme leaders, who manage the day to day operational issues and practice learning; three module leaders, who are responsible for ensuring assessments are completed as per requirements. The emphasis on valuing the experience of local communities of practices is vital in understanding the complexity of the problem for a successful outcome.

Cockell and McArthur-Blair (2012) explain that there are many ways to engage in Appreciative Inquiry, including specific events of anywhere from a few hours to a few days,

inquiries that include data gathering via interviews and data analysis; and combining AI with other methodologies. Exploring how to implement and monitor the assessment, how to prepare staff and students, analysing some of the inconsistencies with the current assessment process became central in developing a shared understanding and in constructing a positive reality (Cockell and McArthur-Blair, 2012). In this action research cycle, I used AI to facilitate a critical conversation with peers, promote positive action and construct realities together. With a top down change being implemented with the introduction of a pan London practice assessment document it was crucial that this change was not rejected and that good practices developed over many years were further built on and not abandoned.

The attraction of AI is that it is said to inspire and motivate as it focuses on the positives and unlike other action research approaches it is not defined as a problem solving approach. Herr and Anderson (2015) describes this as a paradigm shift in that it moves away from a problem solving perspective, which largely focuses on the negatives or deficits in a system, to emphasise the strengths of a system to, whilst not ignoring its problems. A traditional problem solving approach, moving from problem identification to planning to implementation, would have usually been deployed by many members of the academic team in their professional practice though this very linear approach was not appropriate for a dynamic project such as this.

The four D appreciative inquiry framework as described by Cooperrider, Whitney and Stavros (2008) is a helpful framework for appreciative inquiry. In working with this academic group it was important that I articulated a clear methodology. Some of the team were familiar with this approach, though not all immediately felt comfortable with the language i.e. Discovery, Dream, Design and Destiny, Therefore, a framework developed by Kadi-Hanif et al. (2014) proved to be the most effective approach to questioning in this inquiry see Figure 3.iii 4 D Model of Appreciative Inquiry (adapted Kadi-Hanfi et al., 2014).

4 D Model

4 D's			Project
Discovery	Sharing the Positives	What gives life here?	Experienced and enthusiastic professionals committed to ensuring students get the best possible learning experience and are competent to register. Some shared values
Dream	Sharing a Vision	How would our perfect life-giving organisation look like?	Sharing individual experiences of current practices. Exploring what currently works well and ideas for improvement. What are our strengths and what is the best we can achieve?
Design	Sharing what WE think should be	What will be our guiding principles	All stakeholders need to understand the assessment requirements but also elements that could enhance the learning experience, academic staff. Mentors and students need to be appropriately prepared.
Destiny	Sharing a commitment to change	What are our first steps towards the future?	To implement the document and introduce processes to monitor completion of the document, identify when additional support is required.

3.iii 4 D Model of Appreciative Inquiry (adapted Kadi-Hanfi et al., 2014).

In refocusing us away from the problem AI's fundamental question is 'what are the strengths, what can we nurture and celebrate about what we currently do and how can this lead us to innovation, as Herr and Anderson (2015) describes it 'what gives life here?' This project is about academic development and AI facilitates that discussion with key individuals from the outset and establishing a shared and positive vision for the future. This discovery phase refocuses attention away from complaints and critique towards nurturing and invention (Kadi-Hanfi et al., 2014). This initial discussion focused on the advantages of having a pan London practice assessment document.

In the next stage 'Dream' i.e. encouraging the participants to share individual experiences of current practices. The discussion focused on our strengths and what is the best we can achieve with the implementation of the new document. The focus of AI is on what is working well (appreciative) by engaging people in asking questions and telling stories (inquiry) and hence is viewed as a galvanising approach for inspiring positive change. Inviting stories rather than opinion and judgements can lead to positive action and support staff to consider next steps (Billings and Kowalski, 2008).

Within the School we have always aspired to use a collaborative and inclusive approach to curriculum development and this specifically applied to any developments related to practice learning since it is so vast, variable and changeable. Whilst all staff had previously been invited to participate in providing feedback on the different stages of the pan London development they did not create or co-construct the document and the involvement of some staff was limited. In such situations there can be a tendency to focus on the negative aspects and a risk that individuals would view the document as a retrograde step since they had become familiar with 'their own' document and process and over the three years since implementation had found ways of refining processes to maintain quality standards.

Moving onto the third D of Design which is what Kadi-Hanifi et al. (2014) describes as being co-construction and emphasises the importance of everyone feeling included in the conversation. All stakeholders need to understand the assessment requirements but also elements that could enhance the learning experience.

The key principle during this stage is that participants should take responsibility for decisions that impact of their lives and have an understanding of the rationale underpinning action. Being a partner who collaborated on and understands the decision making process within the research project promotes motivation to participate (Bargal, 2008).

The final stage, Destiny is the final D in the framework focuses on 'sharing a commitment to change', (Cooperider, Whitney, Stavros 2008, p.5). We needed to explore 'our first steps towards the future' in not only ensuring an effective implementation but also continuing to monitor and evaluate the student and mentor experience in order to further enhance practice (Cooperider, Whitney, Stavros, 2008, p.5).

Watkins and Mohr (2001, p.7) define AI as a collaborative, participatory approach. This approach generates positive change and also motivates people in shaping their futures. In the first cycle, working with academic colleagues to ensure effective implementation of the new PAD and build on best practice confirmed for us that there were a number of areas

related to learning and assessment that needed to be better understood. One of the strengths in using action research is that it is concerned with an orientation of change 'with others' as opposed to changing others. It has an important place in empowering people and so by engaging with the team to understand the drivers behind the change as well as the underpinning philosophy of the new tool I was aiming to achieve was a more effective way of working for all.

Because of years of experience and the complexity of practice-based education I was very aware that the implementation of a new assessment tool would not fully address the ongoing challenges that students and mentors were facing. The approach to this inquiry however created an opportunity for collaborative working within communities of practice and the development of new insights that could lead to a transformation in practice as defined by Argyris (1993, p.25) action science is about understanding and producing action.

3.2.3 Action Science

Friedman and Rogers (in Reason and Bradbury, 2008) argue that action science is not a distinct method but rather a set of value-based conceptual and practical tools that can be integrated into and enhance many forms of action research.

Action science is largely associated with the work of Chris Argyris (Argyris, 1993). Herr and Anderson (2015) discuss Action Science as being concerned with producing 'actionable knowledge' that can enable people to produce desired outcomes in specific practice setting. Argyris's central concern is the ability of organisations to learn and his work has been influenced by critical theory and in particular the work of Habermas (1979) which is said to underpin critical constructivism.

As a process of inquiry based on a form of social practice AS focuses on producing 'actionable knowledge' relevant to professional practice (Friedman Razer, Sykes, 2004). This approach is particularly pertinent within this practitioner project which centers around communities of inquiry within communities of practice with the aim of creating new and useful knowledge that informs change.(Argyris,1993). The communities of inquiry within communities of practice function at three different levels, i.e. academic colleagues, mentors in practice and student nurses and at every stage of inquiry, critical reflection remains paramount (Crotty, 1998)

Argyris 's action science begins with the core idea that our frames which include mental models/ schema, lead us to act in certain ways. (Taylor et al. cited in Reason and Bradbury 2008, p.657) with 'theories of action' being the basic conceptual tool of action science (Argyris, 1993). Theories of action are said to guide our behavior and help us make sense of

the behavior of others and it is asserted that there is a difference between our 'espoused theory' that expresses our intentions or how we think we act and our 'theory in use' which is how we actually do act (Friedman and Rodgers cited in Reason and Bradbury, 2008). It is contended that there is a significant mismatch between an individuals' 'theories in use' and their espoused theories and that they are generally unaware of this.

From experience of working closely with students and mentors to facilitate high quality learning environments for many years these theories of action clearly resonate with me and with this specific project. In discussing learning environments with mentors the ideal situation is often recounted in which student learning is positively facilitated, multiple opportunities are offered to support learning and reflection and the identified mentors articulate the use the grading criteria as advised to support student learning. In contract students regularly express concern about their experiences and the related learning and assessment. Recent national reports have also highlighted significant challenges with learning in practice and have called for a renewed emphasis and new models of working (Willis, 2015; RCN, 2016). Within the context of this inquiry the opportunity not only to understand grading but assessment practices in general was a key objective and an exploration of espoused theories and theories in use was a helpful theoretical framework to support this.

Action science research has found that, when confronted with gaps or inconsistencies in the theories-in-use, individuals become defensive and still don't take responsibility for their actions. This is what they refer to as Model I theory of action. Within the focus groups with students and mentors in practice it was important to try and uncover any inconsistencies. From an action science perspective understanding the link between individual theories in use and theories-in-use at the organizational level is also crucial and this acknowledgement of the wider influences reflects a critical constructivist approach.

Action science aims at making 'theories in use' explicit so that they can be critically examined and consciously changed (Friedman and Rogers, 2008, p. 256) but before that can be achieved one needs to understand that individuals theories of action are driven by what they call Model 1 behaviours where individuals engage in defensive, face-saving behaviour and they advocate learning to produce a Model II theory of action.

Model I reasoning can be effective for solving relatively unthreatening, technical problems but is said to be risky under conditions of uncertainty, that involve professional practice and creates in situations that require people to critically reflect on their perceptions of reality, their reasoning processes, their values, and their own competence (Argyris & Schön, 1974). Action science-based approaches requires the ability to move people from Model 1 to Model II with the adoption of double loop learning. Double loop learning requires more than trying

to educate individuals about effective evidence based practice as it tries to understand underlying assumptions and behaviours. In contrast single loop learning is more commonly associated with basic problem solving approaches which is traditionally the approach we have adopted in attempting to 'fix' problems through action planning.

3.3 Data Analysis

Data analysis was an ongoing and inductive process throughout this project. It took place during and following each data generation activity as themes were agreed and then again at the end when the data and agreed themes were revisited. This qualitative approach was essential so that I was responsive to the emerging data from across the individual groups of people helping me to understand their realities and make sense of those realities.

Cohen, Manion and Morrison (2018, p.643) describe qualitative data analysis as 'organising, describing, understanding, accounting for and explaining data, making sense of it in terms of the participants' definitions of the situation (of which the researcher is one), noting patterns, themes, categories and regularities'.

Of the key methods used in data analysis was that of thematic analysis TA using a model presented by Braun and Clarke (2013), The BIG Q approach as defined by Braun and Clarke is used here as it operates within the qualitative paradigm and enabled me, the researcher to identify, analyse and interpret themes that emerged from the data generated from the staff and student interviews and focus groups (Braun, Clarke, & Terry, 2015). This also required an ongoing critical reflexive approach at each stage of the data analysis, coding and identification of the themes (Braun, Clarke and Terry, 2015)

The goal of a thematic analysis is to move beyond summarising the data to identify patterns or themes that are important or interesting, and use these themes to address the research or say something about an issue (Maguire & Delahunt, 2017).

Maguire & Delahunt (2017) claim that this this form of thematic analysis bears some similarity to grounded theory where codes are first identified and as coding proceeds connections are made between them to develop concepts and themes. As indicated previously the process of data analysis also involved the constant comparison of the data where data was compared across the range of activities and groups of individuals who participated, comparing the various elements and categories within it (Braun, Clarke, & Terry 2015), a process which Cohen, Manion and Morrison (2018) liken with the concept of triangulation.

3.4 Ethical Considerations

Ethical awareness needs to be employed throughout all aspects of a research inquiry that

involves others as participants and needs to be carefully and sensitively considered from the outset. This includes decisions regarding what to study, securing access and continues throughout data generation activity, analysis and presentation of the final outcomes (Coghlan and Brannick, 2005; Drake and Heath, 2011).

Gaining ethical approval when undertaking research has become an integral element of each and every research proposal and study and this project was approved by the university 'Ethical Framework for Research' (Middlesex University 2013- Appendix 2) and clearance through the university research ethics committee. Key to all ethical approval is the need to ensure that the physical and psychological well-being of research participants and as Costley, Elliott and Gibbs (2010) propose individuals should explore the research problem with a caring disposition. As a registered nurse who is bound by a professional body code of conduct I am committed to upholding the Code (NMC, 2015) which emphasises kindness and respect and the need to demonstrate honesty and integrity in all aspects of my professional practice which includes research.

Within this project I was aware of the importance of addressing and maintaining anonymity and confidentiality and hence voluntary informed consent was requested and all participants made aware that they are free to withdraw from the research at any time.

Achieving true anonymity however can be challenging and so I needed to think carefully about what this meant in the context of this inquiry. One of the factors of working with academic colleagues and researching in an academic institution is that this staff group, this could impact on all aspects of the research process. Many of them who were studying themselves had a full appreciation of the research process and eager to support. That said I was mindful of not becoming complacent and needing to be fully aware of the potential power relationships, though I recognised these colleagues as my peers and had full respect for their individual roles. At times whilst I may not have sought that position of power in my role I recognise that others have seen me as such and have been viewed as the expert voice for practice learning as due to my leadership role in coordinating through curriculum development cycles and quality monitoring.

In the initial AI discussion with staff members I was very conscious of the need to not identify them by name and this was clearly addressed through the approach used but I also needed to consider instances in which specific roles could be identified and whether or not true anonymity could be guaranteed. I made every effort to maintain anonymity by not referring to different roles or which field of practice they represented to preserve this. Likewise when gathering data from a group of staff who formed the quality monitoring panel for practice assessment this could also have posed challenges as they each could

potentially be identifiable through the group membership. On both occasions I specifically discussed this with the participants to ensure they were clearly informed and comfortable with my assurances to maintain anonymity and confidentiality to the best of my ability.

Drake and Heath (2011, p.50) suggest that in developing an ethical approach to insider research that *phronesis* most aptly describes the need for the researcher to explicitly acknowledge any conflicts, tensions and dilemmas that arise. In researching with the student and mentor groups I was aware in advance that this could create potential tensions and dilemmas and was particularly aware of the need to manage any situation in which poor care practices might be discussed or alluded to, though none have been identified. Issues related to negative student experiences were raised however and I had a moral duty to address these promptly as best I could.

The process of research is complex and hence requires ongoing reflection to ensure I continued to abide by these standards. To promote this Costley, Elliott and Gibbs (2011) discuss the importance of reflexivity as a way to be both reflective about one's own practice and to understand one's own position and the position of others in the research.

3.5 Positionality and Reflexivity

As head of practice-based learning I was placed in a very privileged and senior position of working with a wide range of staff and students, both within the university and across our many partner healthcare institutions where I could both influence and be positively influenced by the diverse range of people and the process of inquiry.

Researching within my own area of practice placed me in a unique position of knowing the participants as well as the research context (Appleby, 2013) and hence 'possessing *a priori* knowledge of this community and its members' (Greene, 2014, p.2). My personal journey as a nurse and academic enabled me to be immersed in practice-based learning for many years affords me with a number of insights into the world that I have been studying, hence placing me at the centre of the research as the 'insider' and therefore integral to the research process (Herr and Anderson, 2015). In this instance I needed to carefully consider how creating my research story was connected to who I am and my desire to further develop insights and new knowledge (Herr and Anderson, 2015). Being sensitive to the influences both within my organization and outside, for example, those of the PLPLG, HEE and the NMC was also critical, not only in terms of my responsibilities and accountability as a leader, but on me as a person and how this impacted on me as a researcher within my own workplace (Costly, Elliot and Gibbs, 2011).

Our ontological and epistemological assumptions influence how we position ourselves in the research, and to not state ones positionality as a researcher is one of the 'sins of omission' (Mc Niff, 2013 p.114). At the outset of this project I was therefore personally and professionally obligated to acknowledge my role and position, question why I had chosen this area of practice and consider what could be gained from undertaking this inquiry. From my personal and professional position I was very cognizant of the evidence base related to the role of assessment and its potential impact on student learning and development and this project provided me with the opportunity to critically review my practice and the practice of others.

From the outset of the inquiry it was crucial to acknowledge and recognise my position of authority and perceived position of power as Head of Practice-based Learning and the influence this leadership role may have had when working with colleagues, mentors and students. Juntrasook (2014) refers to four types of leadership, the first two are described as leadership as position and performance and are viewed as being hierarchical, formally recognised within the organisation and possessing the requisite level of competence and expertise. The other two leadership types are identified as practice and professional role modelling, both of which are less formalised in terms of structure and relate to being a leader in terms of influencing others positively in one's own area of practice through ones actions and behaviours aligned to professional practice. Being a leader whilst engaged in action research brings its own unique challenges with many authors specifically emphasising the need to pay specific attention to the power relations as well as the social relations between colleagues. Whilst my role as Head of Practice-based Learning may formally be aligned with the concept of leadership as position I have always aspired to be a positive and professional role model, paying specific attention to democratic relations (Cohen, Manion and Morrison, 2018) and hence feel my leadership role fits more comfortably with the final definition of professional role modelling. Within this inquiry I did however need to carefully consider how I positioned myself and be mindful of both my position and the position of the participants throughout the research process because of any potential impact on the research (Costley, Elliott and Gibbs, 2011). Adopting a reflexive approach through maintaining a reflective journal throughout the research process is viewed as an invaluable strategy in such circumstances (McNiff, 2013) and this is a practice that is firmly embedded within my day to day work, mirroring my professional values.

Reflexivity requires me to acknowledge that I was equally a part of this world that I was studying and this entailed ongoing critical reflection enable me to explore and understand what I was bringing to the research and how my views may have influenced the methodology and the interpretation of the data (Hammersley and Atkinson, 1983). Coghlan

and Brannick (2005, p.193) propose that it is a process of being attentive to and inquiring into the process as it unfolds. As a nurse and academic with a wealth of experience and a passion for practice learning, in addition to the leadership role I held within the institution I had to be particularly mindful of all of this when facilitating discussions with the participants to generate data and how I interpreted that data without influencing the outcomes. I needed to be aware of the influence of my personal values and in knowing that many of the participants would also be aware of these through how I practice and perform. Reason and Marshall (1987) refer to developing 'critical subjectivity' described as a state of consciousness and that 'we accept our knowing is from a perspective; it also means that we are aware of that perspective and of its bias and we articulate that in our communications. . . Having 'a self-conscious awareness' of the effects of all the participant views on the research process and applying the same self-critical scrutiny that as a researcher I apply to others is key in this inquiry (Cohen, Manion and Morrison 2018, p.454) and will be explored further in chapters 4 and 7.

3.6 Summary

Utilising the iterative cycles of action research to effect a change and create new understandings and more enlightened ways of working has been presented in this chapter. Because of the nature of this work-based project I adopted a collaborative approach to researching 'with' participants rather than 'on' participants to enable me to gain an understanding of their perspectives and behaviours and empower them to action these. It was essential from the outset to acknowledge the different perceptions and realities of the various participants involved as everyone is situated differently in the project and would bring different sets of values and beliefs, yet want divergent outcomes (Coghlan and Brannick, 2005).

In working towards a common purpose as a professional group demonstrating inclusivity was paramount so that all views were respected (Cohen, Manion and Morrison, 2018). It was essential to acknowledge my own positionality and pre-understanding and how this might impact on the data generation and analysis and as Cousins (2009) advises there are likely to be substantive inequalities within most collaborative research projects and it is important to own up to these and address how best to diminish their impact.

The role of reflection within action research inquiry cannot be underestimated and I have continually focused and reflected on my own personal values, assumptions and behaviour throughout this project and have employed different reflective models to support reflexivity. In chapter 4 a model developed by Driscoll (2007) has been used to capture my experience and progress within the cycles, representing thoughts detailed in my learning log. In chapter

7 as I critically reflect on my whole story I use Johns reflective model (Johns 2004) which incorporates Carpers' ways of knowing' (Carper, 1978) inclusive of reflexive knowing.

4.0 CHAPTER 4: PROJECT ACTIVITY

INTRODUCTION

Within this chapter I describe all aspects related to data generation as a result of active involvement with the processes relating to the action research inquiry, aiming for an enhanced understanding of the significant relationship between practice learning and the assessment of that learning, through the process of implementing an innovative assessment tool.

This inquiry will be broadly captured within three cycles to effectively articulate how the data has been generated and the inquiry has evolved, though I have been mindful of the advice of Heron (1996) to not get too pre-occupied with the cycles at the expense of the quality of the participation. In the pursuit of 'actionable knowledge' I have used a critical reflexive approach in which a reflective cycle will operate in parallel to the core cycle reflecting the work of Mezirow 1991 (Coghlan and Brannick, 2005). This approach incorporates 'content, process and premise reflections' at each stage of the cycle to support meta-learning, as previously discussed in chapter 3 (Coghlan and Brannick 2005, p.25).

4.1 Overview of cycles

In the first cycle I adopted an appreciative inquiry approach in an effort to address my first research question in exploring ways in which I could engage staff in the adoption of this externally created practice assessment tool and foster a sense of ownership and agency in our shared implementation of the tool. In aiming to promote collaborative and positive working to enhance student learning and assessment I drew on 'the storytelling of the best of what is' (Cockell and McArthur-Blair, 2012, p.24). To explore 'how we are going to make this preferred future happen' (Cockell and McArthur-Blair 2012, p.29) I engaged in critical discourse with those academic staff that have overall responsibility for the curriculum at different levels, and agreed actions to support the implementation of the PAD, stemming from the destiny stage of the AI framework (Kadi-Hanifi et al, 2014).

Cycle two begins to address the second and third research questions related to understanding the benefits and challenges of grading student nurses performance in practice assessment. Within this cycle some of the enablers and barriers to the creation of a conducive clinical learning environment unfold and we demonstrates our commitment to change. Within this cycle I captured the ongoing monitoring and initial evaluation of the PAD in use to support learning. Data was initially generated through interviews I conducted with

members of the programme team who have responsibility for ensuring students meet all of the practice assessment requirements of the programme. These staff members have a close working relationship with the students as they are often involved in addressing their practice and assessment queries. In addition to this further data was generated from a focus group discussion held with participants of the school's 'quality of practice learning group' for nursing and midwifery. The members of this group include senior academic and practice colleagues who have a specific remit for learning and assessment in practice and consequently had an increased awareness of the lived experiences of students and mentors during the initial implementation phase of the PAD. These findings led me to review and subsequently revise current processes such as placement evaluation and placement preparation for students.

Within Cycle 3 I continued to build on my knowledge and understanding of the enablers and barriers by uncovering the perceived realities of students, mentors and academics related to assessment and learning in practice. Analysis of the PAD documents to explore the level and nature of feedback being provided to students created greater insights into the real world of practice. I facilitated focus groups with mentors and students to explore their espoused theories and better understand their theories in use (Argyris, 1993) leading me to consider new and thought provoking findings that have informed curriculum development as well the shared creation of innovative resources and learning materials in the pursuit of changed behaviours (Argyris, 1993). Throughout the inquiry I have explored how I could best position myself to influence the wider agendas that inform effective practice learning and assessment.

Because of my external positionality I have been able to explore and disseminate findings from this inquiry at London wide meetings, at national conferences and at regional practice learning meetings throughout England to influence a broader debate.

An overview of the data generation activity is presented in Figure 4.i.

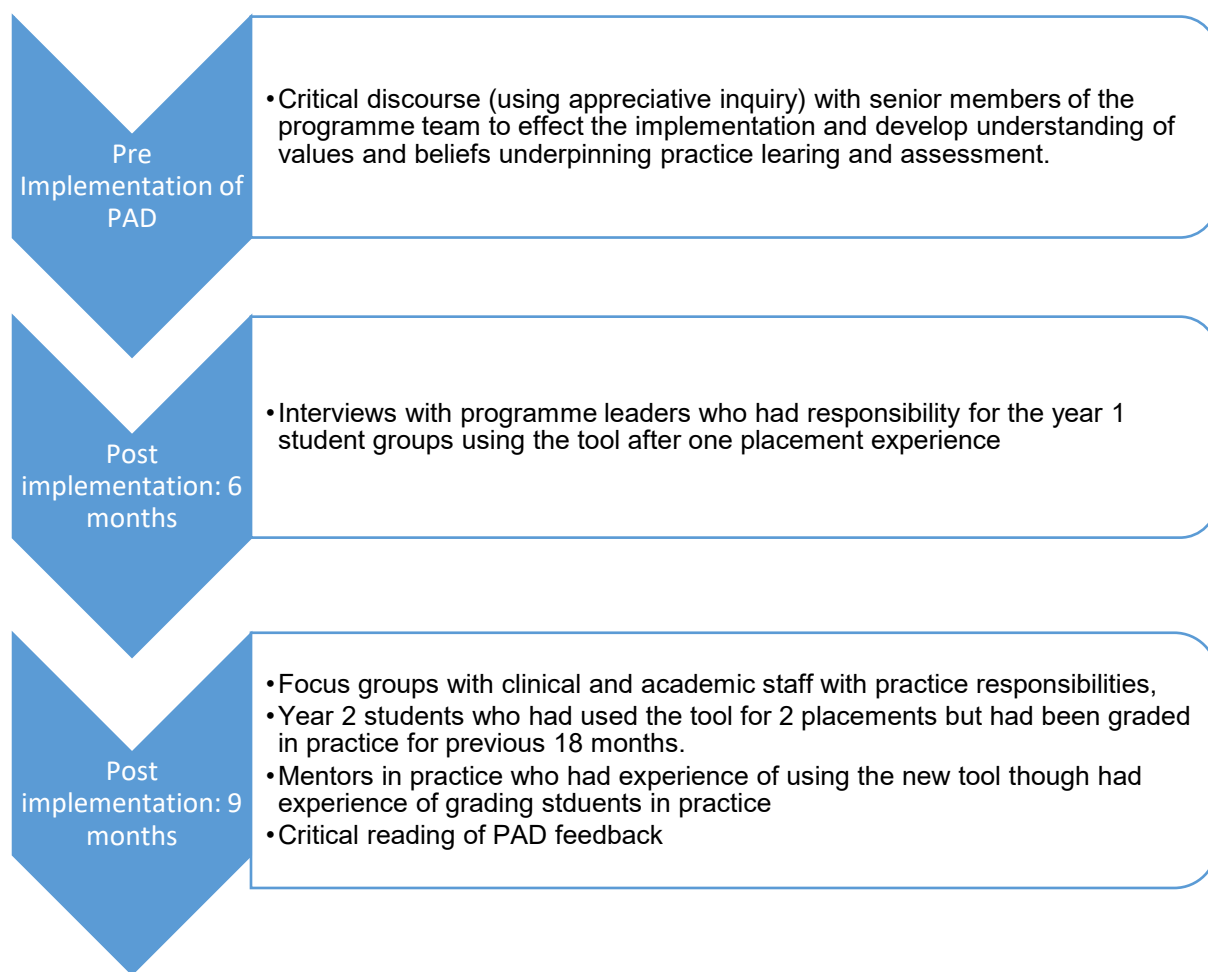


Figure 4.i. Overview of Data Generation

The approach I have taken to data analysis reflects the flow model by Miles and Huberman (1994) further developed by Cohen, Manion and Morrison (2007) involving the stages of data reduction, display, analysis and interpretation, drawing conclusions and verification. The process of data reduction occurred from the outset of the project with setting of the research question and my choice of a range of qualitative approaches such as semi-structured interviews and focus group discussions to generate data. By adopting focus groups to support data generation it was intended that the discussion would be enriched by the group dynamic (Cousins, 2009). This approach I have taken also has the benefit of being a developmental process where participants have the opportunity to clarify and build on their understandings of the subject being discussed (Cousins, 2009). In using an iterative process to data analysis I was able to seek meaning and interpret people's responses and discussions.

Undertaking preliminary analysis throughout the process of data generation was key and I found the use of conceptual mapping as defined by Grbich, (2007) effective in reducing the

data into connected groupings and hence in identifying the semantic themes. However I utilised the process of thematic analysis reflecting that of Braun and Clarke (2013) to uncover the latent themes and specifically when larger chunks of data were generated as this provided me with a clear but flexible framework to enable more detailed analysis. Some of the data analysis generated from cycle 1 will be presented and analysed in this chapter as it serves a useful purpose in demonstrating how the various cycles evolved and again reflecting my true journey as a researcher in undertaking this practitioner research project.

As indicated in chapter 3 my personal learning has been an integral part of this inquiry and in adopting a reflexive approach I committed to maintaining a learning log with copious notes and regular critical reflections throughout the entire process. The importance of attempting to make explicit the power relations and the exercise of power within the research process is also essential (Reason and Bradbury, 2008) and this was crucial as I was aware that some of the participants may have viewed me in a hierarchical leadership position. I was very aware of the need to bear these elements in mind when inviting colleagues to participate as it may have influenced decisions either way and was also mindful of continuously observing ethical codes of practice in practicing ethically.

In line with the approach adopted I was continually reflecting on how my positionality and related relationship with staff may be viewed and also their understanding and engagements with practice learning. These were important aspects of the inquiry as I wanted to create a more cohesive community of practice (Wenger, 1998). Some of my interpretations of events and reflections are captured periodically as the inquiry unfolds and as data is generated. Further critical reflections will be captured in chapter 6 and 7. All of the learning generated from this final cycle has informed a range of outcomes and has had a direct impact on my personal and professional development, evident through the external leadership role I have adopted London wide in the creation of a new version of the Pan London PAD and in securing HEE funding for a large collaborative research project to inform innovative approaches to enhancing learning in practice, achievements that I will celebrate in chapter 6. See Figure 4.ii providing an overall project timeline to reflect data generation and project activity.

Overall Project Timeline : Date Generation and Project Activity

	Jan 2014	May – Sept 2014	Sept-Nov 2014	Feb 2015	Jun 2015	Jul-Dec 2015	2016-2019
Approval of pan London PAD							
Critical discussion with core staff and initial preparation for implementation of PAD at MU. 1st students commencing placements Nov 2014							
Data generation: 1:1 interviews with programme leaders post implementation of PAD.							
Focus Groups with academics, mentors and students.							
Critical Reading of PADs.							
Development of strategies to enhance learning in practice. Placement evaluation process. Presentation and discourse at RCN international Conference							
Further analysis of data and in-depth contemporary literature review. Recommendation to pan London and Middlesex re Grading of Practice.							
Development of strategies to enhance learning in practice Proposal for development of centre of excellence for practice learning							
Leading on the development of PAD V2 for London and supporting regional implementation across England.							

Figure 4.ii: Overall Project Timeline - Data Generation and Project Activity

4.2 Cycle 1

Kadi-Hanifi et al (2014) claim that Appreciative Inquiry (AI) provides the means to enhance learning communities and promote positive engagement with change initiatives.

I choose this approach because of its emphasis on valuing people's opinions and perceptions (appreciation) and the need to learn more (inquiry). This approach is reflective of my own personal values of being inclusive and in constantly striving for understanding and excellence (Cockell and Macarthur-Bair, 2012).

4.2.1 Naming the Issues

During the development of the document I actively participated in a number of pan London events to seek the views of the wider stakeholders (practice and academic staff). In addition to these I co-facilitated two specific workshops that were organized for staff at Middlesex University and 12 academic colleagues representing all programmes attended at least one of these events. Draft versions of the different sections of the assessment document were also shared at monthly staff briefing events for discussion and copies disseminated to all academic staff for comment on at least three occasions. Reports were also presented at senior leadership meetings with partner organisations, chaired by the Dean of School.

The document and related process and implementation plan were initially presented to a university validations and approval panel with external examiner representation and later to the Nursing and Midwifery Council for final approval demonstrating that all standards and regulations were effectively met. Whilst I led on this process, the additional programme changes, involving amendments to a number of module narratives were managed by a Director of Programmes in liaison with the rest of the programme team. On paper the level of staff engagement looked promising and was viewed by the NMC as positive and collaborative, though personally I felt that a more sustained and focused discussion was still needed to promote agency. Drawing on my experience and expertise I decided that an exploration of the finer detail of the document and related processes would be beneficial in encouraging staff to embrace this as an opportunity rather than as a task. Providing this focused discussion with peers was creating the opportunity to share views and for us to learn from each other. Staff were already aware of the procedural changes but in order to achieve assessment literacy (Price et al, 2012), foster ownership and facilitate a partnership approach to successful implementation I was keen that staff developed increased appreciation of all elements including the potential that this major change could create for students, mentors and themselves.

4.2.2 Planning

The purpose of this aspect of the inquiry was twofold; in addition to promoting effective implementation I also aspired to better understand the values and beliefs of staff. These insights were important in trying to foster a sense of ownership and in the spirit of critical action research to empower staff to take on a more autonomous role in transforming practice assessment. As highlighted in chapter 3 action research is 'pragmatic co-creation of knowledge with, not about people' (Bradbury 2015, p.1).

Following exploration of potential options with my practice-based learning colleagues, it was agreed that we needed to engage with staff to encourage participation in developing a shared understanding of the document and processes and identify progressive actions that would embed learning oriented assessment (Carless, 2015). There was a clear recognition of the overall benefits to London as a whole but from my own perspective I was conscious that a document in itself would not translate into effective practice and that a clear pedagogical approach was needed. I was particularly aware of the various research reports that have highlighted problems with how assessment documents are constructed. Key elements such as the difficulty for students and staff in negotiating the extensive number of standards and challenges posed with the interpretation of the language used, ultimately lead to frustration and lack of consistency of use (Norman, 2000; Gray and Donaldson, 2009; Cassidy et al, 2012).

In moving forward with this AI approach I identified the appropriate staff at this stage of the implementation plan as the Director of Programmes, with responsibility for the overall curriculum development and delivery, Programme Leaders, with responsibility for the day to day management of students and Module Leaders, with responsibility for student support and ensuring assessments meet academic and professional requirements. These roles exist for each field of practice, i.e. adult, child and mental health.

As part of doctoral study ethical approval has been obtained from the University research ethics committee, as outlined in chapter 3 and I distributed consent forms and participant Information sheets to participants at the beginning of the meeting. A morning workshop had been agreed with the programme team and it was encouraging that good representation from staff responsible for managing the different fields of practice (adult, mental health and child) had accepted the invite. The main purpose of the event was to share information regarding the development of the document and rationale for implementation. More significantly this was my opportunity to promote understanding, both theirs and my own, of all components of assessment and for those present to contribute to an agreed strategy to

support a positive approach to the future. I approached this meeting with nervous anticipation and had spent time in careful consideration regarding how manage it as effectively as possible. Having worked with the majority of participants I was mindful of the different dispositions that individuals may bring to the discussion whether this could be attentive and responsive, assertive or dominant which Cousins (2009) identifies as necessary before entering such discussions as it creates familiarity of the theories of group dynamics.

In the tradition of an action research inquiry I kept copious notes representing my reflections 'in action' during the whole process which I later analysed in more depth alongside all the data generated, an approach that can strengthen the trustworthiness of the research (Cousins, 2009).

4.2.3 Action

The participants at this workshop had different levels of experiences in their current roles as some staff members were relatively new to this role whilst others had undertaken the role for up to 5 years. All of these staff members are recorded on the NMC register as nurse educators and hence required to abide by a professional code of conduct. All participants had also previously worked as qualified nurses in delivering direct patient care and consequently had first- hand experience of supporting learning and assessment in practice. In addition to this all participants had a current role as an identified link lecturer for a number of placement areas in which they were required to support mentors in practice with assessment and learning decisions. Within this context I was eager to value and respect this varied and rich resource of experience, enable all to have a voice and for them to share their experiences. In the spirit of AI it was also important for me to not to create an overly positive bias and be mindful of the importance of embracing all views (Reason and Bradbury 2008, p.191).

Following introductions I explained the purpose of the meeting again and the rationale behind the development of the pan London PAD, attempting to do this in an engaging and inclusive manner, whilst also acknowledging the extent of the task ahead.

The discussion was opened with the following introduction from me:

'I know you are all aware of the development of the PAD and a number of you have attended workshops during the development stage. As you may know the key impetus for this project came from the Directors of Nursing who were becoming concerned with the number of students from different HEIs sharing the same placement areas, and the resulting

pressures on mentors. Whilst we at Middlesex do not have many experiences of sharing placements with other HEIs to date this is starting to happen and likely to occur more in the future with changes to service delivery. This PAD will therefore be of benefit to our students and practice partners.

Within the initial introduction I also felt it was important that the staff present understood the time constraints that underpinned the document development and the strategic influences for this project and hence added:

‘So whilst the principle of developing a pan London document has been widely accepted NHS London have made this a contractual requirement so that all London HEIs had to commit to the proposed timeframe for development and implementation, which at times has been challenging’.

Following initial introductions I presented an outline of the key changes and copies of the draft documents were made available to the participants to gain familiarity with the various sections and components of assessment, though a number had previously viewed these. Within the discussion surrounding the document I acknowledged that we were moving away from a document in which we had included a number of learning activities for students to help them integrate theory and practice, an aspect that had been positively evaluated and valued. In comparison to the document in use this new document was larger, due in the main to the nature of the assessment components and also for us this meant an increase in the number of documents that students would have to complete throughout their programme, moving from a total of two documents across the three year programme to four documents, i.e. a PAD for each year and an Ongoing Achievement Record (OAR) that spanned the whole programme. I was also very mindful of the fact that a number of staff present had invested a lot of time in working with me previously to develop our current document as this had also been an integral part of our team approach to curriculum planning.

The team present were made aware of the need to maintain a consistent approach to the summative assessment components and the need to keep the structure of the document as similar as possible across London, though there were a number of university processes surrounding the length of placements, number of assessments, preparation for practice, monitoring and ongoing support that needed to be defined locally. Grading of practice needed to be specifically discussed since Middlesex University was only one of two universities in London that provided a grade for practice and this was an integral part of the overall curriculum learning, teaching and assessment strategy. Since the approval of the

PAD was essentially seen in the eyes of the professional body as a major modification to an existing programme, rather than a full programme approval this aspect of recording student achievement in practice had to remain as it impacted on the academic award and degree classification. However, as previously identified, this created an opportunity to formally evaluate this core element of our strategy, work collaboratively in gaining a better understanding of issues pertaining to learning and assessment in practice, enhance current practice and influence future curriculum development.

So in addition to the opening question regarding the implementation of the PAD I posed two further questions which were used to frame this discussion with staff members:

- What do you feel are the benefits of having a pan London document?
- What do we currently do in terms of process that you feel is important we maintain to support learning?

As the discussion progressed other questions related to building on what we do best, how to implement the PAD, review processes and promote best practice were posed:

- How can we build on current processes that we know to be working well?
- Who do we need to prepare and how might we do this?
- How will we monitor and evaluate the effectiveness of this implementation strategy?
- What actions are we proposing, who needs to be involved, and what resources are required?

The initial part of the discussion took place for one hour and 15 minutes followed by a break. This timing had been agreed with the group at the outset and following coffee we continued to explore the key issues for a further 90 minutes. After summarizing the key points for amplification (Cockell and Macarthur-Blair, 2012) we concluded the meeting. At this stage I had the opportunity to reflect on the outcomes of the discussions with one of the Director of Programme in order to seek her feedback and evaluation of the process and found we were in agreement.

Following transcription of the extensive data generated I spent several hours over the space of a few days reading and reviewing the content and reflecting on my individual notes as well as the entire process of engagement and outcomes. The outcomes of the meeting were again reviewed with one of the Director of Programmes present and further explored with a practice based learning colleague in order to reflect on processes and agree next stages. This reflective dialogue with critical friends being core to action research inquiry.

At the end of the meeting it was evident that we had agreed an implementation plan and

hence one outcome was being progressed. However I still had to examine the data systematically to review staffs perceptions regarding assessment and learning in practice in more depth. In addition to this it was important for me to consider the use of the whole AI approach from a methodological perspective and explore whether the stages were evident and beneficial to the process of inquiry and this will be addressed in the next section 'evaluation'.

4.2.4 Evaluation

As reflected above I aligned broad areas of questions and my approach around this affirmative approach of appreciative inquiry. However I did not stage the discussion to follow the 4 D framework in a sequential manner as allowing fluidity and spontaneity was important. This meant that at times we had to 'rediscover or redream' before getting to a stage where we were sharing 'what we think should be' i.e. the fourth D of Destiny (Cockell and McArthur-Blair, 2012)

However in line with this research project it was also essential for me to explore the effectiveness of adopting this AI approach. The 4 D's were already defined as key concepts and the process of analysis of the data was therefore deductive in the first instance as it focused on identifying where these were evident in the data though did require elements of inductive analysis also. Evidence of 'Discovery', 'Dream' 'Design' and 'Destiny' are presented here and Calabrese (2010) proposes that the first three stages lead to espoused theory with the fourth stage becoming the theory in use as reflected in the Argyris's model of action science.

Discovery Stage

The questions I posed at the beginning of the discussion did reflect what Kadi-Hanifi et al (2014) term '*what gives life*' and represents the *Discovery* stage of the AI cycle (Cooperrider, Whitney and Stavros, 2008).

These opening questions were preplanned as it was my intention to frame this discussion positively and so I focused it around the potential benefits of having a pan London document and in identifying processes that were currently in place to support learning that individuals felt should be maintained.

All responses related to these questions reflected benefits to having a shared document and it was encouraging that staff had recognised this would not only bring benefits to students but it would also make it easier for mentors in practice when they only had to concentrate on knowing one document

Some of the responses are outlined below:

'There will be more consistency in assessment since mentors will become more familiar with the requirements as all nursing students across London will be utilising the same document and assessment process...'

'This will also really help staff at one of our main acute trusts as it has been really challenging having students from three different universities, with three different assessment tools. When I did a mentor update last week in X the mentors were really excited about the new document'

' you know I think that our students will also like the fact that their assessment at Middlesex is the same as an assessment of a another university in London, the KCL assessment is the same as the Middlesex and the same as the Hertfordshire and that means something and we should sell that more'

Part of the discussion also centered on the perceived uniqueness of the Middlesex document due to the inclusion of the grading component and how this reflected that we valued practice, an aspect that will be explored later in more detail:

' at the moment though we grade practice and we should be emphasizing that more as it says something about the importance of practice and it benefits many students who might not get great grades in academic work as they have lots of experience and will make them really good nurses'

In summary the following are the key issues that reflect the Discovery Stage:

- The consistency of approach across London Universities
- Beneficial to mentors who provide support to students from a range of HEIs
- The provision of a grade for practice reflects the value placed on practice

Dream: How would our perfect life-giving organisation look like?

The second D, Dream is what Kadi-Hanifi et al. (2014) would term 'Sharing a Vision' and again a key area of questioning focused on how we might build on current processes that we know to be working well.

The first statement offered in response to this question bemoans the loss of the skills based activities we had previously included in our assessment document as identified above and this was accepted as an important contribution to the discussion and resulted in a positive outcome.

Additional elements of the discussion reflected current processes where students completed a whole assessment component and submitted this every semester as part of a specific practice learning module. Whilst there were challenges to this aspect of practice as identified above there were also positives realised and these did also emerge in the discussion. Some positive discussion also ensued, with realization of the need to identify other staff to support this essential process and recognition of the fact that practice is a specific module that needs the same level of scrutiny as any other and so therefore needed to be appropriately and adequately resourced.

In summary the following are the key issues identified in the Dream Stage:

- Maintaining the formative assessment activities
- Ensuring documents are submitted regularly
- Recognising the importance of practice learning as a discrete module

Design

Cousins (2009, p.180) proposes that in the design phase the researcher explores propositional statements, maybe 'some visionary or propositional possibilities'. In this instance I focused the questions around what we needed to do to support this effective implementation. One area that was highlighted was the need for preparation of students and staff. The preparation of the wider team of link lecturers was also highlighted by participants as a priority in the roll out.

As indicated above whilst I agreed to facilitate some staff and student preparation sessions I requested that representatives from the module leader and programme leader teams also attended these sessions. The purpose of this was to encourage these staff members to immerse themselves in the experience of others and to develop a shared understanding of how students and staff were perceiving this change and gain insight into any potential challenges and further areas of work that may be needed to ensure effective implementation. The other key focus for me was to empower staff with the knowledge and understanding to manage the processes related to assessment using the PAD and to address ongoing queries or issues raised.

In summary the following are the key issues identified in the Dream Stage:

- Recognition of the need to prepare students
- Recognition of the need to prepare staff
- Developing the role of the link lecturer in supporting practice

Destiny: Cockell and Macarthur-Blair (2012, p.25) propose that this stage in which we agree how are we going to make our preferred future happen is about creating a 'collective intention'. This is described as a very concrete and outcomes-based part of appreciative inquiry. It needs to be appropriately ambitious yet practical and focused on actions, who needed to be involved, and what resources are required. The key actions that were agreed include the following, as outlined in Figure 4.iii

- Preparation of students, mentors and academic staff for practice
- Submission and monitoring of documents
- Developing further insights into grading of practice
- Developing further understanding of year 2 and 3 competencies for the Mental Health and Child Health fields in particular.

What was needed?	How would this be achieved?	Who was responsible for actions
Preparation for Practice (Students)	<ul style="list-style-type: none"> • Review preparation for practice and consolidation post practice days to make sure the right content and focus. • Plan specific preparation for year 1 and year 2 students across all fields to help them become familiar with the document and processes 	Programme leaders with support of PBLU
Preparation for Practice: (Mentors, other practice staff and academics)	<ul style="list-style-type: none"> • Plan workshops for senior clinical colleagues with educational roles to ensure familiarization with document and process • Plan continuing professional development events / workshops for link lecturers to prepare them and so that they can support the delivery of local updates for mentors • Develop key resources to facilitate understanding of the document and enhance current practices 	Practice-based learning team with support from LL.
Submission and Monitoring	<ul style="list-style-type: none"> • Students to submit after every placement and administrative support to be increased to support with this. • Programme leaders to continue to be involved in the Quality Monitoring of Practice Learning to explore wider examples of the PAD in use across all fields and years to support our understanding • Participate in both a local and pan London evaluation of the PAD in use. 	To be actioned by: Directors of Programme to liaise with Head of Department
Developing further insights into grading of practice	<ul style="list-style-type: none"> • Strengthen grading criteria to enhance understanding and consistency of use. • Increase the focus on grading within mentor updates • Develop further materials/ resources to stimulate focused discussion and debate. 	
Developing further understanding of year 2 and 3 competencies	<ul style="list-style-type: none"> • Plan a further meeting with the individual programme teams responsible for mental health and child health to explore how some of the physical assessment skills can be achieved. • Agree a strategy for implementation in year 2 and 3 of the programme for all fields 	

Figure 4.iii: Key actions from destiny stage of AI process.

Whilst we had a positive outcome in terms of an agreed action plan for implementation at the end of the meeting I felt compelled to critically reflect on the focus of some of the discussions that had taken place in order to help me gain an understanding of the views and values of staff members. I therefore returned to the transcripts to undertake a more in-depth analysis of the data generated and identified a number of themes.

See Figure 4.iv which represents each of the identified themes with the initial codes represented. .

The themes include:

- Assessment requirements and regulations;
- Preparation for practice;
- Student achievement and practice

A comprehensive discussion of these findings will be presented in chapter 5

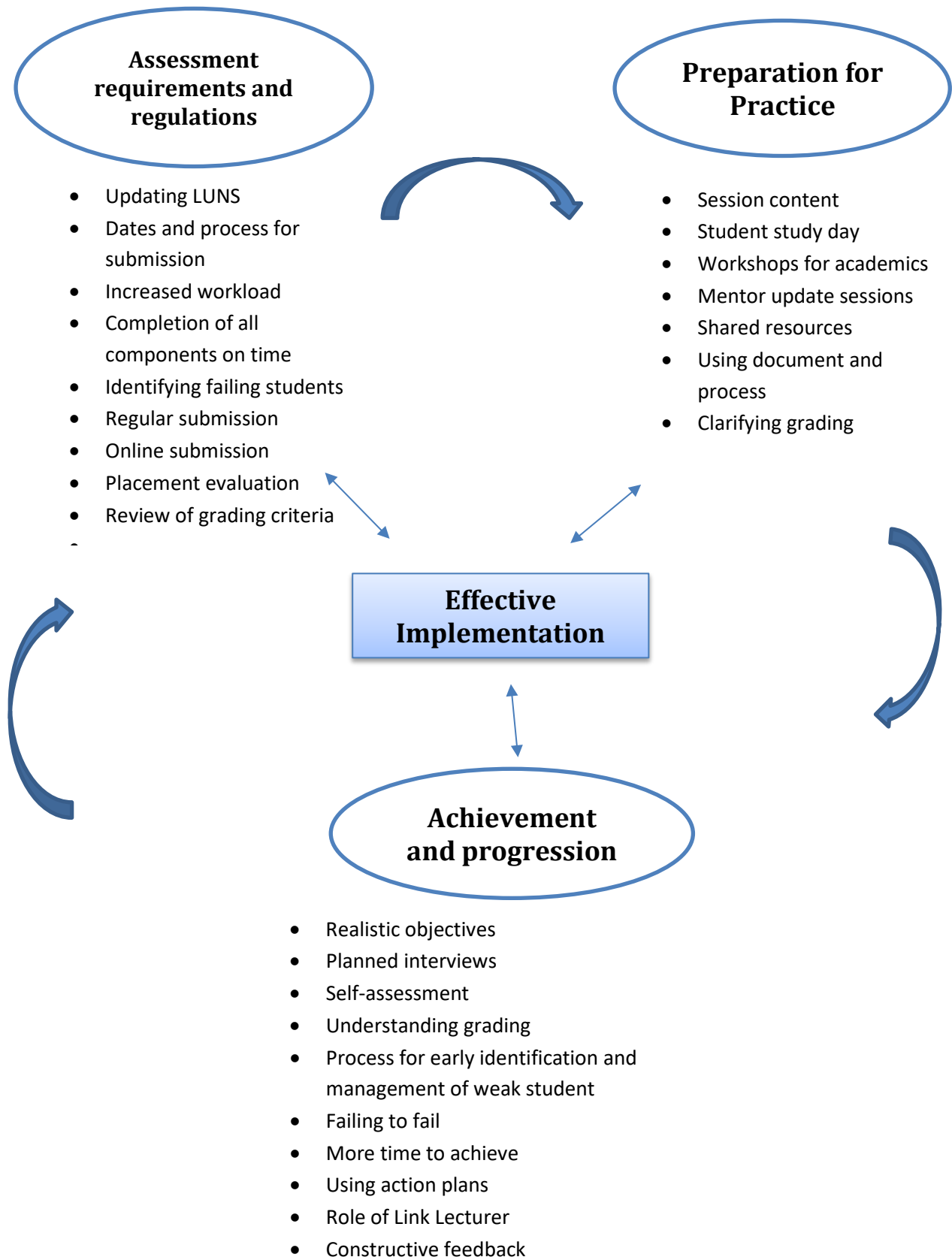


Figure 4.iv: Views and perceptions of staff regarding practice learning and assessment

4.2.5 Reflection on Cycle 1

The discussion with the programme team was in the main more positive than I had anticipated and I was encouraged by the fact that this team of colleagues were embracing this challenge. There was an understanding amongst the participants that this change needed to be implemented and they appeared to be fully engaged with this this endeavor. The brief notes / phrases I captured during the discussion includes reference to the following: Value, Passion, Progression and Challenging (See Figure 4.v: Notes captured during discussion using AI approach). These notes also reflect some of the anxiety that I was experiencing during the discussion when I wrote 'lots to do' which was in reference to the need to provide support and development opportunities for the staff present but also in terms of the extent of the preparation needed to effectively prepare staff for implementation.

Another quite illuminating referece is 'not just me doing the prep' as part of my aim in undertaking this affirmative approach was to enable others to take more responsibility for practice learning and feel more empowered to do so. In the end I did partially achieve this— though with staff members participating in a joint preparation / delivery of the information which did help build their understanding and confidence further. Having them participate in the session did also support my learning further as I could hear first hand the information students were being provided about their assessment submission which enabled me to review this from a students perspective, as best I could.

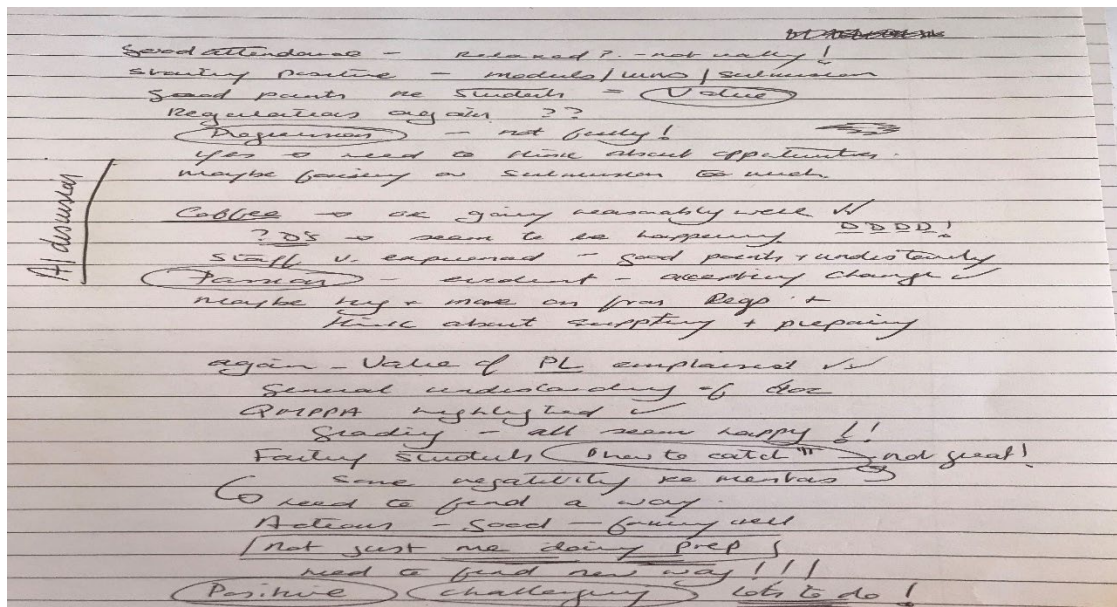


Figure 4.v: Notes captured during discussion using AI approach

Following this discourse I took the opportunity to critically reflect on my role and the role of the practice based learning team in supporting and enhancing practice learning and working collaboratively with all stakeholders to ignite passion for practice learning and continue to foster the positivity that I had experienced.

I found the discussion regarding learning and assessment very enlightening and although at times this reflected conflicting viewpoints it enabled me to better understand the divergent values and beliefs regarding the assessment process in particular. The key emphasis throughout the discussion was less on pedagogy and the student experience and more on the assessment components in the document itself and the need to meet regulations rather than a focus on learning. There were however elements raised by some participants that were related to the potential this created for learning that could be developed further

At this stage of the inquiry I had captured a rich source of data and had begun the process of implementing the PAD with the development of a range of teaching and learning resources to support this, as detailed in the Destiny stage above.

4.3 Cycle 2

4.3.1 What have we learnt from the initial implementation?

The PAD document was first introduced in September 2014 and by mid-February 2015 50 % of both Year 1 and Year 2 nursing students had completed one placement period of between 4 and 10 weeks utilising the new document. At this point in the inquiry I felt it was important to gain an enhanced understanding of how the document was being used and its impact on the whole student experience and hence I invited specific representatives from the senior academic team that had responsibilities for managing practice assessment for their field of practice.

At the end of each placement period students are scheduled to attend a study day to reflect on and evaluate their practice experiences with their programme or module leader and have a one week period in which they must submit electronic copies of their completed assessments. It is usual to have a number of students who cannot submit on time due to delays to their assessment, either as a result of sickness on their part or the unavailability of their mentor to complete the documents at the end of the placement. There are also typically a small group of students who believe they have completed all aspects of the assessment but on review by the module leader there are a number of sections that are not completed as per requirements and so cannot be deemed a pass.

Allowing time for the members of the senior programme team to manage this complex process, follow up any outstanding PADs and review the completed documents, I invited them to meet with me to explore their findings and perceptions of how the PAD has been used in practice. This was arranged as one to one interviews and again staff were presented with the Participation Information Sheet and Consent form with relevant explanations, in line with ethical considerations. The interviews were arranged at the end of February 2015, with 3 out of the 4 module leaders being available to meet in person. The fourth module leaders was unavailable, though we did engage in an email exchange and had a follow up one to one meeting in early March.

One of the responsibilities for this senior team is managing the submission of the documents and ensuring students meet the necessary requirements to progress onto their next placement through checking if all required components had been met. This team of staff were often the first point of contact if a student had a query regarding their assessment whilst on placement and so were familiar with the ongoing student experience in practice. They also had been in regular contact with some students who had queries regarding their assessment and learning experiences and had facilitated the post placement reflective

learning session in which students discussed their learning experiences. Within my role I spend a significant amount of time liaising with practice staff and students and so was entering these interviews with some pre-understanding of the realities of practice. However, because of the large number of students the senior team representatives were managing I was also very conscious of the breadth of unique experience they potentially had with this new document and process and the need to not make assumptions that I knew it all and listen carefully to what they were sharing.

I selected the use of one to one interviews as each staff member's role was different in terms of the number of students they were responsible for and the length of placement periods as each field of practice differed. As individuals they had varied levels of experience in their roles and I was keen to gain insights into their approaches to managing the assessment process and any issues that arose. This also presented me with the opportunity to critically reflect on how this might be impacting on student learning in practice and help me gauge what further support may be required from the practice-based learning team.

A semi structured approach to the interviews was adopted, framed around 3 broad areas to provide me with a level of structure to the interview, while retaining flexibility to capture the real and valuable experience of these individual staff members. I was cognizant of the fact that the areas they might have found worked well or were most challenging could reflect their own values of what was important in this whole process. Trying to not impose my understanding of how the process might or should work was an important consideration at this stage though I was also conscious of my positioning and the risk of power imbalance. Three specific open ended questions were framed in an attempt to have a free flowing and exploratory discussion. The discussion was not audio recorded though I kept copious notes and gathered hard evidence of their documented assessment monitoring processes which was presented to me. I summarised the key aspects from my notes and confirmed that these were a true representation with the individual module leaders at the end of the discussion to support the trustworthiness of the research process (Cousins, 2009). In line with the philosophy of AI I started with a positive question, i.e. what appears to be working well from your perspective? In addition to this I then continued to explore some of the issues or challenges that were being highlighted and agreed which areas needed to be addressed to enhance learning.

4.3.2 Key findings:

What appears to be working well?

The feedback from the team representatives regarding what appeared to be working well included the following:

- The majority of students had submitted the documents by the proposed deadline and the documents had been scanned and uploaded to a drop-box as required.
- Individuals had developed their own processes of monitoring (two had created checklists with all assessment components represented) and these were shared with me.
- Orientation checklists (part of the health and safety requirements for all placements) had been completed by students and mentors.
- Mentors were completing the feedback sections required for both midpoint and final assessment interviews as required though the detail and timings varied.
- Students were completing their self-assessment and providing comments upon their own performance and progression.
- Learning and development needs were being highlighted at the midpoint interview in the section provided.

What are the Issues/ Challenges?

The following areas were highlighted:

- Assessments were at times incomplete with students not getting the signatures at each stage of assessment process to confirm achievement.
- With regards to the assessment of professional values (requiring mentors to assess a number of specific competencies and provide evidence to support achievement of each value) the evidence being provided by at the midpoint interview period was very variable. Some mentors made a generic comment such as 'satisfied with performance', with no examples provided.
- The evidence provided by mentors for the completion of the professional values (PVs) at the end-point assessment was again very variable with some repeating the whole PV statement and again without documenting a specific example.
- The requirement to put 'A' for achieved and 'NA' for not achieved was causing some confusion as NA was being interpreted as 'not applicable' and so students were being disadvantaged and some had raised concerns with their lecturers regarding this.
- Students were not always happy with the grade awarded. A small number of

students had contacted their programme or module leader during the placement to report that their mentor did not understand the grading system and were reluctant to award them an 'excellent', whilst others reported that they felt their overall grade was unfair, though the reason behind this was unclear.

- A sample of students reported that their midpoint and final interview occurred within the same week, that is, the final week of their placement.
- There were a number of occasions in which students had completed all of the listed essential skills in their first placement, when in fact they had three placements in the year to achieve these.

What do we now need to do to address the challenges to further enhance learning?

In discussion with the module leaders the other areas that I identified that required more attention were:

1. Clarification of terminology within the document was needed and in particular the use of NA as 'Not achieved' to avoid confusion with NA as 'not applicable' as this had significant implications for the outcome of the assessment.
2. The need for further student preparation and mentor preparation. Mentor preparation was specifically needed with regards giving timely and constructive feedback and completing the PV section.
3. Facilitating an understanding regarding the use of grades and in particular the use of excellent.
4. The need to gain a better understanding of the student experience of being graded and what this meant to their learning and achievement in practice.

4.2.4 Reflection on interviews with staff members

I was very conflicted after these discussions with staff, on the one hand I was encouraged that there appeared to be reasonable understanding of the document though this seemed superficial and I had significant concerns from a pedagogical view point.

There were examples of students not getting signatures completed in the right sections, of not getting their documents completed in the correct timeframe and not submitting the correct number of pages.

In the main the documents were being completed and submitted with the majority of students meeting the requirements for progression, however throughout the process of data

collection and analysis I was constantly questioning the quality of the underlying assessment and learning processes and it became evident that we needed to act immediately to ensure NMC requirements were being adhered to (NMC, 2010). I was familiar in part with how students and mentors were completing the documents in my role as link lecturer however my experience was limited to two organisations and to students in the adult field of practice and hence it was useful to gather the data from across a wide range of areas and students. Whilst I had experienced some of the issues highlighted from these discussions these had been isolated cases and I had not appreciated the extent to which issues such as the delays in the timings of student interviews and the dissatisfaction expressed by a number of students with the grade awarded had occurred and the potential for these to negatively impact on the whole experience. These were significant issues that I needed to further explore because at this stage I still had a limited understanding of the complexities inherent in these findings. I did however share what I had begun to discover with my colleagues in the practice-based learning team to initiate a critical discourse so that we could begin to explore what approach we would take to address the challenges that were emerging and gain a wider perspective from others fully immersed in practice learning issues.

At this early stage of the project I was still a novice in terms of undertaking such a large research project and concerned about maintaining a robust and rigorous approach to the inquiry. On reflection and in further exploration of the literature and attendance at academic fora I question my approach to the data generation and felt a more relaxed unstructured approach may have best suited the methodology that I adopted.

Whilst I sought to practice ethically and apply the principles related to care, respect and confidentiality, on reflection I did consider whether other approaches to interviews such as 'discussions-as-interviews with no pre-set questions and which progresses around a broad theme agreed between the researcher and interviewee' (Costly, Elliott and Gibbs 2011, p.93) may have been more beneficial. This may have enabled us both equally gain some insights and learn from the process of having a shared discussion rather than me as the interviewer gathering the data they felt that I needed. Being aware of my role as Head of Practice-based Learning I did focus on conducting the interview in a relaxed and conversational style as I was aware of the potential influence of my perceived position of power. On reflection I did also consider if my role in this instance did impact on the data generated and whether the participants were more motivated to show how they were managing and recording processes more so than sharing individual student experiences.

4.2.5 Initial Actions and Outputs

Further analysis of the aspects identified here will be presented in chapter 5 though it is important to highlight that a preliminary analysis helped me formulate my next steps in this second cycle, again reflecting a cycle within a cycle.

One specific action that I identified was related to the need to redesign the template for the quality monitoring panel for practice assessment (QMPPA) so that key areas of the assessment were being monitored – such as the timings between mid-point and final interview and questions related to the identification of learning and development needs for the student in a timely manner. This action and agreed response was carried out in full collaboration with the other members of the practice-based learning team.

In the first instance there was a need to find new ways of preparing mentors for practice and hence a 'mentor conference' was a key action, extending the invite to all NHS and non NHS partners to participate and share experiences of assessment and learning in practice. 100 places were offered and the link lecturers were invited to participate in planning and facilitating the event in liaison with PBLU as I felt that it may also further support their learning and development. This has become a biannual event and is well attended and positively evaluated.

A newsletter outlining positive experiences of students from the initial implementation phase was developed and this also highlighted areas that needed to be enhanced. The practice of completing all competencies on one placement and the negative impact on student learning and development was emphasised within the e-newsletter and explored in more depth at the mentor conference and also included for discussion in all student and mentor preparation / updates.

What was evident from the data generated to date was the crucial need to further explore the views and perceptions of mentors and students of grading in assessment in order to better understand the reality of practice and the student learning experience. This will be explored in the next cycle.

4.3 Practice Learning and Assessment Panel

The practice-based learning team facilitate a quality panel involving senior academic and practice staff on a quarterly basis. These representatives have a specific lead for practice learning within their organisations and this panel forms part of our quality monitoring and enhancement processes. When students submit practice assessment documentation at the end of a placement the module leader reviews these, firstly to identify if all sections have been completed, confirm the student grade and review the comments provided by students and mentors to ensure they are consistent with the grade awarded. External examiners are given access to the PADs and comments regarding their findings are normally included in annual reports. The panel then meet and select a random sample to review in more depth and discuss their findings and how these may impact on the overall student experience in practice.

This panel meeting, chaired by a member of the practice-based learning team is divided into two parts.

- Part 1 is a discussion regarding practice learning issues involving feedback from all partner organisations related to the student experience and adherence to professional body requirements.
- Part 2 is facilitated as a workshop and is was known as the Quality Monitoring Panel for Practice Assessment (QMPPA).

The remit of QMPPA is to provide a forum for academic staff and partner representatives to meet to review a sample of Practice Assessment Documents against a set of pre-determined, evidence based criteria, explore how the assessment process has been managed and analyse the quality and consistency of feedback. This process is in addition to the moderation of practice assessment undertaken by module leaders, whom are also invited to attend QMPPA.

The participants work in pairs, usually an academic and a practice colleague working together to review the documents to check what has been signed by both students and mentors and to explore the feedback provided by mentors. Based on findings from the early implementation of the PAD the team also review the number of competencies that have been completed on a placement to ensure that all are not being completed by the same mentor in one specific placement area.

Examples of feedback are captured within the minutes and shared anonymously to support mentor updates across the various practice organisations. The information gathered with regards to both feedback and process inform the development of learning materials that are included in the mentorship module, mentor updates and shared with link lecturers to support further development of all staff.

At this planned forum there were eleven participants representing the three fields of practice including five academic staff, five clinical staff and one participant who was in a joint appointment between the university and a local trust. On this occasion I invited the participants to contribute to a focused discussion related to assessment of practice and specifically the role of grading in our programme, prior to exploring the documents. At the time of this meeting we were aiming to start curriculum development within 6 months as this traditionally takes two years to complete in order to ensure partnership working and effective collaboration with the range of stakeholders involved. It was anticipated that there would be a Pan London group working on a unified assessment document but we at Middlesex needed to begin to question if grading of practice would be incorporated as part of our assessment strategy in the future programme.

At this stage there was no indication whether the professional body, the NMC would recommend that all nursing programmes should grade practice or not or whether they would leave the decision to individual HEIs to make. Grading of midwifery students in practice remained a mandatory NMC requirement for all midwifery programmes with the rationale being that the programme needed to maintain equal weighting between theory and practice (Fisher et al, 2017) however the same requirement did not apply to nursing programmes, as highlighted in chapter 2.

I explained to the participants my purpose for gathering this data and how it fitted with my doctoral study. After sharing participant information sheets, I fully explained the ethical approval process and asked if they would be willing to participate and complete consent forms. All present were happy to do so.

The key purpose of the discussion was to evaluate current processes, identify areas to strengthen and begin to consider if we would propose the use of grading in our next nursing curriculum to the wider programme teams. I was aware that this work was also of interest to the wider London community of HEIs and had the potential to influence wider debate regarding practice assessment and grading of practice.

At this stage I needed what (Cohen, Manion, Morrison 2018, p.454) refer to as 'a self-

conscious awareness' and not make assumptions that I knew what they were referring to and fail to probe further. Coghlan (2001) also cautions that those in manager / leadership positions may not always be open to alternative viewpoints because of their pre-understandings, thus impacting on the findings.

A lively and interesting discussion took place with all participants contributing over a 45 min period. This was tape recorded (with permission), transcribed and analysed using a process of thematic analysis based on (Braun and Clarke, 2006. See Figure 4.vi)

Step 1: Become familiar with the data,	Step 4: Review themes,
Step 2: Generate initial codes,	Step 5: Define themes,
Step 3: Search for themes,	Step 6: Write-up.

Figure 4.vi: Braun and Clarke, 2006. Stages of Thematic Analysis

I opened the discussion quite broadly around learning and assessment in practice and participants engaged enthusiastically. In summary a number of issues regarding learning and assessment and specifically grading were raised. Some of these reflect the feedback from the programme leaders in the initial implementation phase which was encouraging in terms of the data triangulating. Issues related to student preparation and lack of understanding on the part of both students and mentors were highlighted though the core discussion soon focused on the practice of grading, its influence and implications.

There were participants who were clear supporters of grading and categorically outlined the benefits that they perceived. Grading was viewed as a strong motivation for students and staff felt it demonstrated our philosophy of valuing practice learning. This was encouraging as grading of practice was such a core aspect of our strategy and whatever the outcome of these discussions it would be a part of the programme for a minimum of 4 more years. There were aspects of the discussion that raised issues regarding lack of consistency that I had previously been aware of with reports that some students highlighted dissatisfaction with the grade awarded, again an area that had previously been highlighted. See Figure 4.vii outlining the initial codes that emerged from the data. Further exploration and analysis of the findings will be included in chapter 5.

Again I undertook preliminary analysis, involving critical analysis of the data and exploration of the findings with the practice-based learning team resulted in the identification of a few immediate actions that were needed. This included a further review of the grading criteria

and enhanced guidelines so that staff assessing students had a better understanding of the range of grades available and that the full range can be awarded at any level.

Initial codes Quality of Practice Learning Focus Group: following thematic analysis

Initial codes from transcript are shown below		
Motivate the student Students are of a better standard, Higher achieving students They want to do well They want higher grades Creates a clearer focus A more positive focus Not sure re fairness Not always fair Depends on the mentor Depends of the relationship Not always objective. They could appeal Works as an incentive They want to get a first or 2:1 Will try harder to get there That incentive would disappear Might sit back A huge motivator... Motivated by what grade they get The lack of quality control Inconsistency in grading Effects their final grade Students are about the grade They want a first Would be shame to not grade It's a huge motivator Students want to do well Can increase the overall classification Should not falsely increase these Avoids grade inflation Midwives were getting high grades Maintain a balance It's not wrong to grade Some students are stronger in practice Why should they not be awarded	Quality issues Benefits to mentors Overall benefits to assessment of learning Helps give a more accurate picture Supports feedback Helps with feedback achievement main driver Of equal importance t& p Should be acknowledging value Removing motivator Different messages about practice and awarding credits Evaluate formally and informally It is a real motivator Students can be quite exercised by it University are giving credit for practice Motivating Seen as being valued Message not clear to all Try and increase the inter-rater reliability Use of video resource Mentors can't award excellent to a first year People who don't tend to look at criteria	Guidance available to support decision Guidance not looked at Shows the lack of rigour A grade but no feedback Amount of feedback is excellent Feedback reflecting the grade Grade at midpoint is the same as it is at the final interview No progression Resources are important Asking mentors to consider what grade they are giving A video would be good Student evaluation Need to balance the rigour. Grading focuses attention Always subjective Going to have to work towards increase reliability Language a challenge Structure confusing

Figure 4.vii: Quality of Practice Learning Focus Group: Initial codes following thematic analysis

4.3.1 Review the placement evaluation process

One of the other key elements of discussion at the practice learning meeting (following the focus group discussion) was related to the need for us to review the formal process of evaluating the student's experience of learning and assessment in practice as this is an essential part of our quality enhancement processes that was not working effectively.

The quality of the learning experience has been identified as a crucial element in enabling students to develop confidence and competency to meet the requirements for registration, as highlighted in chapter 2 and it has also regularly been associated with retention on the programme and first destination posts (Ford et al, 2016; 2018; HEE, 2018) . The arguments for effectively monitoring placements to promote positive experiences is obviously much broader than the debates related to supporting retention and employability. Evaluation of the student experience in practice is paramount to understanding their learning in practice and in promoting a positive experience. It can also act as a tool to develop students' reflection on their own learning and encourage their mentors / supervisors to critically review their role in facilitating learning and development.

The need to monitor the student experience through evaluation processes is core to any educational process and is particularly relevant in nursing due to the need to meet the quality monitoring processes of both commissioners and professional bodies (Bailey-McHale and Hart, 2013). We as a group needed to understand the student perspective and have the evidence to support the fact that we met the necessary requirements or help direct us towards improvements.

It was important to have a process to ensure any issues impacting negatively on the student experience were being raised in a more timely fashion to support a proactive rather than reactive approach. It was also essential that the staff supervising students in practice received more formal feedback on their input and support incorporating the need to disseminate good practice. A process that stimulates thinking and is in itself informative was core to discussions related to evaluation.

Another critical observation as identified by Francis (Francis, 2013) in his report on the stark findings from the mid Staffordshire review is that students are essential in viewing care practices in areas and should be supported in speaking up and raising concerns. In view of this a question has been inserted regarding the students' level of comfort in raising concerns if they felt it was necessary.

To continuously monitor and enhance practice an evaluation process needs to involve several different aspects. The overall approach must be underpinned by an open communication process whereby students feel comfortable to raise concerns / issues as they arise and can feel confident that these will be addressed promptly, sensitively and effectively. It should also reflect a commitment to partnership working with all stakeholders having a clear understanding of their accountability.

On review of the literature related to student feedback, further searches related to the clinical learning environment and student feedback it was noted that there is a paucity of literature related to placement evaluation tools.

Courtney-Pratt et al., (2013) present a quality tool which is made up of 21 questions though these largely fall into 4 categories i.e. setting learning objectives, understanding of learning needs, opportunities to learn and support from an appropriate supervisor who understands the student's learning needs.

The NMC highlighted the importance of evaluation in the standards for learning and assessment in practice (NMC, 2008). The need to evaluate the effectiveness and quality of the learning environment and the assessment strategy was emphasised in order to demonstrate that the NMC requirements are met and that students have been supported to meet their required competencies. The potential benefits of self and peer evaluation to support students take responsibility for their own learning is also highlighted (NMC, 2008).

A scoping of tools and evaluation processes from across London reflected great variability in approaches with some including 20 plus questions with no qualitative comments invited and with two universities making it compulsory for students to complete their evaluation prior to the release of information pertaining to their next placement. This was not an approach that we felt was appropriate as we were concerned about the nature of the feedback and the resultant negative impact on the staff / student relationship potentially creating anxiety for some students.

To effectively capture and respond to student feedback on their experience the following 3 stage model was proposed for consultation, in addition to current informal processes that were being expanded. The three stages included:

- Ongoing feedback within the placement organisations.
- End of Placement Evaluation as part of consolidation of learning on return to the university post every placement
- Student reflection on their learning to support further engagement with their learning on their next placement

Within the evaluation tool it was the opportunity to capture additional data regarding grading of practice and questions were posed related to student own self-assessment as well their understanding of the grade awarded. The aim was that mentors on reviewing this feedback would be constantly reminded of the need to provide sufficient feedback to justify the grade

awarded.

A proposal was sent to all of the members of the quality of practice learning group, feedback was received and incorporated and a new tool developed for evaluation at the end of the experience (Appendix 3: A Review of the Placement Evaluation Process)

4.3.2: Placement evaluation in action

The placement evaluation process was proving to be a rich source of data capturing a range of comments. Two examples are provided to demonstrate this:

Student A : AB

I was given a mentor and co mentor on my first day. They were both approachable and helpful in letting me know what hours they were doing so I could shadow these. I was encouraged to be independent and the staff gave me the confidence to have my own patients and be involved fully in their care. Staff were very proactive in telling me what I had done well on and what needed improving and how I could do this. My mentor organised her time effectively for my assessments to be done on time.

This student indicated that he/she would be happy to recommend this placement to other students

Whilst on another ward area during this same period another student comments are:

Student B: SA

Certain staff would come across very rude and unwelcome. I constantly had to remind her (mentor) to do my interviews. My co-mentor graded me a very good and she thinks (mentor) I should get the same as my final grade. Other staff would said I was doing really well while on placement.

This student indicated that he/she would not be happy to recommend this placement to other students.

The introduction of the process has been challenging with regular reminders to staff and students being needed to ensure completion of the tool. The data provided does feed into many effective discussions and so we as a team believe in its value and so are committed to the need to continually remind and encourage students to complete this.

4.4 Reflection and Summary of Cycle 2

I had been involved in range of discussions and data gathering over a period of 6 months and in reflecting on my progress I decided to use the Driscoll reflective model of 'What', 'So What' and 'Now What' to pull together all the themes highlighted in this cycle and aid my critical reflection and learning. As indicated previously you often end up with cycles within cycles in using an action research methodology and that is clearly evident in this inquiry (Appendix 4: Reflection on Cycle 2).

Whilst I acknowledged that the preparation of staff and students had been comprehensive with multiple sessions facilitated by members of the link lecturer teams across a number of practice organisations there was a considerable amount of work outstanding. As a result of the findings and subsequent feedback via student fora I proposed changes to the content of the mentorship preparation and updates to include both positive and negative examples of how the documents were being completed to enable exploration of these issues raised.

These examples were also shared as part of the link lecturer workshops so that they understood the emerging issues and could monitor and support staff locally. Many of these link lecturers were also personal tutors for some of the students in these cohorts and were encouraged to use these opportunities to discuss with students.

The importance of continuing to liaise with all the educational leads in practice was also a crucial action. We as the practice-based learning team concluded that providing a series of mentor conferences may support this sustained need for preparation and discourse. Link lecturers were invited to participate in planning and facilitating the event in liaison with the practice-based learning team which further exposed them to a broader perspective of what was happening in practice and meet staff from a wide range of contexts. It was also an opportunity for the link lecturers to revisit practice based standards and understand the PAD from a different perspective also.

4.5 Introducing Cycle 3

Following evaluation, analysis and subsequent critical reflection of data generated in Cycle 2 I identified a number of key areas that required further exploration and these formed the framework for Cycle 3 of this inquiry.

The findings from the interviews with the senior programme team representatives and the focus group with the panel of educational leads and key academics, identified a number of issues regarding grading of practice and elucidated some of the tensions between assessment and learning within the practice setting. Grading is an integral part of the assessment strategy and cannot be viewed in isolation as it presents a clear picture of how assessment is approached and the emerging challenges appear to mirror all practice experiences.

It was clear from this range of data that I needed to further review this particular area of assessment in more depth to capture the narratives of students and their mentors with the aim of developing more in-depth understanding of their perceptions of the use of grading and uncover some needed insight into what was guiding their decision making and related behaviours. This was a powerful lens through which I was also able to view learning in practice as a whole.

One of the key themes from the previous cycle was the issue of feedback. Whilst we gathered some intelligence on this through the quality monitoring panel for practice assessment (QMPPA) I was very confident in the fact that we had this hugely rich resource of data presented to us that ultimately could provide a significant and authentic learning resource.

After the QMPPA meeting I began to muse over the process again, recognizing the many benefits but also acknowledging it was quite a limited view of the student experience and I decided to take this opportunity to do a 'deep dive' and take a comprehensive review of the process of feedback in the PADs.

4.5.1 QMPPA and Student Feedback:

Within the literature review in chapter 2 the theme of feedback was frequently highlighted and undisputedly essential to maximise learning and motivate the student to achieve their goals. (Carless et al. 2010; Boud and Falichov, 2007; Havnes and McDowell, 2008; Gopee 2011) As part of our established quality processes and engagement with students and mentors the provision of feedback was regularly highlighted as an area of practice that was

deemed challenging and required regular review.

As indicated previously we published anonymised examples of feedback within the minutes of QMPPA. These had been judged by the panel members as either being positive and constructive or vague and unhelpful and were used to promote critical reflection and learning amongst mentors, in addition to providing evidence for annual monitoring reports.

Some examples of feedback are recorded in the QMPPA minutes dated 11 June 2015 (Appendix 5: QMPPA minutes).

These minutes from QMPPA have regularly served a useful purpose in facilitating discussion related to the provision of feedback however these short extracts from the documents don't enable a critique of the whole process of feedback. What was not clear from any of the documents was whether or not the student understood the feedback and had been engaged in agreeing how to manage their learning.

To gain a clearer perspective and focus on feedback I decided to immerse myself in the assessment documents available and fully review the entirety of comments for specific students. This was in an attempt to gain greater insight to the complete student journey through practice, being mindful that this would only give me a particular perspective but be potentially enlightening. I shared this proposal with the practice-based learning team and received encouragement and offers of support to review and to explore the findings together. Due to time constraints and local work pressures I took a lead on the agreed approach and liaised with them at regular points.

I accessed a total of 23 documents representing all three pathways/ fields (Table 4.1: Number of Adult, Child and Mental Health PADs reviewed). These reflected all three years of the programme and the random selection resulted in 5 different NHS organisations being represented. The number of adult students was higher due to the size of the cohort but was proportionate and the overall sample represented approximately 10% of the documents in use within the previous 6 month period.

Adult	Child	Mental Health
Year 1 x 3	Year 1 x 3	Year 1 x 3
Year 2 x 3	Year 2 x 2	Year 2 x 2
Year 3 x 3	Year 3 x 2	Year 3 x 2

The data before me was scrutinised from a number of angles. In studies that have analysed the effectiveness of student feedback concepts such as specific vs vague, productive vs non-productive have been used to categorise the feedback given by mentors (Duffy, 2013). The use of these concepts have been traditionally explored with mentors as part of the mentorship programme as well as models such as the feedback sandwich. The 'sandwich' technique which consist of negative feedback sandwiched between two examples of positive feedback has been strong criticized by Andrew (2015). The model can be overly simple and present feedback as uni-directional rather than dialogic (Carless, 2015). Andrew (2015) also shares his experience of using the model and cautions that some students might find the critical feedback so subtle that they don't recognize it as such.

Whilst immersing myself in the narrative within the students' documents and rereading this rich data on numerous occasions I began to question its nature and meaning and I found myself wavering from feeling reassured to experiencing feelings of despair in the way some of the assessments had been completed. I was constantly posing questions regarding what might have been happening in the situation in terms of possible relationships, interactions and the whole student experience of assessment and learning.

None of the established frameworks I reviewed from the literature provided me with an approach to support true insights and hence it became evident that a deeper level of analysis and interpretation was needed and so with the use of hermeneutics as an approach to support this analysis I continued to examine these.

My goal was not to approach this through a judgement lens but instead through an interpretative lens given what I already knew about the complexities of practice and in line with my personal philosophy of being non-judgmental, positive and facilitative. My search led me to the work of Crotty who proposes that research data is recognised as text and ways of reading become ways of researching thus reflecting a hermeneutical approach (Crotty 1998, p.110). Crotty identifies three modes of reading i.e. empathic, interactive and transactional and suggests that one or all three can be used. I found all three to have elements that supported my purpose and being a novice in using this approach it was important to develop familiarity with considering all three.

In the Emphatic mode which is the initial stage the complete presentation of feedback is looked at as a whole where it is important to get a true sense of the entire experience in context. Being open and carefully considering what was documented is viewed as an important aspect of this mode (Crotty, 1998)

Within this mode I considered the following broad areas were considered:

- Are all sections completed as required?
- Do the comments reflect the knowledge, skills and behaviours needed and appropriate for the student level?
- Is the mentor feedback evaluative and does it consider the objectives agreed at the beginning of the placement?
- Has a learning and development plan been completed at the midpoint stage with clear goals for progression?

The second, an interactive approach to texts requires an ongoing conversation and taking a more critical approach to what the author of the text is saying. The need to analyse and reflect on my pre-understandings and to constantly question what the text in the context of the real and complex world of practice through an interpretative lens confirmed my approach (Crotty, 1998).

Within this mode I gave careful consideration to the following:

- What were the timings of the interviews –what might the impact be of these timings to enable progression in line with the goals of formative assessment.
- Was there any differences and was their evidence of progression between the midpoint and final interview?
- Does the feedback direct the student to what they needed to do for the remainder of the placement and was this achievable in the time left?
- Did the feedback justify the grade awarded?

The third mode the transactional mode is about fully engaging with the text to develop further and possibly unexpected insights that are not directly evident from the text (Crotty 1998) and engaging in this created a whole new level of learning for me personally as well as the team. Findings related to the transactional mode will be explored further in chapter 5.

My key reflections based on the emphatic and interactive modes captured polarised examples. From a positive perspective some students were seemingly engaging appropriately in the process of feedback and assessment. The students' learning objectives were well articulated reflecting a range of areas for learning that appeared realistic, with evidence that mentors had respected these and had produced a sound plan to support achievement. The same mentor completed the midpoint review with constructive, balanced comments reflecting which objectives had been met and which needed strengthening and reflecting these in a learning and development plan with specific opportunities / support

identified to enable the student to meet these.

The examples that caused concerns reflected poorly written objectives which were broad and vague and which did not appear to be negotiated with the mentor. There were examples of midpoint and final reviews being undertaken by two separate staff members with no connections made between the learning at these different stages and hence limited evidence of progression. The timing between the mid-point and final assessment to support structured and focused learning was deemed insufficient in a number of the documents reviewed.

As a result of this comprehensive review of the student documents an interactive assessment activity was developed for use within mentors workshops and this was first introduced at a conference in June 2016 with very positive feedback. The background and context paper prepared as part of the proposal paper and examples of PAD feedback used to support the learning activity are included as an appendix. (Appendix 6 Proposal for Assessment and Feedback Activity).

Some of the specific discussions throughout the process have been related to grading of practice and we continued to discuss these findings at both staff development and the various mentor updates. This included discussions regarding the importance of student self-assessment, using and interpreting the criteria for assessment and the importance of providing specific feedback to support the grade awarded.

At this stage of the inquiry it was evident that an understanding of the perceptions of mentors to gain further insight regarding their understanding and behaviours was needed.

4.6 Mentor Focus Groups

In a period of 8 weeks, two focus groups were held with mentors, both were undertaken as part of scheduled mentorship updates, one of which was undertaken on a hospital site (n=11) and the second as part of a university study day on mentorship (n=8).

Choosing to undertake mentor focus groups prior to student focus groups was mainly due to logistics as the opportunity to facilitate a focus group with mentors was presented to me at a mutually convenient time in a local trust. The use of a focus group usually allows for a collective rather than an individual view though it was clear that some individuals had a stronger opinion of the matter than others and it was important to not lose sight of this as the whole context was important to understand (Cohen, Manion and Morrison 2007, p.376)

In line with NMC standards staff were required to attend a mentor update on an annual basis

though no specific guidance was given regarding the length of time that this should take and a variety of models were evident across London. On these occasions a whole study day (09.00 – 16.00) was allocated and I was due to facilitate this in collaboration with the local practice educator and/or the practice-based learning team. There were elements in the study day that were standard and included in all mentor updates, as agreed by the quality for practice learning panel to maintain a consistent approach, but there was also some flexibility to meet local need and to variegate the content to keep it contemporaneous. Mentors were made aware of the proposed structure of the day and rather than having an initial discussion regarding their experience it was suggested to them that they participate in a focus group and share their experiences and views regarding assessment and the use of grading in deciding the students level of achievement. All agreed to participate and were presented with the participant information sheet and consent.

On both occasions this activity of generating data was also viewed as a learning and development opportunity as staff were encouraged to reflect on the differing views expressed and the potential impact on the student experience and outcomes related to their assessment. A further discussion was held at the end of the focus group to enable staff to clarify any issues they were unsure of or felt they needed further information on as is reflective of an action research approach (Cousins, 2009).

All data was again transcribed and using the Braun and Clarke (2013) thematic analysis as this approach focuses on discovering peoples experiences through what they express in the focus groups (Braun, Clarke & Terry, 2015) 'It aims to ground interpretation in the particularities of the situation under study and in participants rather than analysts perspective'. The importance of becoming fully immersed in the data with repeated reading of the transcripts is emphasised by Braun and Clarke (2013), searching for latent or semantic themes.

Both sets of data were transcribed individually but reflected comparable issues and with some connections noted from the data generated from the senior education staff focus groups. The data from these two focus groups were drawn together and reviewed as whole to identify codes and themes. The revised codes and initial themes are included in Figure 4.viii below with the final themes and analysis presented in chapter 5.

Mentor Focus Group: Codes	Initial Themes
Practice is important It's a motivator for students Commitment is strong Supports feedback Unrealistic expectations form students Increased Pressure on students Part of a degree Focus on gaining excellent Difficult decision to make Self-assessment is key Lack of understanding by mentors Subjective decisions Confusing criteria Poor judgements being made Lack of continuity in assessment Supports employment Placement specialty impacts Pressure on mentors Shows respect for practice element Achievement is being recognised Its guiding feedback Placement length a challenge. Specialist placements Personal opinions	Valuing practice : <ul style="list-style-type: none"> • Practice important • Respect for practice element • Supports employment • Part of degree Increased student motivation: <ul style="list-style-type: none"> • Motivator • Commitment • Achievement recognised Supporting Learning <ul style="list-style-type: none"> • Positive for learning • Supports feedback • Guiding feedback • Self-assessment Learning context <ul style="list-style-type: none"> • Lack of continuity • Placement specialty • Placement length Unrealistic expectations Pursing Excellent <ul style="list-style-type: none"> • Focus on Excellent • Pressure on mentor • Pressure on students Understanding Criteria <ul style="list-style-type: none"> • Lack of understanding • Confusing criteria Mentor Judgements: <ul style="list-style-type: none"> • Inconsistent • Poor judgement • Personal opinions

Figure 4.viii: Mentor Focus Group - Codes and Initial themes

4.7 Focus Groups with Student Nurses

An invite was extended initially to a group of year 2 students. These students were currently attending university after having completed two five week back to back placements. The fact they were already onsite removed complexities regarding travel and being released from placement time, which from experience were important considerations to avoid additional stressors. As part of the process I enlisted the help of the programme leaders to introduce the purpose of the focus groups and in extending the invitation to the three student groups due to be in class on the day identified. These programme leaders showed an immediate willingness to support the process as they had been involved in the implementation of the PAD and continued to have a shared responsibility for its implementation. It was also advantageous for them to know that my doctorate was progressing as planned. Two to four students from each of the classes that were interested in attending were identified and so in the first focus group there were 9 participants (n=9) who attended at the end of their morning class.

The participants arrived at the agreed time and after allowing time for them to interact with each other I began with an informal conversation regarding their morning in university in an effort to make them feel more comfortable. Whilst all were students in the same cohort they did not know each other as they were divided into different seminar groups and had undertaken placements across a range of organisations. I did need to recognise my role as a Head of Practice-based Learning and hence a perceived expert but I had previously met with the programme group in discussing their overall evaluation of placement learning and was hopeful they saw me as trying to uncover their real experiences. I was aware from the outset that there was a one student present who was likely to be more dominant than others and whilst I was pleased to have this voice present I was mindful of the group dynamic. I was familiar with some of the experiences that students were sharing however I found the level of emotion displayed by the group disconcerting and tried to capture its essence through making notes on non-verbal interactions including voice tone, general level of anxiety depicted by some and the passion in others. When I review these notes I can still picture the students sharing their story and this did have quite a profound effect on me.

The second focus group was held within a hospital setting. I invited a group of year 2 and year 3 students from a range of placement areas to a forum to explore practice assessment experiences and 7 students agreed to participate (n=7). Again these students had undertaken a range of placements and had experiences outside their current organisation and also of working with students from other HEIs. On this occasion similar stories were being relayed but not with the same level of emotion. The data being generated was however very compelling and again was making me question what I felt I knew about the use of grading and the broader issues related to learning and assessment in practice. I have presented evidence of the initial findings with identified codes in Figure 4.ix below with a full presentation of initial and final themes and related analysis in chapter 5.

Student focus group data

Initial condensing of the data as part of the familiarisation of data.		Coding
Importance of grading About being a nurse Excellent not being used Inconsistent practice No point in challenging Excellent used properly Thorough assessment processes Mentor understanding the PAD No Midway interview Lacking feedback Length of placement a challenge Midpoint pre-arranged Self -assessment good Need to achieve excellent Links to classification Good community mentor Lack of staff Not working with mentor Unsupported No feedback Inconsistent supervision Feedback from others not done Practice important to use Helps with classification About the whole programme Not just academic ability Nurses need to show practice achievements It's about safe guarding Influence of previous grades Limited feedback Rushed feedback Valuable	Monitors performance Demonstrates Achievement Motivation to do better Practice is viewed as important Supports improved grade classification Demonstrates achievement in practice Professional degree so practice more important Benefits others to see student actual achievements Practice and theory are equal Fairer system Equal weighting Better at practice than academic work A better balance An important component of programme Valued by other students who don't grade Mentors don't use criteria properly Lack of understanding by mentors Year 1 never excellent Hard to get excellent before registration Performance excellent but not graded as such Lack of consistency Difficult to get excellent in specialist placements Importance to show practice achievement Reflects how good you are in practice Lack of understanding of the whole assessment doc by mentors Paying students may demand proper recognition No time to discuss grade Midpoint rushed Would not challenge Mentors have power Accept what you get No evidence to support decision Have always received VG or Excellent so am happy Decision made with no knowledge Unilateral decisions unfair No discussion or negotiation re grade Unfair at time Person grading does not know you Want to grade mentors Students to tell mentors how good or poor they are Mentors need to reflect on own performance	Grading Important Support degree classification Demonstrates professional practice Beneficial Shows students strength Demonstrates full achievement 'Excellent' criteria not understood by mentors Students deserve excellent Excellent awarded regularly Lack of understanding of criteria Criteria not used Self-assessment good Self- assessment challenging Midpoint rushed Feedback limited Two way feedback Feedback not evidenced Lack of support Inconsistent mentorship Happy to challenge Afraid to challenge Power of mentor Mentor in control Good mentor relationship Community positive experience Acceptance by student One way process Increased pressure on students Under scrutiny Fear of failure Hard work not acknowledged

Don't always agree with grade Not agreeing does not change anything Worked my socks off Feel you are under scrutiny Unilateral decisions by mentors Not enough time to discuss Proud re grading	Good mentors who had time to discuss Some mentors do justify clearly made clear to me what I needed to do Best to have feedback from more than one Person grading not knowing you Power of mentors Can't challenge Accepting grade Lack of interest in teaching Should focus on fewer staff being mentors Mentors take advantage Lack of recognition of contribution Worked so hard Worked my socks off Thought I was excellent Did everything asked of me Self-assessment being completed	Having to prove yourself
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Figure 4.ix: Student Focus Group Data

4.8 Summary of Project Activity

In this chapter of this practitioner research project I have outlined all the activities related to this project and presented the methods of data generation in 3 broad cycles. My views on power relationship, ethical principles and trustworthiness of the findings are reflected in how I have positioned myself in this project (Herr and Anderson, 2015) with the desire to work collaboratively with colleagues in the pursuit of shared understandings and enhance practice. These three underpinning principles are discussed more thoroughly in the remaining chapters. Herr and Anderson (2015, p.3) describe action research as 'an inquiry that is done *by* or *with* insiders to an organisation or community, but never *to* or *on* them' and this description is my starting point in considering the process of research that I have followed within this project.

Cycle 1 presented the use of positive psychology in the adoption of an appreciative inquiry approach to effect the implementation of the PAD. Some analysis of the findings and my reflections on using this affirmative approach have been presented earlier. Whilst my approach throughout the discussion was to research with participants I do need to question if they felt obliged to attend. This may have been because of both my leadership position as Head of Practice-based Learning but could equally relate to their own positions in having responsibility for the practice learning component of their curriculum. Likewise when inviting members to meet to evaluate the initial process of implementing the PAD they may have felt obliged and the way in which I framed these as 'interviews' has been discussed earlier in this chapter.

Costly, Elliott and Gibbs (2021) present 'idealised' criteria identified by Reed and Proctor that is said to be relevant for the insider-researcher. It is my opinion that criteria such as it being a social process, focused on practice, explores relevant historical and socio-political factors, and is related to the integration and sharing of personal and professional learning are all explicit from the discussions represented in this chapter. Two further areas that relate to whether this research has been educational for all those involved and whether it enabled all participants to have a voice require further scrutiny.

In the first data generation activity, using the appreciative inquiry approach I would suggest that both of these criteria were achieved in part. The nature of the initial discussion with so many staff members in the group would not have fully enabled all to have an equal voice and as indicated earlier there were a couple of more dominant voices in the group. Overall the meeting was positively evaluated and viewed as informative and helpful by all. I shared information about the PAD and its implementation and staff shared their views and perceptions and by being able to agree such a range of actions it was evidently productive. Providing staff with the opportunity to participate in preparing students also resulted in improved understandings.

Students and mentors both had a voice through the facilitation of the focus groups but again not everyone gets the same opportunity. Within the first student focus group there were two quite dominant students, both of whom I had met before so I felt that I was able to respectively manage their input yet facilitate others. I was aware however that the opinions of these particular individuals may have prevented others from sharing theirs.

Within the latter focus group the discussion did become very concentrated on grading of practice but as will be seen in chapter 5 this still elucidated detailed information that gave valuable insights into what was happening in practice as a whole.

The use of focus groups as a method had its challenges, mainly in arranging them so as not to inconvenience the participants yet ensure there are enough participants. Asking for interested participants on the day of the first student focus group was a risky strategy as it was short notice which may have impacted on some students who may have been interested not being able to attend. Also I did not plan a strategy to manage the situation if I had a large number that were interested and able to attend. In this first focus group students were already in university and may have agreed to participate as they had a specific opinion of grading of practice as the emotion in focus group 1 was much higher than focus group 2, though there were a number of similarities between them, similarities that were also evident in the other data generating activities and which correlated with findings from the literature review.

Coghlan and Brannick (2005, p39) refer to Shein's typology of inquiry which they purport provides a helpful framework for action researchers. The first category known as 'pure inquiry' is more representative of the approach I used with the mentor and student focus groups and in the 1:1 interviews in terms of uncovering their stories / experiences. The second form of inquiry known as the 'exploratory diagnostic inquiry' involves asking questions related to how the participants may feel about a particular situation is reflective of the approach used within the initial staff meeting using the AI approach and is reflected in the focus group facilitated with senior staff involved in the quality of practice learning group. The third type of inquiry is what Schein refers to as 'confrontive inquiry' challenges participants to think of new ways or solutions and some elements of this were evident in the latter two research methods (Coghlan and Brannick, 2005).

The variety of activities used and the range of participants involved gave a broad perspective and a fairly robust understanding of the issues as will be demonstrated in chapter 5. As per Kincheloe and Berry, (2004) a bricoleur makes use of many tools available to best complete their task. An overall summary of the action research cycles and related action oriented activities can be found in Figure 4.x.

Summary of Action Research Cycles

Naming the Issue	Planning Action	Taking Action	Evaluating Action	R E F L E C T I O N
Cycle 1: The need to implement a new document	Setting up a focused meeting with senior academic staff who were responsible for curriculum delivery	Using Appreciative Inquiry approach to construct a shared understanding and create a positive future	Analysing the content of the discussion to evaluate the effectiveness of the AI approach. Meeting individually with key staff to confirm account and put a clear strategy in place.	
Cycle 2: What resources and preparation are required to promote assessment and learning and what did we learn after the initial 3 month period of using the PLPAD.	Preparation for students, mentors and academics. Development of resources to support practice. Building in processes of monitoring quality	Interviews with programme leaders. Focus group with a team of senior staff with a specific practice learning remit. Participation at a quality monitoring panel to explore assessment practices. Collaborative working to develop a placement evaluation process	Analysis of data and exploration of other mechanisms to support enhancement. Redesign of placement evaluation process to generate further data/ understanding. Presentation and exploration of findings at National Conference. Discussion at PLPLG	
Cycle 3: Gaining a more in-depth understanding of the individual perception, i.e. espoused views vs theories in use and the multiple influences	Meetings with programme teams and practice-based learning team and students. Liaison with academic and practice partners re student feedback. Facilitating mentor updates to discuss /explore issues arising. Influencing wider debates and developments across London and Nationally.	Listening to and learning from student evaluation of their placements. Focus Groups with mentors and students. Analysis of feedback from student PADS. Recommendations to the Pan London group and MU curriculum team. Collaborative working to develop resources and learning materials to support learning and assessment in practice. Development of a proposal to address wider context of learning in practice.	Greater insight into the problems with learning in practice. Consideration of wider historical and socio-political influences. Further development of tool, development of resources. Recommendations to Framework management Team and PLPLG. Leading the development of PAD Version 2. Writing for publication. Successful bid for funding to explore the wider context of practice learning and lead on the development of a Centre of Excellence for Practice Learning	
R E F L E C T I O N				

Figure 4.x Summary of Action Research Cycles

5.0 Chapter 5 : Project Findings and Analysis.

Within this chapter I draw together the findings from the various data generation activities that comprise this doctoral project. In chapter 4 I have already presented some of the findings to begin to support the readers understanding of how the action research cycles evolved. This began with an exploration of using an appreciative inquiry approach to support the first stage of implementation of the PAD.

My analysis of this affirmative approach provided insights into how questions were framed and how responses were incorporated into a positive discussion resulting in a number of actions, supporting the first stage of implementation. Drawing on the analysis of the experiences of the first group of students using the new PAD from the perspective of the programme leaders created an understanding of some of the issues pertaining to how the PAD was being used in situ. Some of the findings were encouraging, however this data also highlighted issues of concern related to grading of practice and the lack of pedagogy underpinning practice learning as a whole. The importance of gaining an increased understanding of the perceptions and views of the relevant participants in learning and assessment became imperative and the results of these data generating activities will be further explicated within this chapter.

A critical analysis of the data I generated from the participants of the quality of practice learning panel highlighted both positives and negative aspects related to grading of practice and began to uncover factors that were impacting on the whole student learning experience, producing more compelling findings. By exploring the text that represented the feedback given by mentors in the practice assessment documents through different modes of reading (Crotty, 1998) enabled me to further question my pre-understandings as identified in chapter 4 and some of those insights are also reported here. The views of the mentor and student participants shaped by the worlds they live in (Denzin and Lincoln, 2008) were revealed through analysis of the data generated from both these focus groups and this data also uncovered a number of common themes that had emerged from the earlier focus group with staff (Figure 5.i).

Following careful consideration of what was emerging across these data generating activities I decided that it would be more appropriate to undertake further comparative analysis of the data as a whole. This extensive process unveiled four meta themes as shown in Figure 5.ii The initial themes will therefore be presented with minimal analysis here due to the

overlapping findings and a more detailed analysis presented under the four meta themes. Extracts from my learning log, an activity which is central to the process of action research inquiry and which informed this thinking will be included throughout the chapter though a more comprehensive reflexive account of my personal learning and professional journey will be presented in chapter 7.

Presentation of all Focus Group Themes (new presentations/tables to help signposting)

QMPPA	Mentor	Student
<ul style="list-style-type: none"> • Prioritising Practice; • Effective Feedback; • The Grade Effect; • Assessment Rigour 	<ul style="list-style-type: none"> • Merits of Grading • Assessment Decisions • Impacting Learning • Student Expectations 	<ul style="list-style-type: none"> • Benefits to Students • Grade Conflict • Support for Learning • Relationships • ‘An Uphill Battle’.

Figure 5.i: Themes identified from the 3 individual focus group discussions

The development of four meta themes

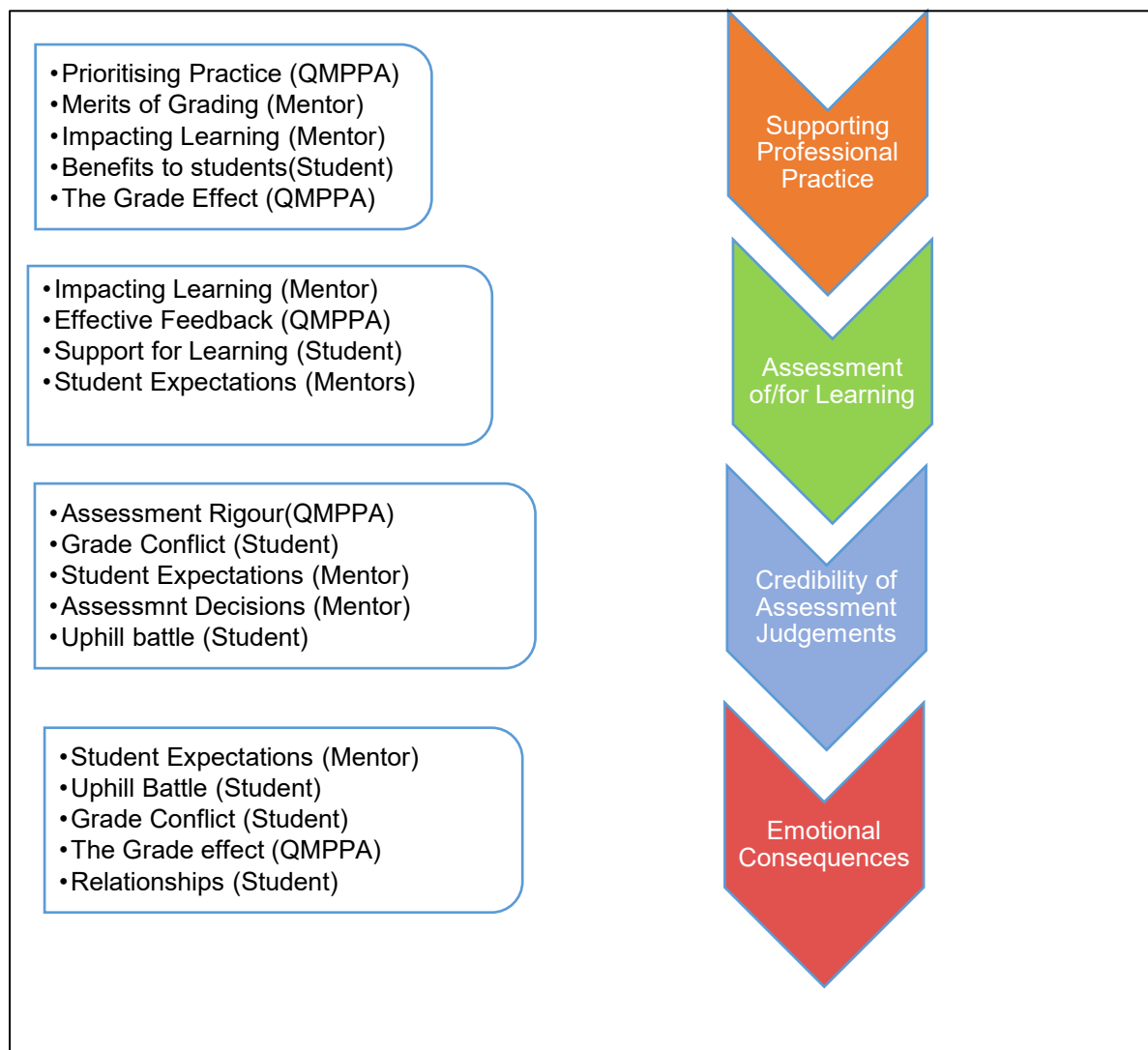


Figure 5.ii: Overarching themes identified after further analysis of the 3 focus groups

5.1 Implementation and Initial Evaluation

As outlined in chapter 4 the discussion with staff led to a clear plan for implementation that was co-produced by all participants. Some of the differences in how participants viewed learning and assessment in practice and specifically the grading of that practice were uncovered, although an overemphasis on maintaining regulations rather than the need to enhance the student experience and learning was evident. The use of an appreciative inquiry approach was analysed and led to a number of positive outcomes. In particular it created enhanced insights for me in terms of planning my strategic approach to working with

these participants and the practice-based learning team in elevating practice learning and assessment within the curriculum and supporting their professional development.

The emphasis on the need to prepare all stakeholders for practice and the use of the new assessment document was encouraging and had the potential to take us beyond solely looking at the performance itself. Ensuring we had targeted resources developed to support implementation, that all stakeholders had the opportunity to attend preparatory sessions and that we were emphasising the Pan London guide as a valuable resource were all important elements and from a QA perspective often viewed as positive indicators of an effective process. However the timescales in which this was being delivered and the overt focus on content and the technical use of the documents within these sessions did render the potential for creating a more effective learning experience as secondary. I was however acutely aware of this from early on in this process and continued to endeavor to find ways of promoting the importance of enhancing learning, though with limited time and resources.

5.1.1 Deep or Superficial Learning

The interviews I facilitated with the senior staff members who managed practice learning modules within their specific programme pathways demonstrated that the required assessment components were being completed by the majority of stakeholders and the preparation of all staff groups and students were continuing. This was viewed as positive and constructive, however some of the key areas highlighted through discussion indicated a number of noteworthy issues related to overall assessment practices with resultant negative consequences for learning and development.

Within the PAD there is a section incorporating the competencies for registration in addition to specific skills representing clusters such as infection control, medicines management, professional accountability that are required to be met by all students during their programme (NMC, 2010). In the validated Part 1 (Year 1) PAD there are 31 essential skills and in Part 2 (Year 2) there are 52 essential skills that need to be achieved by the end of the Part / Year. In order to assess achievement of a specific essential skill mentors are guided to consider the knowledge, skills and attitude needed to demonstrate achievement. If a student was deemed to have achieved the total 31 essential skills in their first six week placement in year 1 or the total 52 in their first 5 week placement of year 2 then this could not be judged to be pedagogically sound.

Based on discussions I had with students and staff it was evident that the assessment of some of the essential skills had been based on limited opportunities for direct observation, were possibly being assessed on a single observation and lacking in any constructive discussion or questioning. Others were deemed to be achieved through a process of

question and answer (Q&A) without students being given any opportunity to perform and hence be observed, however this may at times also have been because the opportunity was not available. Whilst this showed initiative on part of the mentor it did raise concerns regarding the student or subsequent mentors believing that the student was competent to perform a particular skill which ultimately creates concerns regarding safe practice. This also raised issues about availability of and access to preparation for those staff members undertaking the assessment. There was an obvious lack of understanding of the document by a small but significant number of mentors being shown, The initial discussions with the programme leaders indicated that many students were satisfied with the assessment process and few concerns had been raised by mentors. However following further exploration there was evidence there were a number of occasions when multiple competencies were judged as being met in a very short placement period, raising concerns about the nature of both the learning and the assessment process and how individuals perceived this. This raised questions regarding the preparedness of both the students and their mentors.

From an NMC point of view all qualified mentors were required to have an annual update (NMC, 2008) though adherence to the requirement for annual attendance was challenging for many organisations because of the financial implications of releasing large numbers of staff from their clinical areas. However the standards do stipulate that mentors are responsible for keeping up to date with assessment processes, with assessment and accountability being a major emphasis in the these standards introduced in response to the 'Fitness to Practice' debates (Duffy, 2003; NMC, 2008).

To support understanding there was a prepared guide made available on the intranet sites of the practice organisations as well as our own Middlesex University mentoring website but it was not possible to know whether all staff were using this or found it helpful. There was of course a strong possibility that some staff who were mentoring students in practice had limited understanding of the new document and process of assessment to support learning and development.

The apparent superficial nature of how some staff approached assessment and learning did not sit well with my personal and professional values and did also raise ethical issues related to the potential accuracy of assessments, hence became a primary consideration, and given urgent attention by the practice-based learning team. These findings in many ways reflect those of a number of studies, as highlighted in chapter 2, for example, lack of preparation of mentors in practice, concerns regarding students passing assessments without demonstrating the required competencies and mentors lacking of understanding of

assessment requirements, all of which impact negatively on the student development and could even more profoundly impact on patient care (Duffy, 2003, Hunt et al., 2016a; Hughes, Mitchell and Johnson, 2016; Hughes, Johnson and Mitchell, 2019).

5.1.2 Timing and Variability of Feedback

Another notable finding highlighted by the module leaders was the timing and variability of feedback. Students had been on placements for either 4 or 5 weeks duration and some of the documented mid-point interviews were occurring days before the end of the placement with one student having reported that this occurred on her final day of placement.

Feedback is a crucial part of the formative assessment process to appraise learning and enable students identify their strengths and areas for development (Boud, 2000; Mulholland and Turnock, 2007). The role of feedback was highlighted in chapter 2 and will be explored again later in this chapter though what is evident from this situation reported by students and staff is that students are not getting sufficient time to engage with their feedback nor the opportunity to act on the feedback, both of which are essential in promoting learning (Carless, 2015).

In exploring these findings with the practice based learning team we recognized the potential negative impact that the duration of a placement can have on the mentors capacity to provide timely and constructive feedback . Whilst we could not alter placement length at that stage we needed to identify ways to support staff to manage this expectation as it was a significant issue that required attention. This was particularly problematic in a four or five week placement when a student and / or mentor would be working 12 hour shifts and potentially only work for 12-13 shifts over a 4 week period. This finding correlates with those of Hughes, Johnson and Mitchell (2019) that suggests that time constraints do impact on decision making with participants questioning whether their decisions are accurate since they don't have enough time to assess the student comprehensively.

5.1.3 Understanding Assessment Criteria

Within the implementation phase of the new PAD we had taken the opportunity to review and clarify the criteria to support assessment and consistency. The grading criteria were reworded in an attempt to achieve clarity and enable mentors and students to better match performance against a specific grade. Within preparatory materials, guidance regarding the use of all grade bands was included and link lecturers were advised to amplify this. Despite these initiatives we continued to receive feedback from students regarding the reluctance of

mentors to award an excellent grade, particularly in year 1. This particular scenario contradicts the arguments leveled against grading in the literature which regularly discuss the problems with grade inflation, as highlighted in chapter 2 and discussed further later in this chapter. This does however again raise question regarding the lack of understanding of criteria and the subjective nature of decisions being made (Seldomridge and Walsh, 2005; Smith, 2007; Roberts, 2011)

At this stage of the project a number of concerning findings were being illuminated and it was clear that I needed to gather further evidence and insights to help me gain a broader understanding of all the variables. As indicated in chapter 4 I decided to explore matters further with a group of senior academic and clinical staff, many of whom were immersed in the daily experiences of practice learning.

5.2 Collaborating with the Quality of Practice Learning Group

One of the key purposes of organizing this focus group was to gather the perspectives of senior colleagues (n=11) whose roles involved some direct responsibilities for practice education and in my opinion had demonstrated specific interest and expertise in many aspects of practice learning and assessment. Many of these participants had worked with the previous assessment document which incorporated grading criteria for almost two years and so had gained experience of this approach, however these staff members had less experience of using the assessment components of the newly implemented Pan London PAD. This focus group discussion therefore presented me with the opportunity to gain a richer insight into the use of grading in practice and the overall impact of assessment on student learning. This collaborative meeting was also timely in that we had begun to consider curriculum development as we were due to go for approval in 2016 and needed to critically examine whether or not a grading system should also be embedded within practice assessment processes for this next nursing curriculum. With the significant review of nurse education that then ensued this approval was postponed until 2019 in line with NMC requirements, however the need to continually review and enhance processes remained a priority.

Once I set the scene and fully explored ethical considerations, as outlined in chapter 4, the focused discussion involved all participants over a 45 minute period. The key purpose of the discussion was therefore to evaluate current processes related to practice assessment, identify areas to strengthen and begin to consider if we would propose the use of grading in our next nursing curriculum to the wider programme teams. As indicated in chapter 4 there was a rich and valuable discussion that addressed issues related to learning and assessment in practice and specifically the grading of practice.

The focus group discussion began with a very positive opening and it was clear that there was continued support for grading of practice from most participants though some indifference and concerns raised by two participants in particular.

Following the thematic analysis I undertook using Braun and Clarke's framework (Braun and Clarke, 2013), as outlined in chapter 4, these findings are presented here under the four themes that emerged:

- Prioritising Practice
- The Grade Effect
- Assessment Rigour
- Effective Feedback

5.2.1 Prioritising Practice

The initial statement representing this theme reflects the need for a balanced curriculum in a professional programme:

FG1P1. 'I think that one of the main drivers for us at the outset was this notion that we have students on a nursing degree with 50% theory and 50% practice so of equal importance and we should be acknowledging it'

The first point of note with regards to this statement is the use of both 'us' and 'we' which confirmed for me that this staff member felt that the decision to grade practice in the first instance had been a collaborative decision and so this was encouraging. Two further comments from staff members however highlighted the need to be more explicit to our stakeholders regarding the reason for grading and further promote this positive message.

FG1P2. 'And for some mentors I think they are thinking that the university are giving credit for practice so they see that as positive though I'm not sure that has occurred to most of them so we should be saying it more because what we are doing should be about being valued.'

FG1P1. 'Well it's a 30 credit module in year 2 and 3 and that should mean something and it can therefore increase the overall classification for students who do well in practice. But if you took it away would you be giving the student and the mentor a different message about practice and awarding credits?'

In all of these quotes the value we place as an organisation on practice learning was being emphasised and this is something we have celebrated as a School as it represents our core values as nurses and we wished to maintain this emphasis.

The third quote in particular refers to the fact that if a student receives a high grade in both the year 2 and 3 practice learning modules then their degree classification could be increased, benefitting the student. It was interesting that staff did not indicate any negative impact of students receiving higher grades and hence were not conceptualizing these decisions as grade inflation (Gray and Donaldson, 2012). Instead they were emphasising the potential positive impact on students, as reflected in the following quote:

FG1P3. 'How wrong is it if a student gets a higher grade in practice than they get in theory because they may have earned it – it does not mean they don't deserve it as some students are stronger in practice due to their previous experience and some of the academic work can be a challenge and why should they not be awarded'.

This approach reflects thinking outlined by Fisher et al, (2017) who also questions why students should not be awarded higher grades in practice as some students do excel in practice in what is a practice based profession.

5.2.2 The Grade Effect

Much of the positive literature pertaining to grading refer to the motivating effects (Andre 2000, Boore and Deeney, 2012) and this was clearly a belief of the participants in this focus group discussion as evident in the following quotes:

FG1P2. 'We have quite a few higher achieving students and they want to do well ...they want higher grades and if they can also be achieved in practice then it will give them a clearer focus and so that's a positive'.

In response to further discussion there were additional positive comments regarding the motivation and incentive.

FG1P4. 'Yes I think it works as an incentive as some students know from the outset that they want to get a first or 2:1 so they will try a bit harder to get there...so that incentive would disappear and they might sit back a bit so yeah that part of it works for some people'.

FG1P5. 'I think it's a huge motivator...because the students in year 2 that I have met are hugely motivated by what grade they are going to get in the end– a lot of students are about the grade they want and they want a first so if you get rid of that then they might not be so happy'.

During this focus group discussion I was making occasional notes and whilst I was satisfied that grading was viewed as a motivation I was conscious of the tone and emphasis attached to the last part of this statement i.e. a lot of 'Students are about the grade and they want a

first'. This statement created a certain unease within me and I made note that I would need to revisit this. The following quote later in the discussion reignited that feeling of unease and made me stop and question this further and more carefully consider the use of grading from a pedagogical perspective.

FG1P5. 'Yes my experience is that students really want to do well but some almost become so obsessed with this and you need to ask them the question sometimes about what they have done to achieve this higher grade?'

On one hand I welcome the fact that students are motivated to do well, though the word 'obsessed' particularly stood out for me. I was aware of the literature which refers to emotional pressures that grading can place on students to succeed (Williams and Bateman, 2003) but for me additional questions were being raised regarding student understanding of criteria and the assessment process as well as the feedback that students were getting to explain their grade decision, a perspective not fully explored elsewhere but will be revisited later in this chapter.

5.2.3 Assessment Rigour

The discussions regarding the value of grading and the potential impact on the student continued however this was in the wider context of assessment issues, some of which reflect grading specifically and some of which relate to how learning in practice is managed. A specific focus on the issue of the rigour of this approach to assessment ensued.

FG1P1. 'I'm not so sure sometimes re the fairness of it as I don't think it's always fair and it can depend on the mentor often and it can depend on the relationship the student has with the mentor and that's not always objective'.

Whilst this participant was commenting on the fairness of grading the reference to a possibly negative relationship with a mentor I found myself questioning if this would apply whether grading was in use or not and this was an important point to note.

FG1P 6. 'I have two issues with it and the lack of quality control and the inconsistency in grading and the second is the lack of overall rigour and there are people who don't tend to look, even though there is guidance there they just make their decision without looking at it'.

This was quite a powerful message though I did not feel it was appropriate to question what this participant meant about quality control and rigour as this may have impacted on the group dynamic and discourse. It did however make me revisit the issue the assessment criteria and how these were being interpreted. I was aware that this theme was regularly reported in the literature and relates to discussion within chapter 2 which highlights inconsistency in assessment decisions (Norman et al., 2000; Donaldson and Gray, 2012).

Comments related to mentors not awarding an excellent grade, as reflected in the feedback from the initial staff interviews, were also shared by this group of staff and so whilst we had previously identified this and had tried to address it through mentor updates it remained an issue and possibly more prevalent than I had been aware of or possibly acknowledged.

FG1P2. 'So yes we really do need to think about the quality issues because we know there are still some consistent errors that are still out there despite many updates ...there are still mentors who say things to students like...I can't award you excellent because you are a first year'.

FG1P7. 'Yes I still hear that... Well I think there are fewer of them now in my trust but it's still happening'.

As indicated earlier this precise issue of mentors feeling they can't award an excellent is not identified in the literature but it is related to the wider discourse of not understanding assessment criteria (Paskausky and Simonelli, 2014; Donaldson and Gray, 2012). One member of staff offered a suggestion that moved the conversation forward in a more positive vein which formed part of the solution.

FG1P2. 'We have to keep grading for this curriculum so we need to address some of the issues. We discussed before that we do need a video to get this message across. I have been working on a script with support from one of the programme leaders and practice-based learning, haven't I? for a little youtube video that I propose we make to try and increase the inter-rater reliability'.

The combined theme 'credibility of assessment judgements' expands on some of these elements later in the chapter.

5.2.4 Effective Feedback

The issue of feedback was referred to throughout the focus group and was related to different aspects of the discussion.

FG1P5. 'I have recently looked at a number of documents (PADs) and whilst I found that there is a lot of feedback the problem is does the feedback reflect the grade ...they don't always correlate. What is being measured is an issue'.

Further examples were shared by other participants

FG1P3. 'I had two students who were awarded a grade but no feedback what so ever so I had to ask the student to go back and get it completed properly as I could not accept it'.

I felt this was a significant point and from the programme leaders perspective they could not

progress the student without a completed document. I did however make a note so that I could return to this. Again it created a certain disquiet with the fact that students were being 'sent back for feedback' as I wanted to reflect further on what this could mean for the student having to revisit practice – possibly 3-4 weeks after leaving, for the mentor who was already potentially supporting another student and very busy in her care giving role as well as the potential value of any feedback recorded under these circumstances.

FG1P8. 'Yes and the other thing I've seen is that the grade at midpoint is the same as it is at the final interview - ...why is this so and how can a mentor identify a student as being excellent at mid-point and same at final- particularly if the student has only been there two weeks before the midpoint'.

Likewise this was another very enlightening comment, the significance of which needed further exploration and again represented a scenario that had not previously surfaced. Two key questions emerged here for me, the first related to student progression and the second was related to the possible evidence of grade inflation.

In moving forward with other focus groups I was finding that the discussion and themes that emerged from this focus group resonated strongly with both the mentor and student groups and hence a more in-depth analysis of recurring themes in conjunction with other research findings will be presented later in this chapter as it is incorporated into the combined theme of 'Assessment for Learning'.

5.3 Analysis of Student Feedback in PADs

As discussed in chapter 4 I used a hermeneutical approach identified by Crotty involving three modes of reading; empathic, interactive and transactional as a form of researching the text (Crotty, 1998 p.110) and this facilitated a deep dive into the student assessment documents. As previously highlighted the learning gained through this enlightening approach influenced the development of assessment activities based on emphatic and interactional modes, to support mentors development in an number of aspects related to the student. These activities are framed with a general discourse about assessment and this type of activity reflect Argyris concept of double loop learning in supporting practitioners to move from model i to model ii behaviour (Argyris, 1993).

Focusing here on the transactional mode in particular has created the need for me to employ more searching and critical questions and go beyond what was evident in the text (Crotty, 1998). The questions that arose from this formed the basis of a critical discourse with the

practice-based learning team as we drew on our wealth of experience in interpreting the meaning and potential influence of the context in which the assessment was taking place. Questions we posed and critically reviewed included:

- How is the assessment being conducted? Is this under the sole direction of the mentor who stipulates when and where? How involved are the students and how much of a say do they have in this? How much consideration is given to the need to link theory and practice?
- How much time does it take to complete the feedback at midpoint and is it realistic to expect this to be completed on a short 4 / 5 week placement when the mentor may have only worked 6 shifts with a student? How can we better advise and support with this?
- Why does it seem that a significant number of students were being awarded the same grade at the midpoint and final assessment periods? Is this a flaw with the tool? Realistically how can we expect mentors to be able to provide a grade, based on the comprehensive criteria after a 2/3 week period?

As indicated above I engaged colleagues from practice-based learning in a critical dialogue regarding these issues as we all brought different realities to the table representing unique perspectives. Out of the 23 documents reviewed over 15/23 = 65.2% had the same grade awarded at both the mid-point and final assessment interview and hence did not demonstrate any progression during the final 3 weeks, with 8 of these students being awarded 'excellent' at the mid-point, sometimes after only 2 weeks in the area. With regards to the timings of assessment 8/23 students only had approx. one week between their mid-point and final interview again raising issues related to 'fitness to practise'.

Managing the timings of the assessment to provide students with effective feedback has been identified earlier in this chapter as an issue, due to mentors being too busy to undertake the assessment process as planned (Helminan et al., 2016; Hughes, Johnson and Mitchell, 2019). Some of these issues reflect those identified in the discussions with the quality learning of practice group and the earlier discussion related to the interviews with senior programme representatives which supports triangulation of the data.

Developing a resource, in the form of the assessment activity seemed to be the most effective approach to supporting changed behaviour as it facilitated debate and critical

discourse. This activity has now in use for one year with excellent feedback being received from mentors and staff post sessions. The practice-based learning team are to review this activity based on my insights and knowledge development from this project as well as changes to the NMC regulations with the introduction of new standards in September 2019 (NMC, 2018b)

Making significant changes to the current assessment document was not possible, not least because of the wider implications across all of London but it was possible to develop processes to further enhance learning. At this stage of my project journey I had an abstract accepted for the Royal College of Nursing international education conference (March, 2016). I presented these findings to a packed workshop and facilitated an expansive discussion with both academic and practice colleagues related to practice assessment and specifically grading (Appendix 7: Power-point presentation for RCN Conference). This discussion was not restricted to the presentation slot as I took the opportunity to engage in follow up discussions related to practice assessment, whether graded or not and contribute positively to the discourse with colleagues who had similar experiences of grading.

5.4 Mentor Focus Groups

From the insights I gained from the focus groups held to date in combination with the analysis of the documented feedback it was apparent that it was critical to listen to the voices of those students and mentors to uncover their realities. As indicated in chapter 4, I took the opportunity available to me to meet with mentors prior to the students to help understand their views and perceptions and gather further insights into the multiple factors impacting on the student experience.

The two focus groups with mentors FG M1 (n=11) and FGM 2 (n=8) were held using a semi structured approach framing the discussion broadly around their views on grading and its influence on student learning and behaviours.

In each focus group another member of senior staff from the organization sat in to observe but did not engage in the discussion. This was a valuable approach as we were both able to further explore the data generated and subsequently the analysis that I had undertaken. It also meant that I could draw on the interpretations and insights of this senior colleague to engage in a critical discourse at a later stage which increases the trustworthiness of the research (Cousins, 2009).

Through undertaking this process of analysis the four final themes that emerged from the codes as presented in chapter 4 included : Merits of grading; Impacting learning; Assessment decisions; Student expectations. See Figure 5.iii

Merits of grading	Assessment decisions	Impacting learning	Student expectations
<ul style="list-style-type: none"> •Valuing Practice •Increased student motivation 	<ul style="list-style-type: none"> • Unrealistic expectations • Pursuing excellent 	<ul style="list-style-type: none"> • Understanding Criteria • Mentor Judgements 	<ul style="list-style-type: none"> • Supporting Learning • Learning Environments

Figure 5.iii: Mentor Focus Group – Final Themes

5.4.1 Merits of Grading

The participants responded positively to the first question extolling again the benefits of grading and celebrating the fact that this is a practice based profession that needs clear acknowledgement.

FG2M1.1 'Well they spend most of their time in practice and any practice degree should acknowledge that and be able to show what it meant'.

FG2M1.2 'They are in practice for more than 50% and so it is only right. I wish we did it when I was a students and I do know I would have got a better degree'.

The above comment from *FG2M1.2* reflects that students may have different skills sets and not everyone is necessarily academic and some may excel more in a practice environment, a position also reflected in the second focus group .

FG2M2.4 'I think compared to pass and fail then grading is more accurate for the student as not all students are the same, it is fairer for the student and more accurate as some students are excellent or some can be good'.

The benefit to employers having more information on how the student may be performing in practice was highlighted but not fully explored here. This probably reflects the group profile with less staff at a senior manager level present.

*FG2M1.3 'As an employer then it's really useful for us to know that.
And for the student to know that also that it matters'.*

It would have been interesting to explore this further given the negativity related to the perceived subjectivity inherent in awarding a grade but I did not feel it was appropriate to interject with a question that essentially was fueling my agenda.

After a discussion regarding the number of credits awarded there was a sense that practice should be more revered that it was and attract increased credit. Within the Middlesex Nursing programme there were 30 credits each year awarded for the practice modules and only those awarded in year 2 and 3 contributed to the grade classification though this can be high as 60 credits per year in other programmes (Fisher et al., 2017). This had been a conscious decision by us as a team as we were mindful of the challenges faced by mentors and also acknowledged that the practice element is also awarded within a number of other modules as they have practice based skills assessments included.

FG2M 2.6 'I do think it is interesting though that they spend most of their time in placement yet they get less credits for it than the rest of their programme and they should get more'.

This statement alerted me to the fact that there were misunderstandings surrounding the element of grading and so I created a note to indicate that we needed to help staff understand the credit weighting on the programme so that they did not feel that practice was undervalued in any way.

This theme did reflect some of the discussion within the focus group with members of the quality of practice learning theme and will be further explored under the combined theme of 'Supporting Professional Practice'.

5.4.2 Impacting Learning:

This first response included here reflects the student focus on the grade which has become a recurring theme but on this occasion it was highlighting the fact that students can miss out on learning by focusing on the grade, as reflected in the second comment.

FG2M1.3 'I can see that students can focus on getting the grade they want or need and not necessarily focus on what they need to learn it's just all about the grade for them'.

FG2M1.2 'Yeah that can be a shame. For some students it is about what they need to do to become very good or excellent but that's not the case for all students'.

A more experienced mentor identified that staff had a responsibility also in terms of guiding students to what they needed to learn.

FG2M 1.5 'Yes but you need to also explain to the student. If you grade someone a good or excellent you need to tell them their strengths and weaknesses and when we balance that then we have areas that can be worked on and that's about promoting learning'.

Building on a positive message one mentor suggested that students should be given time to learn from each other and share their experiences within the practice areas and we had a brief discussion about the merits of this approach, though one staff member exclaimed that she had never thought of 'just letting the students have time together to learn' but would consider it in the future. This was a positive learning point for the participants.

This discourse continued with some focus of the importance of clear feedback and this is reflected throughout other areas of the discussion and in a number of research studies highlighted as one of the positive outcomes of grading (Heaslip and Scammell, 2012). One of the key impacts on learning identified centred around the nature of the placement and surprisingly this was an area that I had not fully considered previously. The assessment document has been designed so that the student has a full academic year to meet all of the competencies required and hence this facilitates flexibility and enables students to undertake a diverse range of placements. It is known that some of the specialist placements may only reflect some of the competencies needed at a particular point in the programme but these areas remain hugely beneficial to the students learning. It is also acknowledged that shorter placements can pose challenges but what has not previously been recognised is the relationship between shorter specialist placements and the decision making regarding the award of a grade for their overall performance. Challenges related to the assessment of competence in general with shorter placement experiences has been highlighted (HEE 2018; Hughes, Johnson and Mitchell, 2018) and has been acknowledged by the practice-

based learning team as another fundamental issue that required exploration. What I am not aware is any research that specifically discusses this in relation to the process of grading.

Two viewpoints were presented, as evident in the comments, from FG2M2.6 and FG2M2.7.

FG2M2.6 'I think the length of placement can make it difficult. I work in the community and sometimes they are only there for 4 or 5 weeks so how can they achieve excellent in that time. I am not expecting them to work in the community as a qualified nurse but it is still hard as there is so much for them to do, so many clinics to go to and so many skills that they can pick up in this time and so it just makes it hard to judge'.

FG2M2.7 'I think it is difficult in theatres also as the student works for a week in anaesthetics, then a week or 2 on scrubs and then in recovery so how can they show excellence in these'.

A valuable question was posed by one of the other participants at this stage:

FG2M 2.4 'Yes but are you assessing them as excellent as a student nurse or as a theatre nurse'.

FG2M 2.7 'Well as a student nurse but they need to be able to perform at a high level in a short time so I am not sure it is ever possible - no matter how good the student might be'.

This was an interesting debate that was related to mentor expectations and hence I made a note to myself that this was a crucial area that I would need to explore in more depth in the future and one way of doing this was to incorporate these viewpoints into mentor training sessions for exploration.

As the focus group discussion continued the following staff member seemed initially as though she was offering a solution and hence I decided to let the conversation flow:

FG2M2.3 'Oh I don't know as I have had a student in the community for 5 weeks and I did give her excellent as she became part of the team really quickly, managed a small patient case load by week 3 and I got really positive feedback from all the

teams she worked with so I was really happy to give her excellent as she was much better than some of the other students'.

However the final comment in this extract includes comparisons with other student's levels of performance rather than against the assessment requirements for this part of the programme and this heightened my concerns regarding the validity of the assessment.

5.4.3 Student Expectations

Having a broad question related to student behaviour drew out positive examples of being motivated as identified earlier but also some that were farmed more negatively.

FG2M1.6 'I have had a conversation recently with a student who said she always got excellent and did not seem happy I gave her good so she turned around and said ...but I have been excellent twice and you are just saying that I am good and I didn't like the attitude'.

So I said if I can only see you performing at good then I can only give you good from what I have seen

This was another very rich comment that has so many levels to it and created searching questions for me. These however were related in the main to the attitude being exhibited by the staff members whilst still being mindful of what the students behaviour was uncovering from a professional viewpoint.

FG2M1.5 'If you have students having excellent, excellent, excellent in previous placements and then you give them a good then what is that going to look like and they don't like it either...'

The student might be saying ... Hang on here I have always got excellent and now you are just giving me good' .

FG2M.1.9 'One example is where my student graded herself as excellent and we gave her good and she was really not happy...'

Making a brief note at this stage I was beginning to question if this linked in a way to the previous discussion with staff where the issue of some students becoming obsessed with their grade was highlighted. Did this reflect further insights into how students were behaving

and was it reflective of the pressure they feel to achieve, or was this a student who lacked both personal and professional insight? The second quote did however also raise questions regarding how the mentors may be influence this challenging narrative that was creating so much emotion and pressure.

FG2M1.8. 'Well for me someone really needs to show me that they are really working hard and that they have a lot of knowledge and questioning all the time if they want to get excellent...'

Many of the participants laughed at this comment as if implying that they all recognised these students who came 'expecting' and this will be further explored later in the chapter in section 5.6. However a comment by a mentor in the second focus group (FG1M2.3) that had been discussing a similar experience with students 'wanting' higher grades demonstrated the compassion shown by some.

FG2M 2.3 'I find it really difficult if they are expecting a higher grade than you feel they deserve but you have to help them understand why this is the case...I know they can become disappointed but if you explain it to them I find they are better at accepting it but I also hate to disappoint them so I will spend the time doing this as they need to understand'.

This final quote also reflects the emotions attached to grading for the mentor and indeed the emotion involved in making any assessment decision as identified previously in the literature in chapter 2. This also concurs with the findings from Perry (2015) in that students are more likely to accept their grade if it has been explained to them and the process seems fair. Aspects related to student expectations are also explored in the combined themes.

5.4.4 Assessment Decisions

Whilst there are 5 grade bands that can be awarded – 4 in the pass field the focus on awarding 'excellent' continued and started to unravel the huge complexities and multiple entities that need to be considered when using grading as part of the learning and assessment strategy. These discussions were equally prevalent in both mentor focus groups.

FG2M 2.3 'I have heard mentors say you can't be excellent until you qualify but I don't think that. I have worked with some fantastic students who were just great and I had no problem awarding them for that'.

FG2M 1.7 'This is a challenge I have seen particularly for first years with some staff saying how you can't be excellent as this is just your first year and my understanding is that there are levels for each year and they are different'.

These comments were encouraging as we had mentors who appeared to be understanding how to interpret the criteria and award students a grade based on their performance. This finding is supported by Heaslip and Scammel (2012) whose mentors claimed the reason for not awarding a higher grade was because students were not performing at this higher level as is reflected also in the next comment (FG2M1.5), though the subsequent comments (FG2M1.4, FG2M2.8) reflect the workload and emotional pressures facing mentors.

FG2M 1.5 'When I am grading I always feel there is room for improvement so if I might not always give an excellent'.

FG2M1.4 'I am worried that if I don't give excellent they might miss out on getting a first or a 2:1 by a very small margin and I would hate to take that chance away from them at the same time'.

FG2M2.8 'Students need to know that they can work towards a higher grade and I do actually feel really sorry for some of them because we are so busy at times and you don't always find the time to help them get there', (many nodded in agreement to this statement also).

The participants views on the subjectivity of grading was also highlighted in these focus groups as represented in the following statements;

FG21.7 'I think the grading process is good however I also think it can be biased as whoever is marking the student in practice will use their own personal views'.

FG22.4 'Depending on who is grading it will depend on whether the student gets good / very good or excellent as it based on their opinions. I think that matters as it comes into play in the way the different people see it'.

FG22.3. 'It's all about people's perceptions really of how the student performed and then that can affect their degree.'

These final statements validate the previous reference to mentors not awarding excellent and findings in the literature regarding the inconsistency of grading (Gray and Donaldson, 2009; Paskausky and Simonelli, 2014)

5.5 Student Focus Groups

After spending time with mentors and being prompted to think about the entire picture related to learning and assessment I was even more eager to talk to student participants regarding their experiences and hence arranged two focus groups (N=9 and N = 7). As presented in Chapter 4 after a lengthy analysis some initial themes were identified and the final themes, as shown in Figure 5.iv are:

- Benefits for students
- Grade conflict
- Support for learning
- Relationships
- An uphill battle.

The similarities between the focus group findings were again evident though the data generated from the student focus groups was particularly enriching within this inquiry and really stimulated my thinking, at times provoking uncomfortable feelings regarding assessment practice. For these focus groups I stayed with the same broad areas of questions, i.e. student views on grading, how they feel it impacts on their learning experience and the overall management of their learning and assessment process.



Figure 5.iv: Student focus groups: a representation of final themes

5.6 Themes: An overview of the findings.

5.6.1 Benefits for Students

This first theme, 'benefits for students' does reflect some of the previous staff and mentor comments captured in terms of agreeing that practice is a large component of the programme and needed to be acknowledged as such. It was specifically important to know that students themselves recognised these benefits.

FG3S 1.1 'I think grading is important since we do so much practice in this programme and that's what being a nurse is about so getting awarded for that I would say is what should actually happen everywhere'.

FGS2.2 'I think it is massively beneficial to be graded in practice. You know where you are at and where you need to perform, what's expected of you. But also the course is 50% theory and 50% practice and I think that not to grade practice would be really detrimental to the course'.

Not surprisingly students were very aware of how the grading or practice modules linked to their degree classification:

FG3S 2.1 'It is useful to help people get a higher overall grade for their degree. Practice is part of the nursing degree itself with it being part practice and part theory and so it's only right that practice should be graded as well and that it helps your final degree'.

And in response to this quote one forward thinking student who appeared to be very politically minded referred to the fee paying students of the future:

FG3S 2.2 'Absolutely it's right and nurses will be demanding more and credits for practice will matter and the universities will have to do something. How on earth are they going to manage the demands from this group?'

This final quote presented an interesting perspective which I felt important to note as there were perceptions from across the sector that once the funding system changed to one of student loans that this could impact on the students' expectations and that HEIs needed to be prepared to expect challenge from students.

5.6.2 Grade Conflict

The theme of 'grade conflict' developed from discussions related to how grading was being implemented and essentially focused on individual mentors lack of understanding in the main. In some ways this links to aspects from previous themes related to assessment rigour and decision making but was more illuminating in that students were giving some 'real' insight into how they perceived mentors were behaving.

FG3S2.4 'I noticed that different mentors come from different perspectives of what they expect of you and they are not always clear about their expectations or what they expect of you to achieve'.

FG3S1.4 'Mentors have different interpretations of what is required to meet the skills in the PAD document and that can be annoying but it's their decision'.

Both of these quotes seem to indicate that there is no engagement in terms of requirements and expectations from students. Students at the mercy of their mentor who decides unilaterally regarding what is needed to gain the grade. There is also the implication here that no one, neither the student nor the mentor refer to the grade criteria. The final comment

related to 'it's their decision' reflects an element of both control and complacency that will be explored later in the chapter.

The next three comments were on a similar vein but brought us back to the discussion related to mentors not awarding excellent for spurious reasons.

FG3S2.3 'It was the same for me yes, the mentor said ' you are very good but I can't grade you as excellent because you cannot be excellent like me – so they compare with their level and not on the student level.'

FG3S1.5 'It's so frustrating when they say 'I can't give you excellent as there is more for you to learn and there's not a lot you can do about it...'

FG3S1.6 'Well I had a mentor who said that a nurse's learning never ends and this is why you can't be excellent as a student'.

Many of the other students did not identify any problems with the grade awarded and felt it was fair, had been justified by their mentor and reflected their own self-assessment though one student did seem surprised, but grateful.

FG3S 2.4 'Well sometimes I have been given excellent and wonder why since I'm not sure that I have been able to show it on that placement but I'm not complaining'.

5.6.3 Support for Learning

Examples of positive working relationships and high levels of support were highlighted though often tempered with issues relating to time and work pressures being experienced by mentors, an issue reflected widely in the literature (Jesse, 2016; Hughes, Mitchell and Johnson, 2016)

FG3S1.3 'I have to say that I have been really lucky, particularly within my last two placements in community and ITU where I had often had two mentors allocated so someone worked with me for the majority of the time and I learnt so much from them.'

FG3S1.8 'My last one was good as we set the date for the midpoint at the beginning and and we actually sat down and completed it'.

However not all students experienced the level of consistent supervision required, some of the issues highlighted were related to length of placement as well as the context, reflecting in part some of the issues raised previously by mentors and within the study undertaken by Hughes, Johnson and Mitchell (2019) about the challenges these issues can create.

FG3S 1.6 'It's hard when you only work one or two days a week with your mentor and the placement is only 4 or 5 weeks as it's easy to miss it (the mid-point assessment) as it comes around so quickly and they don't really know you'.

FG3S 2.3 'It's often later than it should be – if it happens at all. You have to constantly chase them and remind them about it. My last mentor did the midpoint the same week as the final'.

FG3S 2.5 'I have to say that nearly all my placements bar one I have had a very rushed midpoint with the mentor saying ...no I can't do it now, I will do it later and then later it is too late as its 9pm and you should have been off duty at 8.30'.

These comments were quite revealing about the amount of pressure that students experience in trying to get their assessment complete. These are issues that students raise regularly and on many occasions do relate to the pressures of work being experienced by mentors though I also found myself thinking about the lack of prioritisation with student learning and assessment and the fact that some mentors find giving feedback challenging. There are associations here with the literature that has looked at the reasons why mentors find it difficult to fail a student even when they have concerns about their level of competence as highlighted in chapter 2, (Duffy, 2003; Rutkowski, 2007; Luhanga et al. 2008; Black, Curzio and Terry, 2014).

5.6.4 Relationships

There was a significant level of discussion raised by students regarding the mentors lack of understanding of the grade criteria, building on some of the previous findings but much more explicit.

FG3S1.7 'They give me very good but I was thinking it should be excellent because that was the feedback I was getting but then they said that I could not always work the shifts and that was the reason which was so confusing and I felt what more did I need to do to make my grade better'.

FG3S1.3. 'Some mentors take advantage and don't acknowledge how good we are and actually dismiss the things we have been doing independently'.

These comments again reflect an inconsistent approach to mentors but also reflect the power relationship and control elements of assessment and these will be discussed later in the chapter. The students interviewed in studies undertaken by Heaslip and Scammell (2012) and Chenery–Morris (2017) also found discrepancies between the feedback being given and the grade awarded. However in many of the placement evaluations students regularly report that they were satisfied with their grade and that their mentor had provided clear rationale for their decision.

One student highlighted a problem with receiving advice/guidance from the university but also indicated that by contacting someone for support might have actually made the situation worse, again reflecting the power relationships which will be explored later. The same issues were highlighted by two other students.

FG3S1.7 'I did speak to my personal tutor afterwards and she told me I could have spoken to my link lecturer but I did not think about that as I did not see her and I decided it was better left alone as it might have made the situation worse as she might have thought I was being unprofessional'.

FG3S1.3 'I know what she means as it's not easy challenging a mentor or you are then seen as trouble and you could end up failing, well that would be my fear as they have the final decision'.

FG3S 1.5 'There are some mentors who tell you at the start of placement that they might fail you so the best thing might be to keep your head down'.

5.6.5 An Uphill Battle

The anxiety experienced by some students related to their grade was palpable. Student perceptions were interesting and again not reflecting the narrative as highlighted in the literature related to grade inflation. These students spoke about having to work hard to achieve 'excellent'.

FG3S 3 'I just had a placement with a student from another university and they don't do grading at all and I actually think that she had a much more relaxed time

throughout her placement. I needed to make sure I was first to respond to help out and do things as I needed to show it for the grade so that there was no real criticism. I did only get very good though'.

This account from a student was particularly emotive. Her voice tone and non-verbal expressions indicated a high level of stress associated with her quest to get a high grade and it was obvious she felt she needed to prove herself in some way. Within this student's account there was however no indication that she felt the grade was related to overall performance, knowledge and skills development, it related mainly to being responsive and working hard.

Others reflected similar feelings and experiences but not with the same level of emotion.

FG3S 4 'I have got excellent every time but I have worked my socks off for it'.

FG 3 S6 'I think it's really important now in year 3 as I am worried about my degree and so I need to get excellent as some of my uni work has not been great but I know I'm better in practice so the pressure is on me to get excellent'.

FG3S 2 'Me too. It's on my mind much more now that I need to get excellent and so just work really hard to achieve it but what's difficult is when you don't get the chance to work with your mentor as this is worrying and it might mean you are not getting the grade you need or should'.

In line with these findings Bloodgood et al. (2009) reports on one the few studies identified that acknowledges the negative impact associated with grading. In this study involving medical students they found the removal of numerical grades and a return to pass / fail led to a statistical difference in the well-being of students in particular females who felt a reduction in their stress and anxiety (Bloodgood et al., 2009).

5.7 Meta Themes:

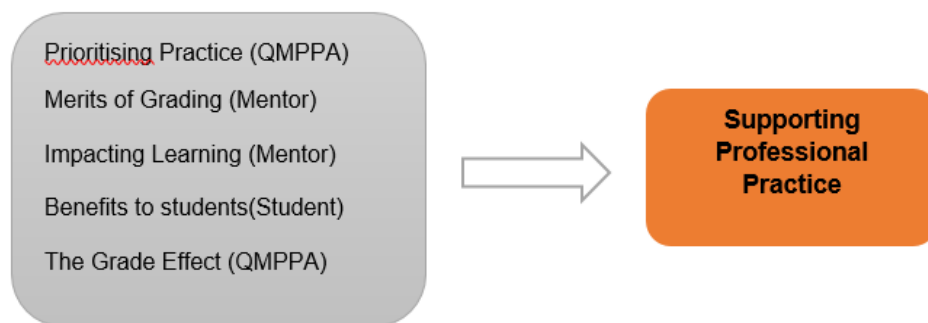
The four meta themes that emerged as a result of the comparative analysis of the data generated from the three focus groups, as highlighted in Figure 5.ii are presented here.

These include :

- Supporting Professional Practice
- Credibility of Assessment Judgements
- Assessment for Learning
- Emotional Consequences

5.7.1 Supporting Professional Practice

'Supporting professional practice' represents the following 5 themes that emerged from the various focus groups as depicted previously in Figure 5.ii at the beginning of the chapter.



From the analysis of the data generated throughout the various stages of this inquiry a number of the codes and subsequent themes reflected mainly positive messages related to grading of practice. The findings reflect views about the power of grading in motivating students to do well, in engendering greater commitment and drive in students. Striving to achieve a better grade has also been highlighted in a number of other studies referred to earlier in chapter 2 (Andre, 2000; Heaslip and Scammell 2012,2014; Fisher et al., 2017) with some authors claiming that by not grading we are disadvantaging higher achieving students (Andre, 2000).

Participants felt that grading practice communicates the value we place on this essential component of the educational programme and this was specifically highlighted in the literature review in chapter 2 (Andree, 2000; Boore and Deeney, 2012; Donaldson and Gray, 2012; Heaslip and Scammell, 2014; Fisher et al., 2017). This suggested that the value placed on practice learning was an espoused view throughout the different cycles of this

inquiry and a number of authors have referred to this segment of the programme as being where the student actually learns to become a nurse (Spouse, 2003; Newton et al., 2010). Mentors in this study also expressed that grading led to a feeling of being valued through their contribution to the overall assessment process and recognition of the gatekeeping role. The merits of grading and the potential benefits to students have been articulated by all participants from the initial discussions where staff viewed the fact that we graded practice as a positive message to all stakeholders. The award for a students' achievement in what is 50% of their professional programme was specifically emphasised and this need for professional programmes to consider how practice is communicated in academic form is specifically emphasised by Andre (2000).

Overall there was general support for the fact that by grading practice there was a positive impact on the students overall degree classification with the rationale being that this was largely a practice-based profession and as Fisher et al. (2017) claims grading validates the importance of practice by placing it on an equal level as academic work.

Many however would argue that these positive attributes need to be tempered with the lack of evidence to support grading of practice (Gray and Donaldson, 2009) and the range of perceived challenges highlighted by a number of authors with grade inflation having attracted the most attention, as demonstrated in chapter 2. Findings from this inquiry undoubtedly emphasise the importance of practice assessment in portraying the value of professional practice within the nursing curriculum and so we need to explore how this might be achieved in the absence of grading. Increasing the profile of practice learning to convey a positive message to both staff and students regarding its core role in the development of confident and confident practitioners has been shown to be imperative.

5.7.2 Credibility of Assessment Judgements

The 'credibility of assessment judgements' represents the following 5 themes that emerged from the various focus groups (Figure 5.ii).



The NMC define a fair assessment as one which is transparent, evidenced based,

supported by clear and reliable documentation, and including a variety of viewpoints (NMC, 2018a) however this remains a multifaceted entity due to the nature of what needs to be learned and assessed in professional programs. Clouder and Toms (2005) purport that assessment in practice has been identified as a persistent problem whether the decision has been taken to grade or not whilst others claim that it is made even more difficult if one is trying to discriminate between grades (Longrove and Hatfield, 2011). The belief that assessment decisions are often very subjective was articulated initially by participants in the quality of practice learning group, raising questions about assessment rigour and bias. The reported lack of objectivity was also raised in the mentor focus group with reference made to the fact that decisions were largely being based on a personal view-point, again reflecting the complexity associated with achieving an objective assessment (Norman et al. 2000, Clouder and Toms, 2005).

Students undertake up to three placements in a year and the PAD for that year comprises all of the assessment components they need to achieve in practice and also encompasses the feedback and decision making from previous mentors. This was an element of the assessment process that students did express concern about since they felt that mentors were being swayed by a previous mentors grade and often replicated that grade even though the student felt they had achieved much more. This is a finding supported by Hughes, Johnson and Mitchell (2019) who reported that assessors in their study were indeed particularly influenced by comments about a students' performance in a previous placement. In Heaslip and Scammel (2012) students felt there was lack of parity between mentor decisions and so did not feel they were always being treated fairly with some reporting that mentors decisions were often inconsistent. Students went on to suggest that many mentors required preparation to facilitate enhanced understanding of the assessment process (Heaslip and Scammel, 2012), again reflecting findings here.

The range and complexity of the work in professional and workplace domains create a number of problems in making valid and reliable judgements even with concerted efforts to implement robust systems (Eraut, 1994). Reliability of assessment has been described as Bloxam and Boyd (2008, p38) as 'generating comparable marks across time, across markers and across methods' however variation of work and work patterns between one job context and another can be quite marked and the participants in a study by Hughes, Johnson and Mitchell (2019) felt this created difficulties with bias and resultant parity of assessment judgements.

The concept of predictive validity of assessment has been described by Boud and Bloxham (2008) as something that could be measured in a professional programme as it takes account of what an assessment tells us about the future behaviour of a student. However achieving predictive validity remains questionable when the actual assessment judgements being made are at times based on lack of understanding of the student assessment and lack of due consideration for assessment criteria to support their decisions as highlighted in the findings from the focus groups. With the increasing reports that mentors who do award an excellent grade are basing their decision on vague and unsubstantiated rationale reflecting poor knowledge of the assessment process creates further doubts. Rigorous and trustworthy assessment are essential in ensuring that only those who meet the standards required to pass are allowed to become registered nurses and this was specifically identified by staff in the quality of practice group as highlighted in previous chapters. The need to assure the public that those registering are fit for purpose does drive this desire to demonstrate objectivity but Eraut (1994, p.214) cautions that '*total uniformity of interpretation is an unattainable goal*'. Elton and Johnson (2002) argue that the focus on validity and reliability in assessment practices arise out of a positivist paradigm with its belief in the possibility of objectivity, and so it is important that we acknowledge that viewing an assessment that is reliant on personal judgement cannot be value free. Orr (2007) concurs and purports that by using the term bias there is an implication that impartiality and neutrality are achievable when this is not the case.

The range and complexity of the work in professional and workplace domains create a number of problems in making valid and reliable judgements even with concerted efforts to implement robust systems (Eraut, 1994). Reliability of assessment has been described as Bloxam and Boyd (2008, p.38) as 'generating comparable marks across time, across markers and across methods' however variation of work and work patterns between one job context and another can be quite marked and the participants in a study by Hughes, Johnson and Mitchell (2019) felt this created difficulties with parity of assessment judgements.

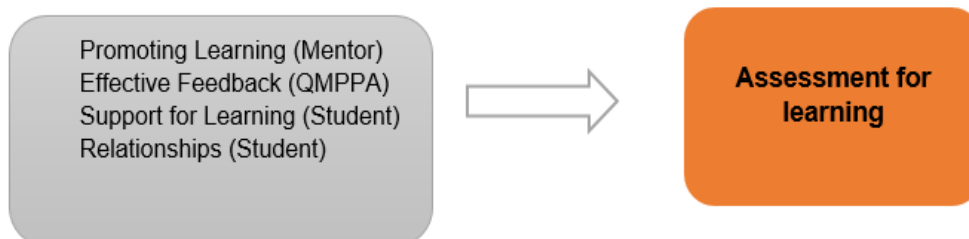
Managing the quality of the assessment process was highlighted as a point for consideration by one participant who raised concerns regarding moderation of assessments. Girot (2000) observed that a considerable amount of time was allocated to marking and moderating assessment in an academic setting yet in the practice setting the decision regarding a students' performance is often made by a mentor with competing priorities and many with very differing experience. Others studies have compared academic and practice failures and have raised questions regarding the lack of parity between these with higher numbers of

students failing academic work than practice assessment (Hunt et al., 2012). It would however appear that this representation reflects a more complex situation involving multiple variables as will be discussed later in this chapter.

Processes such as the quality monitoring of practice assessment panel, implemented to demonstrate quality monitoring to support the annual NMC monitoring of programmes, as detailed in chapter 4, is an excellent example of a positive initiative where staff review and share best practice. Mentors in practice are also required to attend annual updates and whilst there is no consistent approach to this there is a requirement that they have a face to face discussion regarding assessment decisions which inevitably leads to discussions regarding managing poor performing students and the 'moral courage' (Black, Curzio and Terry, 2014) of having to fail a student (NMC, 2008; NMC, 2010).

5.7.3 Assessment for Learning

Assessment for learning represents the following 5 themes that emerged from the various focus groups (Figure 5.ii)



Broadfoot in Havnes and McDowell (2008) describes assessment for learning as assessment formative assessment that impacts on the learning process, encouraging intrinsic motivation and building confidence. Not all learning experiences in practice were viewed as negative with students recounting 'brilliant' mentors who went out of their way to be helpful and support their learning.

The specific influence highlighted by DeCastella (2019) of the relationships between students, their mentors and teachers and the challenges of negotiating these relationships in order to maximize learning and development has been a clear theme throughout this inquiry and specifically identified from the student accounts. In a number of studies student satisfaction with their learning experiences have been high though the area that consistently scored the poorest was related to the provision of learning opportunities, teaching

techniques and learning activities (Saarkoski and Kilpi, 2002; Saarikoski et al., 2007; Shivers, Hasson and Slater, 2017; Hughes, Johnson and Mitchell, 2019).

Working in practice can be very frantic and busy and students need support to recognize their learning and this needs to be made explicit to them (Eraut, 2004; Morley and Holbery, 2019) and some of the reasons for student dissatisfaction could also be related to the fact that staff are so busy that they are unable to provide these opportunities, citing the current staffing shortages and poor economic environment as impeding this (Shivers, Hasson and Slater, 2017).

Students in this study did highlight the lack of supervised learning opportunities to demonstrate their abilities as a bearing on their assessment and perceived capabilities. The effective use of any assessment tool is dependent on the knowledge and skill of the mentor / assessor using the tool (Gray and Donaldson, 2009; Luhanga et al., 2008).

Feedback has been a consistent theme throughout and something looked at in more depth through analysis of student documentation. As indicated earlier feedback was not always constructive and timely and as a group we did need to acknowledge that the shortness of some placements may impact on this and hence a factor that needed further exploration. Feedback is the biggest influencing factor on student learning (Hattie and Timperley, 2007) and one aspect of assessment that creates most dissatisfaction (Boud and Molloy, 2013). The most common model for assessment would appear one of students receiving feedback rather than engaging in feedback which Boud (2008) attributes to promoting students as passive recipients (Boud, 2008) resulting unsurprisingly in staff having a higher opinion of the helpfulness of their feedback than students do (Carless, 2015). Feedback has continued to be described as being transmitted and being passive rather than engaging and collaborative. Students have reported they want feedback that helps them improve rather than just telling them what they did or did not do well (Long, 2014), the focus often being on pointing out student errors rather than exploring with the student what and how things could be improved. For feedback processes to be effective they need to change from being 'unilateral' to being 'dialogic' resulting in a more enriched exchange (Carless 2015, p.975) in which the student is fully engaged (Carless et al, 2010).

Johnson (2008) claims that through the process of having to identify a specific grade encourages more detailed feedback for students and mentors are purported to recognise the benefits of being able to give focused feedback regarding the level of performance being demonstrated to support progression (Heaslip and Scammell, 2012). Differentiating between grades is known to be complex (Longrove and Hatfield, 2011) though mentors in this inquiry refer to the fact that grading can help when they are assessing a weak or failing student.

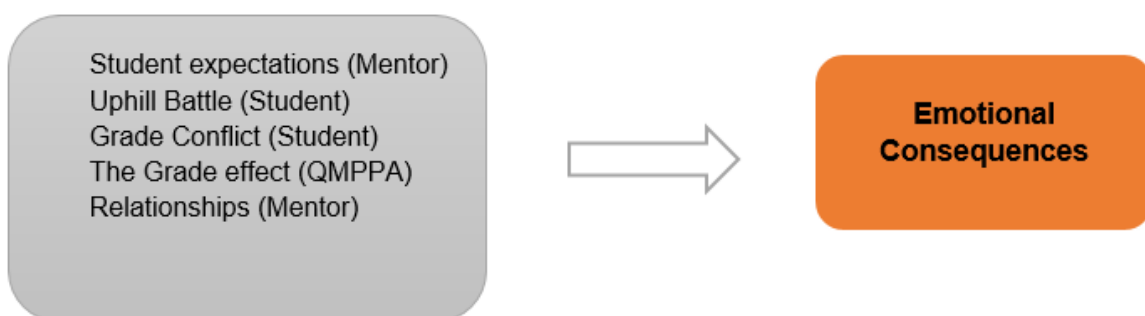
Heaslip and Scammell (2012) did also report that mentors in their study found grading can support mentors to differentiate levels of practice in a student who is not performing at the required level. Interestingly this was a salient point that was regularly highlighted in partnership discussions prior to us introducing grading in the first instance with mentors highlighting the importance of being clear to a student regarding their level of performance and what they needed to achieve going forward rather than simply awarding a pass which was felt not to have the same meaning.

Providing feedback is a vital component of student support in clinical practice (Walsh, 2010). Duffy (2013) emphasises constructive verbal and written feedback which is situational. Students do want and need feedback, whether positive or negative to support their development but do often find it difficult to access constructive feedback and generally find feedback to be inconsistent (Duffy, 2003), findings that are congruent with this inquiry.

As highlighted in chapter 2 self-assessment is fundamental in enabling students to effectively engage in evaluating their performance, is an essential part of formative assessment (Cassidy, 2008) and key in facilitating life-long learning (Norman et al., 2000; Watson et al., 2002; Helminen, Tossavainen and Turunen, 2014). Whilst a process of self-assessment is embedded in the student PADs the ability to self-assess accurately is a skill that needs to be learnt (Carless, 2015) and hence must be incorporated as part of student preparation for assessment and practice.

5.7.4 Emotional Consequences

Emotional consequences represents the following 6 themes that emerged from the various focus groups (Figure 5.ii)



Discussing the potential impact of grading appeared to create a number of emotions in people that I had previously not witnessed nor considered. Emotionally charged situations related to students failing in practice from both the student and mentor perspective are well documented (Duffy, 2003; Levett Jones and Lathaen, 2008; Hunt et al., 2012), but the

overall stress and pressure felt by the student in actively pursuing the best grade possible is less well articulated. The earlier reference by one of the participants from the quality of practice learning group related to students becoming 'obsessed with their grade' became a significant point of reflection for me. When this was raised again in the student focus groups with students recounting how hard they felt they needed to work and with one student in particular presenting quite an emotional description related to the perceived need to work to prove themselves, as represented in the theme 'the uphill battle'. In addition to the responses associated with striving for a higher grade, being awarded a lower grade can impact on self-esteem, as highlighted in chapter 2 (Williams and Bateman, 2003) and have a huge demotivating effect on a student (Fisher et al., 2017). It is known and expected that students would find the possibility of failure stressful (Killam and Heerschap, 2013; Suresh et al., 2013) and would seek positive results in practice to support their employment opportunities, however the level of pressure that students can place on their assessors to gain better grades has been specifically emphasised by a few authors (Paskarsky and Simonelli, 2014; Hunt et al., 2012). This pressure can be both implicit and explicit with mentors claiming that students exhibited negative experiences if they did not receive the grade they felt was warranted and whilst I had heard this previously from mentors I was now viewing this from a different perspective and through a more critical lens.

Fisher et al., (2017) also refer to students as being very competitive which created challenges for some mentors, not only in managing the situation effectively but that it also impacted in their assessment decision as then they found it difficult to award lower grades or fail a student. Hunt et al., (2016b) claims that student nurses can use 'Coercive and manipulative behaviour to elicit a successful outcome to their practice learning assessment' (p 82), though this conclusion is based on a small number of students. Mentors in this study did refer to students withholding their documents for fear that they will be failed and student attitude as being one of lack of respect

Several studies also discussed that the emotional response of the assessor was related to the personal responses from and consequences for the student (Duffy, 2003; Luhanga et al., 2008). this was reflected in the account given by one mentor who found it difficult to give negative feedback. What was described as 'moral courage' was required for assessors to fail students (Black, Curzio and Terry, 2014).

5.8 Discussion : Uncovering the complex influencing factors related to learning and assessment in practice

In considering a critical constructivist action research approach I have used a reflexive approach to seek a more in-depth and meaningful understanding of the findings presented so far from this inquiry in addition to those captured through extensive reading and engagement with others, both in my own organisation and externally. It was interesting, though not unforeseen, that there were a number of similar themes that emerged from the data analysis and whilst these were from the different perspectives of students, mentors and academics they served to triangulate the data generated, however also highlighted other aspects that required further exploration.

The overall complexity of what is referred to as the 'multifaceted sociocultural environment' (Jesse 2014, p.464) in where student nurses 'learn to nurse' (Spouse, 2003) leads to an interesting discourse related to learning and the assessment of that learning and hence contributing to the contested relationship between learning and assessment. It is evident from the various findings that grading of practice created some interesting debates and posed a number of challenges but it is also very apparent that the issues impacting negatively on the student learning and progression are in many ways attributed to factors which would impact on any assessment process whether graded or not. This additional exploration has therefore enabled me to look beyond the findings of this inquiry as is the purpose of any doctoral project and view matters at both the micro and macro level.

Within this section the influence of the 'multifaceted sociocultural environment' on learning and assessment highlighting some of the hostility experienced occasionally by students, alongside the powerful influence of assessment itself will be explored in more depth. The rise of new approaches to support practice learning including the proposed implementation of the NMC standards (NMC, 2018), in addition to other evolving models of practice learning (HEE, 2016; NHS, 2019) create potential for the much needed recoupling of education and practice (O' Driscoll, Allan and Smith, 2010, p. 212).

5.8.1 The Influence of a Multifaceted Sociocultural Environment on Learning

Placements have been regularly emphasised as being pivotal in supporting the development of knowledge and skills for registration as a nurse and the clinical learning environment has been described as a 'multifaceted sociocultural environment (Jesse, 2014, p.464). This environment can be comprised of a hierarchy, power structure and relationships that greatly impact on the students' perceptions of their learning experiences' (Jesse, 2014; Newton et al., 2010). The initial literature review in chapter 2 highlights some of these complexities and makes reference to the many factors that can influence the student experience, all of which inevitably impact on assessment and the complete learning experience. The findings from

the various data generating activities in this project also indicate the complexities and dynamic nature of the learning environments which can lead to variable experiences and promote or impede learning. It is also noted, as discussed earlier, that practical assessments of a student's learning are context bound (Cassidy, 2008; Hughes, Johnson and Mitchell, 2019) with each placement varying and each patient or client cared for having different health care needs, meaning that the student has to learn different aspects of care and different ways of responding constantly.

Thomas, Jack and Jinks (2011) describe the majority of students experience as nurturing, caring clinical environments reflecting positive staff relationships and it is important not to lose sight of the fact that many staff in practice are fully committed to student learning, The evaluative comments received through our placement evaluation process concur as is evident in chapter 4 with one example of student feedback reflecting a structured, caring positive experience and hence there is much to learn from exploring the positive benefits associated with these examples.

Within this inquiry however the views expressed by students were at times inconclusive and requiring further analysis. In the initial interviews with staff post implementation those students who managed to get all or the majority of skills signed off in one placement were reported to be satisfied with this achievement, however there are questions surrounding the quality of their learning given the amount of skills deemed to be achieved in a short timescale. The implication of students having achieved multiple competencies in a short placement is that judgments regarding their level of performance may be misleading and inaccurate leading to concerns regarding their ability to provide safe care (Cacamese et al., 2007) and this is an issue of significant concern. It is not possible to conclude if this was related to staffing issues, lack of time or the pressure on mentors to undertake this dual role of care giver and educator though these were common reasons cited in the literature to explain inconsistent learning and assessment experiences (Girof, 2000; Holland, 2010; Hunt, 2012; RCN, 2019).

One student in the focus group referred to having an excellent placement but also referred to being 'lucky' to have had this positive experience, implying that this was not common practice. Another student referred to the fact that herself and her mentor 'actually sat down to do the assessment' again with the implication that this was not what the students had come to expect, yet the evidence regarding the importance of students engaging with their feedback and the need for two way dialogue has been emphasised for many years (Boud, 2008; Long, 2014).

In exploring many issues related to the learning environment Jesse (2016) discusses the potential negative impact of the 'sociocultural characteristics of the learning environment'

(p463) and suggests that the lack of competence shown by some students on registration could be attributed to the complexity of the learning environment, which is essentially influenced by the organizational culture. The leadership style of the practice area manager has also often been viewed as the most significant factor in influencing staff attitudes towards student nurses, and therefore the quality of the practice education of students (Andrews et al., 2006; Smith, 2012; Sundler et al., 2014; CQC, 2017).

Traynor (2014, p 547) refers to 'cognitive, bureaucratic, professional and work related pressures' being an inevitable consequence for nursing failures such as those identified by Francis (Francis, 2013). Factors such as staffing issues, weak leadership and poor quality care practices (Francis, 2013; Keogh, 2013) in particular, have been shown to have a detrimental effect on the education and motivation of student nurses (Bisholt, 2012; Traynor, 2014). Between 2014-2016 the Care Quality Commission CQC undertook a comprehensive inspection of hospital environments and viewed workforce changes as one of the greatest challenges leading to the reliance on temporary bank and agency staff, a finding also supported by the Health Foundation, Kings Fund and Nuffield Trust (2018). The significant staffing shortages detailed in this report were attributed to a number of factors such as poor workforce planning, changes in funding for education and Brexit but also highlight the large number of doctors and nurses that have been leaving the health service early in their careers (Health Foundation, Kings Fund and Nuffield Trust, 2018). An NMC survey of those nurses and midwives who left the register between May and October 2018 also reported that one third indicated that the main reason for leaving was related to the daily pressures of work which led to stress and /or poor mental health (NMC, 2018d).

The impact of staff shortages were both implicit and explicit in this study, demonstrated via focus group findings with reports of students not being able to work alongside their mentors, with evidence of incomplete assessments and a lack of timely and effective feedback. In discussions related to the implementation of the 2018 NMC standards staff emphasise the importance of having protected time to be able to effectively undertake their role as supervisor and assessor (Christensen, 2019) again reflecting the daily pressure they feel in practice and the need to properly acknowledge this essential role.

5.8.2 Hostile Learning Environments

Within this study the theme of student-mentor relationships and emotional influences, specifically evident from the student focus group, do reflect some of the issues highlighted in the literature related to unhappy and anxious students who are at times left feeling unwanted and devalued (Bradbury-Jones et al., 2007; Levett-Jones and Lathean,, 2008). Feeling

under pressure to perform, to meet the high standard set for them was clearly articulated by this student group with three students providing examples of being afraid to question why a specific grade was awarded for fear that it would have a negative impact on them and on their grade. The 'inherent power dynamics' experienced by nursing students when in practice has been raised by Scammell (2015, p.648) who reported that students experienced a perceived or real threat if they raised a concern that they could be identified as a troublemaker and it could lead to failure in practice, with similar examples of discord and hostility reported by others (Levett-Jones and Lathean, 2008; Courtney Pratt et al., 2014).

As previously highlighted in chapter 4 a discussion with staff regarding whether or not we were recognising a bullying culture resonated strongly here and this exploration drew my attention to the significant amount of literature referring to its prevalence in nursing and hence why I felt this was important to explore and critically reflect on. Whilst much of these references have until recently been more prevalent in the Australian and American literature (Johnson, 2009; Dellasega, 2009) there have also been a number of equally concerning references in the British journals. The notion of a bullying culture in the NHS hit the headlines with the publication of the Francis report which attributed some of the reasons why staff acted as they did or did not to a management bullying culture (Francis, 2013). Following the Francis inquiry and the introduction of the CQC these inspectors reported that staff voiced several examples of bullying and discrimination, most evident in areas where staffing was problematic and quality leadership lacking (CQC, 2017). The impact of these reprehensible behaviours on the culture within the NHS has been further highlighted in the Interim People Plan due to a notable rise reported by staff (NHS, 2019).

The metaphor of nurses eating their own has regularly been used in the nursing literature over the past 30 years (Curtis, Bowen and Reid, 2007; Gordon et al., 2017) and often discussed in terms of the treatment of junior staff and most significantly student nurses. This negative treatment has ranged from what some have described as vertical bullying and most commonly referred to as incivility (Courtney-Pratt et al., 2018) resulting in feelings of anxiety and distress leading to reduced confidence (Courtney-Pratt et al., 2014). A small but significant number of students in the RePAIR project spoke of a bully culture expressing feeling uncomfortable and unsupported and not being treated with respect with one student specifically identifying that her negative experience did impact on her mental health (HEE 2018). Similar observations are reflected in Scammel (2015) with students reporting to have experienced bullying, constant undermining and petty victimization. Many of these students adopted a 'survival approach' to pass their placement by not raising any concerns, a finding supported by Levett Jones and Lathean (2008) who found that students would often comply

and conform in the hope they would gain acceptance, being afraid to 'rock the boat' (Levett-Jones and Lathean, 2009, p.342; Courtney Pratt et al., 2014).

As indicated earlier the NHS Peoples Plan firmly acknowledges a bullying culture and commits to the creation of 'a healthy, inclusive and compassionate culture', 'promoting equality and inclusion' 'tackling bullying and harassment, violence and abuse' (NHS 2019 p10). The latest NMC standards (NMC, 2018b) have also created a renewed focus on the practice learning environment with an emphasis on promoting a positive learning culture, more effective partnership working and a wider team based approach to learning in practice, laying the foundations for affirmative action.

It is essential to recognise that many students do discuss positive experiences of committed staff and being welcomed as a member of the team. Respect, confidence and positive learning (Bradbury-Jones, Sambrook and Irvine, 2010) are key factors recognised as promoting empowerment with the acts of enabling and empowering being strongly linked (Bradbury-Jones, Sambrook and Irvine 2008; Bradbury-Jones, Irvine and Sambrook 2010). Encouragingly the importance of empowering students and providing them with the skills to be more proactive in their learning is a requirement within the NMC standards (NMC, 2018b) and hence will need to be integral to all aspects of the curriculum and positively contribute to the pedagogy of practice learning.

5.8.3 The powerful influencing effects of assessment

According to Boud and Falichov (2007) assessment frames what students do as there is a strong connection between assessment activities and what students learn which influences the approaches to assessment that students take. As seen throughout this inquiry the student in a practice based environment is not always in a position to direct their own assessment activities that may ultimately lead to learning, as they are bound by the learning culture and the opportunities made available to support their learning. This does reflect the dominant view of assessment which 'constructs learners as passive subjects' (Boud and Falichov, 2007, p 17). As was evident in the findings from the student and mentor focus groups there is clear emphasis on getting the document completed from the perspective of both student and mentor, with some reportedly only focused on the need to achieve an 'excellent' grade at the expense of their learning and development.

Within this inquiry the initial discussion with staff regarding the implementation of the new PAD demonstrated a student centred approach though there was strong evidence that we place a greater emphasis on quality assurance and rules and regulations regarding the

assessment process. These 'controlling effects of assessment' (Boud and Falchikov 2007, p 4) are seen to be associated with the 'dominant ideologies' with education institutions having to work in 'intensely political climates' (Drake and Heath, 2011, p.211). HEIs respond regularly to the wider political agendas related to measurement and league tables, at times seemingly to the detriment of effective learning and teaching pedagogies.

Some of these influences were evident in the level of attention disposed to the completion of the right sections of the document, the deliberation given to agreeing the submission process for PADs and the process of confirming achievement in time for assessment boards to meet internal QA processes. Whilst this focus is essential there is evidence from my day to day role that this message is being communicated to students and in their conforming to the rules may at times explain their demanding and coercive behaviours (Hunt, 2012) to get their assessments completed as discussed previously.

In a study by Neary (2000) the data highlighted that most assessors of student nurses saw control as being one of the responsibilities of their position. They tended to feel that it was up to them to establish the ground rules for a relationship that included monitoring student performance and, if necessary, carrying out disciplinary action with staff viewing themselves as discipline based gate keepers 'whose job it was to use feedback to students to enculture them into the relevant discipline (Long, 2014). In the mentor focus groups the language used regarding student expectations reflected a hierarchy with elements of control where one mentor reported : 'I gave her the grade she deserved' and 'you know they do have to earn it first' also reflecting the position that student should conform to the rules (Boud and Falichov, 2007).

One cannot argue the importance of determining fitness to practise and when associated with ensuring nurses are safe and competent practitioners this does carry a strong emotive bias and creates certain tensions. As a professional practitioner, public safety and producing safe and competent practitioners is inherent to my core values and hence it is impossible to ignore the wide ranging concerns on an international level that some students are passing assessments without demonstrating the required level of competencies to meet the standards for registration (Duffy, 2003; Hughes, Johnson and Mitchell, 2019). The need to effectively prepare students for registration has and is everyone's business however there is a risk that we become too focused on those 'marginal students' and neglect our important roles in supporting effective and active learning to promote fitness to practice for all.

5.8.4 Beyond Mentorship

Hunt (2019) rightly questions if the focus on failing to fail has in some way diverted the mentors attention away from supporting students to achieve but advocates for the move to separate the supervising and assessing activities of the mentor aligning this with the attributes of a “hawk” and “dove” as discussed by McManus, Thompson and Mollon (2006). Staff members with ‘dove’ tendencies are associated with the supportive and nurturing role of the mentor whilst those with ‘hawk’ attributes are viewed as more demanding in their expectations, stringent in their approach and less influenced by inter-personal factors (Daly et al., 2017). Whilst Daly et al., (2017) did find that those identified with lenient tendencies i.e. the dove, were 8 times more likely to pass a student than the over-zealous hawk-like assessor it may not necessarily result in either assessment decision being robust and evidence based (NMC, 2018a) and one has to question whether instilling fear in students is an effective approach to promoting assessment as learning.

The separation of the of the assessor and supervisor roles is ultimately what the NMC standards NMC (2018b) are indicating and whilst this decision relates to factors related failure to fail there have been concerns regarding what this might mean in the longer term (RCN, 2018). In discussing the standards for student supervision and assessment (NMC, 2018b) Hunt (2019) refers to the need for the practice assessor to be a rigorous assessor and has identified these qualities as ‘the core of steel’ needed to undertake this role, similar to the attributes of the ‘Hawk’ as identified above. Caution in transferring all current mentors to the assessor role is also expressed by Hunt (2019) and this does relate to the previous failings of mentorship and the fact that not all staff were deemed to be suited to or capable of undertaking this role (Robinson et al., 2012; Bailey-McHale, 2013; Willis, 2015) . Within the RePAIR project mentors themselves did acknowledge that not everyone that is a mentor necessarily wanted to be one and not everyone is capable of undertaking the role (HEE, 2018)

As explained by one of the senior mentors : *‘Not everybody is a good mentor. It doesn’t mean that they are not a good nurse it just means that some people don’t have that ability to share their knowledge’* (HEE, 2018 p66).

There is indeed the risk that we will repeat mistakes of the past, some of which are outlined in chapter 2 where staff were not given a choice and not all mentors were suited to the role yet again these decisions may be influenced by the wider political agendas and the increases in student capacity and hence creating a need for a high number of assessors.

Supervision and support is key to student learning with the role of the practice supervisor in the NMC standards is focused on facilitating the appropriate learning opportunities, engaging

in constructive and effective feedback and informing judgements, all of which requires effective and sustained preparation and support (NMC, 2018b). Aligning the attributes of a supervisor with that of a 'dove' frames this role as less essential to the assessment process and hence may impact of the importance attached to the preparation and support for staff in this role.

The mandatory professional and regulatory requirements of mentorship as a whole has inevitably focused our attention until now on practice in terms of the preparation of staff, the ongoing monitoring of assessment processes and the resources needed to support staff in their roles and whilst these at times can be viewed as challenging to implement there have been benefits. With the current level of financial constraints, staffing shortages and reduction in education budgets (Health Foundation, Kings Fund and Nuffield Fund, 2018) it is questionable that this commitment to releasing staff to attend updates and conferences related to their role in learning and assessment will be sustained. The potential impact of the new standards for student support and assessment and the deregulation of mentorship on the preparation and support for staff does need be framed positively and adequately resourced to be effective (CoDH, 2017; Christensen, 2019).

5.8.5 The Recoupling of Education and Practice

O'Driscoll, Allan and Smith (2010, p212) do refer to the 'uncoupling' of education and practice stemming from changes in nurse education alongside factors such as staff shortages and new roles for healthcare assistants. The overwhelming message from these authors is the need for us to strengthen leadership for education given the challenges faced by mentors who bear the brunt of the education load (O'Driscoll, Allan and Smith, 2010). Reports of staff needing to complete assessments at the end of their shifts due to time and role pressures are not uncommon as they found it difficult to achieve this with their other caring pressures and limited support offered by managers or their local education institutions (HEE, 2018).

The regularly reported role conflict experienced by the link lecturer and weakening links between link lecturers and practice creates further problems for learning in practice (Carwell et al., 2007; Carr, 2008; Barrett, 2007). O'Driscoll, Allan and Smith (2010) discuss a number of factors that need to be in place to provide leadership for learning in practice and hence the need for recoupling education and practice. Hunt (2012) discussed the role of the practice education facilitator and the link lecturer being key to providing support. Students in the RePAIR study were particularly complimentary about the Practice Education Facilitator (PEF) model who are employed to support students within the practice organisation and

provide an educational link between the university and practice (Mehigan, Pisaneschi and McDermott, 2019).

The role of the link lecturer in supporting staff in practice has surfaced in a number of areas of this inquiry. A lack of confidence that all link lecturers had an understanding of the student programme and practice requirements and related challenges did impact on our proactive approach to preparation of staff and support their professional development. Both students and mentors highlighted the role of the link lecturer as key in supporting them in practice though students in particular referred to not considering contacting them when in need as they were not generally visible (Mehigan, Pisaneschi and McDermott, 2019). In a study undertaken by Smith (2012) students referred to the different worlds of academic and practice environments with practice being described as being 'out there' in the real world and students at times reporting feeling removed from the university with lack of understanding of the link lecturer role, some indicating that they have never been visited by their academic representative whilst on placement (HEE, 2018)

Collaborative working between academics and practitioners is essential if students are to optimize their learning in practice and is core to the future nurse standards with the introduction of the Academic Assessor role (NMC, 2018; Mehigan, Pisaneschi and McDermott, 2019). Chan et al (2018) refer to a Clinical Partnership Model (CPM) in Hong Kong with the role of the university lecturer being an essential component of the partnership whilst Van der Reit, Levett Jones and Courtney-Pratt (2018) discuss a Collaborative Clinical Placement Model emphasizing a tripartite relationship between student, practice staff and academic staff. Students involved in the delivery of both of these approaches unsurprisingly reported meaningful learning experiences, fostering a sense of belongingness and confidence building, though significant resources were needed to support their success.

Since the initial implementation of CLIP at the University of East Anglia there have been a number of collaborative models discussed in the UK literature with support for CLIP being expressed in the Interim NHS People Plan, referring to it as an innovative approach that will benefit both students and patients (NHS 2019). The implementation of a collaborative learning model in the SW of England reflects a coaching model that promotes peer learning and has reportedly led to enhanced learning, improved decision making and leadership skills (Harvey and Uren, 2019) acknowledging a number similarities to the CLIP model. There is evidence that comparable models are being implemented in different regions throughout England (RCN, 2019; Williamson, 2019) with effective support networks such as the involvement of the LL viewed as important though there is a lack of discussion re how this role was operationalized and whether it had been strengthened from previous models.

Williamson et al (2020) also reports a lack of peer reviewed studies and recommend the need for further research to support the claims that CLIP increases placement capacity, leads to a more team based approach and supports the development of student nurses towards registration.

The NMC standards for student support and assessment has certainly focused discussion on strengthening partnerships between the university and partner organisations (NMC, 2018b) which ultimately should benefit the student though all parties need to commit and work to develop new and enhanced models to support learning and assessment in practice.

Health Education England have voiced their commitment to the implementation of the Future Nurse standards with the introduction of the Future Nurse Oversight Board (FNOB) in 2019 in England with this eventually expanding to also include Midwifery. The overall aim of the Board is 'to provide strategic leadership and direction across the health and care system to assure system preparedness and responsiveness to the implementation and implications of the Future Nurse standards across England' (HEE, 2019). I was privileged to be invited to contribute to the work streams of the initial FNOB in recognition of my role as chair of the PLPLG and leading on the new development of the second version of the PAD alongside the London approach to the Standards for Student Supervision and Assessment.

Participating in this group has further extended my insights and provided positive networking opportunities to expand my knowledge and professional development.

5.9 Conclusion

Within this chapter the findings from a range of participants who occupy different positions with regards to practice learning have been presented. Each individual brought their own constructed reality and this added to a broad scope of data that has and will continue to stimulate much debate and action within our organisation. The various focus groups with staff and students raised particularly enlightening findings. It is important in these situations to celebrate the achievements and not to lose sight of the high number of committed academic and practice staff who embrace their practice education roles and in particular roles such as the Practice Education Facilitator who adds another level of support in practice. However, it must also be acknowledged that there were a number of findings that created significant concern, much of which triangulated with the findings from each of the groups as well as the vast literature related to this broad subject area.

Beginning with an affirmative approach to the implementation of the Practice Assessment Document, staff were found to be receptive and engaged. The aim of uncovering the perceptions and understandings of the realities of practice as perceived by these critical staff

members was in my opinion realised. The overt emphasis on the technical with making sure all assessment components are complete and that accurate and timely records could be maintained was not surprising, given the political forces, but crucial to illuminate and explore. These understandings influenced a range of activities to support the ongoing preparation of staff and students and for us as the practice-based learning team to identify and lead on areas related to staff development.

The initial evaluation of how the PAD was being used in practice reflected some positive examples of practice yet some concerning aspects that demonstrated lack of attention to what should be assessed and at times reflected a superficial approach to the assessment, raising questions regarding what learning students were actually achieving in practice. The hermeneutical approach used to read and research the text provided within the students PADs (Crotty, 1998) helped gain an enhanced understanding and highlighted inconsistent approaches to assessment, poorly timed assessments and encouraged me to vision what might be happening. The emphasis on the summative assessment to the neglect of any formative assessment (Boud, 2000) was a specific learning point. Managing the timings of the assessment to provide students with effective feedback has been identified as a challenge as a result of mentors being too busy to undertake the assessment process as planned and therefore impacts on the decisions made and the process of learning and development (Helminan et al, 2016). David Boud's concept of sustainable assessment which he defines as 'assessment that meets the needs of the present and prepares students to meet their own future learning needs' (Boud, 2000, p151) is crucial in managing the needs for nurse students in practice. As Boud and Soler (2016) advise a robust foundation of formative assessment is needed, i.e. assessment for learning in order to achieve this goal and this is an aspect that I recognize as requiring enhancement within our nursing programme.

Placement evaluations in the main reflect a positive learning experience and much of the literature does refer to a high percentage of students indicating satisfaction with their placements. However, whilst the number of evaluations that do reflect negative experiences are relatively small these issues are significant in terms of the impact on the individual students' learning, their confidence and their competence. Issues related to complacency and compliance (Levett-Jones and Lathean, 2009) and the reported reluctance of students to approach busy mentors when they needed support for learning need to be addressed. Bradbury-Jones et al (2007) emphasise the link between enabling and empowering with students reported being valued as a learner as one of the important elements of empowerment, a concept supported by the NMC (NMC, 2018b). Within this inquiry with pre-registration student nurses the links between confidence, knowledge and competence

featured strongly, though a more considered approach to evaluating the learning experience and supporting student learning is fundamental to enhancing practice. Spending more time in both preparation for and consolidation of the student experience is a core aspect of this and strong culture of support in practice is needed to enable them to meet their potential and retain students post qualifying and (HEE, 2018; NHS, 2019). A more honest and insightful acknowledgement of students experiences of bullying and harassment in the workplace is needed if we are to effectively manage the student experience in an honest and ethical way.

Assessment practices in nurse education appear fraught with challenges, some of which are unique to professional programmes, as evident from this inquiry and the extensive research dedicated to this important topic. It would appear however that little attention has been paid to exploring the process of assessment or the student learning gains as a result of that process. There is limited research overall in terms evaluating grading of practice (Donaldson and Gray, 2012; Chenery-Morris, 2017) and very limited research reviewing the experience of nursing students (Scammell et al., 2009). Chenery-Morris concluded that grading practice was not a robust assessment process and recommended a pass / fail assessment. With the evidence gathered in this inquiry a decision to not grade practice has been taken pertaining to our nursing programme approved in 2019. However removing the process of awarding a grade does not address a number of the issues highlighted within these findings related to consistent, fair, equitable and quality assessments.

It has been evident from various sources that the complexities of contemporary nursing practice makes mentorship a difficult process (Bailey-McHale, 2013; Robinson et al 2012; Willis, 2015) as staff struggle to balance their primary care giving and leadership role with supporting an ever increasing range of learners with differing needs in highly complex socio-political environments. The implementation of the new standards for student supervision and assessment have been welcomed with its emphasis on partnership working and a more team based approach. However, concerns about staffing levels and the potential risk to quality of the student experience with the responsibility being shared by a number of staff members with limited access to structured educational preparation and protected time remain (Morley, Wilson and Holbery, 2019; Christensen, 2019) This dramatic change in policy does however create opportunities for us to manage things differently, revise our practices and gain an enhanced understanding of the challenges to create a new future for nurse education.

My personal and professional journey during this inquiry has been both frenzied and exhilarating and whilst it is difficult to capture the direct impact of undertaking a professional doctorate it is my belief that my learning has inspired me to transform my practice and strongly influencing the practice of others. This learning will be further explored later.

6.0 Chapter 6 : Conclusions and Recommendations

The contested relationship between assessment and learning has been explicit in a variety of ways throughout this report. Some of the findings have mirrored what has been evident in the broader assessment and learning literature and also reflects findings from a number of sources from professional literature, nursing in particular. What appears to be unique about this project is that it specifically brings both of these entities together and considers them within the complex multifaceted sociocultural environment that is clinical practice.

'it is only by acknowledging the complexity of nursing practice and its problems that we can analyse them in a way that sees them as examples of broader types of problems and so gain power over them and derive some therapeutic benefit into the bargain' (Traynor 2013 P 2.)

Within this chapter I will summarise the key findings in alignment with the research questions, share my professional learning and areas of influence throughout this inquiry and propose recommendations that I view as fundamental in continuing to advance my practice and the practice of others. In assessing the rigour / trustworthiness of the research the quality criteria proposed by Anderson and Herr (2015) will be adapted for use, in acknowledging that the concept of validity is more usually aligned with a positivist paradigm. Finally the limitations of this project will be articulated.

The 4 research questions as outlined below will form the framework for this discussion:

1. How can I positively engage nursing academics and practice educators in the adoption of an externally created practice assessment tool and promote agency in facilitating effective implementation to support learning?
2. What do nursing students, mentors and academics identify as the benefits and challenges of grading student nurses performance in practice assessment and its potential impact on the student learning experience?
3. What are the enablers and barriers to the realisation of 'assessment for learning' in practice learning environments?
4. How can I best act and position myself to facilitate these learnings at personal, institutional and regional platforms and positively influence the wider agendas that inform effective practice learning and assessment?

6.1 Research Questions

Q. 1 How can I positively engage nursing academics and practice educators in the adoption of an externally created practice assessment tool and promote agency in facilitating effective implementation to support learning?

To positively influence the practice learning curriculum development at Middlesex University and facilitate effective change in the adoption and local ownership of the pan- London Practice Learning Group processes for practice, learning and assessment.

I approached this inquiry with the aim of researching 'with' rather than 'on' colleagues in line with my personal philosophy and a critical action research methodology. The affirmative and collaborative approach I employed to support implementation created a focused and concerted effort to address quality learning and assessment processes. There had been a somewhat frenetic but exhilarating approach to development as a result of the enormity of the challenge, the vast number of stakeholders and the timescales for implementation. These factors led to my concerns regarding the level of understanding and appreciation that colleagues may have had locally since not all of them had engaged in the development process, hence creating the need for us collectively to effect this programme change.

Having to comply with a top down approach to change is never straightforward though as Gosling (2004) advises mandated change is made easier if we can separate the strategic from the person and if a benefit can be perceived. On this occasion I managed to reconcile my conflicted feelings with acknowledging the possible benefits to students and engage staff in the affirmative approach of appreciative inquiry. Staff members recognised the political agendas, acknowledged wholly the positive influences of having a unified assessment document and the opportunities this presented. A number of initiatives were introduced and the positive engagement with all present was encouraging in terms of promoting agency and agreeing an effective strategy for implementation.

The aim of uncovering the perceptions and understandings of the realities of practice as perceived by these critical staff members was in my opinion realised. The overt emphasis on the technical and measurement aspects of assessment was crucial to illuminate and essential to understand. Initially I felt disheartened with this emphasis on 'control' rather than pedagogy though on reflection realised that these are not mutually exclusive.

My aim of developing a community of practice has become a sustained and ongoing venture and I have been effective in managing this with different groups of participants rather than

focusing on one large group of researchers throughout the project. The importance of me specifically researching with the practice-based learning team has led to us as a collective engaging a large number of participants in the school in discussing issues related to practice learning. Our shared philosophy has translated into a team based approach to supporting staff and students.

My learning from the initial implementation of the PAD has regularly been shared with members of the PLPLG and has had a direct impact on my continued and increasingly influential role as Chair of this group and in the development of version 2 of the Pan London PAD, which will be outlined below. The ever changing landscape of practice learning needs careful and sustained attention due to dynamic nature and the associated impact on the student experience. Enhancing partnership working with additional support for those practitioners making complex decisions regarding student achievement is needed to support these processes.

In developing a wider community of practice and in recognition of the passion for practice learning that stemmed from the initial implementation plan and grew throughout this inquiry I successfully submitted a proposal to HEE on behalf of the School to set up a Centre for Practice Learning to lead on a range of practice learning initiatives across the North Central and East London region (See Appendix 8: Proposal for Centre for Practice Learning). The proposal highlighted our strong commitment and passion for professional practice learning and proposed that we would utilise the expertise and established networks we had.

The development of a Centre for Practice Learning will:

- a) Enable the team at Middlesex to showcase their expertise and promote excellence in practice learning
 - b) Preserve the strong collaborative working relationships with current NHS and Non NHS partners who provide a range of learning opportunities for our students and build on our reputation to attract new partners and students
 - c) Utilise our collective expertise to inform and influence national and international debate and policy development related to practice learning.
- developed in creating an evidence base to support the development of the future workforce.

Recommendation

- i. Building on the sustained motivation and learnings from this project continue to work collaboratively with colleagues and create opportunities for us to work in

partnership to promote high quality evidence based learning experiences for students, as outlined in the Centre proposal above.

Question 2: What do nursing students, mentors and academics identify as the benefits and challenges of grading student nurses performance in practice assessment and its potential impact on the student learning experience?

Grading of practice has been a subject that I have discussed, debated and has created significant soul searching for me throughout this inquiry. Having made the informed and evidence based decision to implement grading of practice in our 2011 curriculum we have now made an equally informed and evidence based decision to not include grading as part of our learning and assessment strategy going forward.

Whilst the positive effects such as the value it communicates about practice and the motivation it creates within students are important attributes there were significant issues raised within this inquiry that raised questions about the potential value of grading practice. This was an unintended outcome of this research as the at the outset of the project staff remained in support of grading with acknowledgement that areas needed to be strengthened.

Findings across the different groups were diverse but fairly consistent which was reassuring on one hand yet disconcerting on the other. Some findings related the understanding and use of the criteria, the impact on student emotions, their behavior and the control exercised by some mentors had previously been highlighted but appeared to be having a much greater impact than expected. The many factors influencing the behavior of both students and their mentors were very much influenced by the context in which the assessment was taking place and the multiple variables that impacted on this were viewed as challenging to mitigate. It has been acknowledged that some of these factors exist whether to grade or not (Donaldson and Gray, 2012) but with the uncertainty we were experiencing regarding the impending implementation of the new standards to support student supervision and assessment and the loss of the formal mentor role it was deemed a high risk strategy.

We are however acutely aware that the students who are currently on the programme under the 2010 standards continue to have their practice graded. There is a risk that these students will feel undervalued since we have made the decision to remove grading of

practice for new cohorts and that staff in practice could become complacent knowing that grading of practice is being phased out as part of the learning and teaching strategy. A renewed and invested approach to preparation of students and staff is needed as well as enhanced monitoring to ensure this does not occur. I am also aware of other HEIs who have never graded practice previously now deciding to introduce this into their learning and assessment strategy and I have been invited by one Head of Department to share the findings from this doctoral project and look forward to this opportunity.

Recommendation .

- ii Continue to explore grading of practice with students, their mentors and academic staff, examining and debating the findings from this research to encourage individuals to adopt more effective and equitable approaches to assessment.
- iii Examine ways in which we can continue to promote and value practice within the programme without the presence of grading in the next curriculum.
- iv Disseminate findings from this inquiry at a regional and national level.

Question 3. What are the enablers and barriers to the realisation of ‘assessment for learning’ in practice learning environments?

Throughout this project key resources have been developed to support and enhance current processes. In cycle 1 the action plan produced in response to the Destiny stage of the appreciative inquiry approach resulted in the facilitation of specific events for students, academic staff and practice colleagues alongside teaching materials that were developed and shared with the wider community of academic staff, to support consistency of approach.

The development of the evaluation of practice process was an important initiative though required regular review and promotion so that students understood its purpose and subsequent reporting or escalation mechanisms to foster true engagement. Whilst the number of evaluations that do reflect negative experiences are relatively small these issues are significant in terms of the impact on the individual students’ learning, their confidence and their competence. Issues related to complacency and compliance (Levett-Jones and Lathean, 2009) and the reported reluctance of students to approach busy mentors when they needed support for learning (Smith, 2012) raises questions regarding the level of their expectations of the learning environment and hence has made us question the value of some of the data captured in placement evaluations. A more considered approach to evaluating the learning experience and supporting student learning is fundamental to

enhancing practice with spending more time in both preparation for and consolidation of the student experience. Providing opportunities where students feel safe to describe their experience openly and honestly without fear of reprisal and are offered a safe space to do so.

The issue of student feedback was also an area of practice that received significant attention in this inquiry and in STEP. On commencing the project I would have confidently claimed that I was aware how vital a component feedback is to student support in practice (Walsh, 2010) and the importance of situational feedback which Duffy (2013) claims is valuable. However my renewed understanding of the influences and complexities surrounding feedback processed creates more searching questions for me.

The transmission of feedback as one way process appeared to be a common approach in practice but as proposed by Carless et al (2010) this needs to become a more enriched dialogue exchange in which the student is fully engaged. Self-assessment is key (Cassidy, 2008) though the ability to self-assess accurately is a skill that needs to be learnt and can be improved upon with practice (Carless, 2015) and so is an area of practice that is currently under developed in our curriculum.

Through a reflexive analysis of the data generated and a thorough examination of the evidence-based literature, the acknowledgement of the critical need to not underestimate the context of practice, with its complex sociopolitical influences provides an example of how my learning has been transformed. Regular examination and critical reflection on many of the findings from this inquiry inspired me to draw together experience and expertise from across practice and university colleagues in the North Central London geography in 2016 to further explore challenges and solutions related to practice learning and build on existing resources to develop 'an inclusive social model of learning' (Morley, Wilson and Holbery 2019, p.2). Supported with funding from HEE the STEP : Strengthening Team-Based Education in Practice approach has enabled me to put theory into practice and themes such as partnership working, socialization, helpful others, peer support and expansive learning all with tangible links to this doctoral project. Since the STEP project was running in parallel with my Doctoral work I drew on the external expertise of a senior academic from a university outside London to support this work, chosen specifically because of her values and research in this area. Collaborating on this innovative and research based project has supported my development and enhanced my doctoral project and resulted in the publication of our book entitled ' Facilitating Learning in Practice' (Morley, Wilson and Holbery, 2019) (Appendix 9: STEP Outputs), with seven staff from Middlesex specifically being supported to actively contribute to this work.

Recommendation

- v. Promoting Learning Oriented Assessment – student engagement, empowering students to be take a more active role in their learning by supporting them develop the appropriate skills base and embedding peer learning and support from the beginning of the programme
- vi Further development of the STEP model for practice learning with the co-creation of resources for students and supervisors/ assessors to promote expansive learning, within an enhanced partnership model.

Question 4. How can I best act and position myself to facilitate these learnings at personal, institutional and regional platforms and positively influence the wider agendas that inform effective practice learning and assessment?

In beginning this project my role as Head of Practice-Based Learning and a member of the pan London steering group for the development of the PAD placed me in the optimal position to undertake this inquiry. These positions afforded me the opportunity to work collaboratively and seamlessly with staff and students at all levels both within the university at programme and institutional level and regionally on the pan London stage. Throughout the life of the project and greatly influenced by the nature and extent of these roles I took the opportunities to develop my position and extend myself.

Whilst my role has expanded significantly over the past 6 years my first priority however has been to cement my position within the school and to this end I have made concerted efforts to promote practice learning and its significance within all programmes with myself and the team having a much more visible and integral role in both nursing departments.

As a member of the pan London group my passion and knowledge for practice learning is recognized and as discussed I took on the chair role in 2015 leading on the development and implementation of Version 2.0 of the pan London PAD. In 2017 I secured funding from Health Education England to manage this development and I appointed a project manager to work alongside us to support this multifaceted initiative.

With the initial implementation of the PAD being shared more widely we were contacted by external universities to share our work and discuss the process of governance for such a large project. A presentation at a university external to London with approximately 150 participants provided me with the opportunity to share my research and engage in a

discussion regarding grading of practice, managing poor performance and highlighting the complexities for students and mentors in practice. Three years later I returned to the same university as we had begun development of the next version of the PAD and presented this work to a larger group of HEIs, alongside representatives from their practice partners and students from across the Midlands Yorkshire and East Midlands geography. This group were keen to adopt the Pan London Document and hence this was an unique opportunity to share our work and expertise and begin to collaborate with a number of staff who had established research knowledge regarding the pedagogy of practice learning and assessment.

Because of my pan London role and lead role in the STEP project and promotion of Centre for Practice Learning there has been an increasing acknowledgement of this work and its value. Being invited to be a member of one of the streams of the Future Nurse Oversight Board, to contribute to the decisions on the preparation and ‘upskilling’ of staff in practice further cements the potential for me to continue to influence the national practice learning agenda. Developing the PLPAD as an electronic document with the goal of procuring one provider for London in order to maintain the uniqueness and unified nature of the document is the next stage of this journey and again an opportunity to reexamine how we can further enhance the student experience.

6.2. Quality and Trustworthiness

Cousins (2009) claims that notions of validity are replaced by trustworthiness within interpretivism though a number of authors have developed validity criteria to support this approach. Andersons and Herr’s ‘Goals of Research and Validity Criteria’ is adapted here to meet the purpose and nature of this action research inquiry with the emphasis on quality criteria as opposed to validity criteria (Herr and Anderson 2015). As with any research project it is important to acknowledge the limitations of the research and these will be explored in section 6.3.

Goals of AR	Quality Criteria	Examples of evidence within this inquiry
The generation of new knowledge	Supported by collaborative inquiry and participation in critical and reflective dialogue with a critical friend / others. (Dialogic and process validity)	<ul style="list-style-type: none"> • The critical reflexive approach used throughout the inquiry which aimed to collaborate with various groups of participants in gaining insights into their unique perspectives., • Promoting new knowledge related to learning and assessment in practice and in promoting

		<p>shared actions.</p> <ul style="list-style-type: none"> • Sustained collaboration with the practice-based learning team as a community of practice • Engagement with critical friends at different stages of the inquiry
The achievement of action oriented outcomes	<p>The extent to which actions occur leading to a resolution.</p> <p>The quality of the data on which the action is based and the ongoing framing of problems leading to new questions and areas of inquiry</p> <p>(Outcome validity)</p>	<ul style="list-style-type: none"> • The decision to no longer grade practice based on various sources of data from multiple perspectives. • Development of a number of resources and processes to enhance learning and assessment in practice. • Continuing the journey to elevate the value of practice learning via curriculum development processes and communities of practice.
The education of both the researcher and participants	<p>The degree to which the research process focused and reenergizes participants towards knowing and transforming reality (Lather 1979 in Herr and Anderson 2015 P69)</p> <p>(Catalytic Validity)</p>	<ul style="list-style-type: none"> • Implementing new ways of monitoring and supporting students. • Enhancing feedback, placement evaluation and staff development. • Finding new ways to understand and transform practice as evident in the STEP project, subsequent publication of their research, and contributions to the development of PLPAD 2.0.
Results that are relevant to the local setting	<p>Where problems emerge from a local context and the findings are relevant to that local context</p> <p>(Cunningham 1983 in Herr and Anderson 2015)</p> <p>(Democratic Validity)</p>	<ul style="list-style-type: none"> • Our decision not to grade practice in next curriculum was local to Middlesex University. Issues related to the assessment processes and the need to enhance formative learning as well as the quality of feedback informed changes to our training programmes and student preparation for practice. • The identification of the need for a more enhanced community of practice as identified above.

A sound and appropriate research methodology	Achieved through a process of reflective cycles including multiple perspectives and triangulation involving a number of methods. (Process validity)	<ul style="list-style-type: none"> • Incorporated Mezirow's three forms of reflection at each stage of the inquiry creating action research cycle about the action research cycle. • Data generated from multiple perspectives across three cycles with reflection on reflection enhancing the quality/ rigor.
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Figure 6.i: Andersons and Herr's Goals of Research and Validity Criteria

6.3 Limitations:

Workman (2007) claims that prior assumptions and pre-understandings can influence project activities and outcomes, creating researcher bias and hence limiting the research, elements of which were discussed in chapter 3 and will be further explored here. Other potential limitations such as the transferability of data, alongside the nature of the collaboration within action research inquiry, will also be examined.

Fleming (2018) discusses the need for insider researchers to be mindful of researcher bias and the personal experiences and values they bring to the research, potentially influencing the overall design and execution of the project. The first decision to use appreciative inquiry did require significant self-reflection as I questioned whether I was adopting this approach to avoid any negativity, specifically considering my role both in the organization and as a representative of the PLPLG. However as indicated in chapter 4 I choose this approach because of its emphasis on appreciating and valuing staff and was doing so in full acknowledgement that we needed a shared approach to affirmative action. In chapter 4 I discussed the need to avoid an overtly positive bias during this discussion so as to allow participants to share their views openly and honestly. Being in the position of Head of Practice-based Learning and hence in a formal leadership role as discussed in chapter 3 may however have influenced some of the discussions with the more junior members of the group though I remained conscious of this and made every attempt to actively engage them and demonstrate respect and gratitude for their unique contributions. Since I led the initial decision to introduce grading of practice and therefore heavily invested in this initiative I was very conscious of the potential influence of bias in conducting, managing and later analysing the focus groups discussions. Recognition and acknowledgement of bias at the outset by presenting my positionality and discussing the role of adopting a reflexive approach as outlined in chapter 3 helped minimise the impact of bias (Workman 2007).

The nature of the collaborative relationship is key to action research with those involved contributing to the thinking that informs the inquiry and emergent actions (Reason and Bradbury 2006) and is highlighted above as a core criteria for judging the quality of a project. Within this inquiry there were a diverse range of participants that worked in partnership throughout the project and hence different levels of collaboration were evident, though not always to the extent advocated by action researchers (Mc Niff and Whitehead, 2011; Mc Niff, 2013). A sustained collaborative relationship and critical dialogue was maintained with the members of the practice-based learning team as we as a team had a shared interest and investment in these discussions and explorations as presented in Figure 6.i above. Sustained collaboration with the whole staff group was however somewhat challenging due to the differencing roles and work pressures attached to these positions and the extended timeline of this project. I did however discuss all findings with them during various fora and their contributions were core to the decision to no longer grade practice in the next iteration of our curriculum. True collaboration with students and mentors in the inquiry was also not feasible though ensuring their voices were represented in the findings and related actions is evident within the inquiry.

The number of participants involved in this inquiry was small, particularly with reference to the student (N= 16) and mentor focus groups (N=19) and not equally representative of all the fields of practice and hence a limitation impacting on the potential transferability of the findings. The fact that students only represented a single London university can also be viewed as a limitation, though this stemmed from the fact that the beginning of this journey was shaped by the need to implement a change at a local level as is most common in a professional doctorate. However despite these factors a more in-depth understanding of the learning and assessment in practice was illuminated through the process of critical reflection and the generation of data from these multiple perspectives. Disseminating my initial findings regarding grading of practice at a national conference did also stimulate academic discourse and gave me the confidence to later share these at meetings I attended with academics from across England, confirming for me the value of these emergent findings.

6.4 Summary

The core aim of this doctoral project was to generate a greater understanding of the significant relationship between practice learning and the assessment of that learning. In achieving this aim a diverse range of participants contributed to our understanding of the multiple socio-political influences pertaining to practice learning and assessment. This community of practice will endeavor to continue working together, critically reflecting on the changing landscape and seek evidence-based approaches to positively influence the

student journey towards registration. During the life of the project there has been a significant paradigm shift in how practice learning and assessment is now conceptualised by the professional body, though the impact of this is not yet evident. These new regulations do however create extensive opportunities for enhancement and the findings and recommendations from this inquiry remain contemporaneous. Our new understandings also generate further potential for us to utilise our expertise to support individuals trying to navigate the continual changes to policy development, as captured in our Vision for the development of our Centre for Practice Learning i.e.:

' To capitalise on current accomplishments and expertise and position ourselves as leaders in practice learning at a national and international level to generate new knowledge and tools for practice learning' (Appendix 8: proposal for Centre for Practice Learning).

7.0 Chapter 7 : Critical Reflection

I have adopted a critical reflexive approach throughout this inquiry and have provided various reflections on my findings, feelings, progress and actions within each chapter.

Within this chapter I am going to structure my overall reflections of 'my story' with the adoption of Christopher Johns model, as based on Carpers 'Ways of knowing', one of my preferred frameworks. Telling my story 'will reveal the 'aesthetic response' and I will present my interpretation of how empirical, personal, ethical and reflexive ways of knowing informed this (Johns 2006, p.49)

Johns (2006) describes reflection as action oriented and is a process of enlightenment, empowerment and emancipation, all of which I believe define this project and me within it.

7.1 Aesthetics : What was I trying to achieve?

My story raises questions related to what I was trying to achieve and the consequences for myself and others.

I put off considering undertaking a professional doctorate for many years 'always too busy' until colleagues who were undertaking the programme encouraged me to embrace it. The need to extend my academic profile, knowledge and research skills and to present a positive example to others were probably the overriding reasons I eventually did so, and of course the pressure from said colleagues.

It had been some years since I had completed my MSc Nursing programme and so was doubting my capability to write at this level but felt confident that I was practicing that was the level of my practice in the various roles I had both within and external to the University. Completing the RALs turned out to be an unexpectedly enjoyable experience and having to find 'proper time' to critically reflect and engage with the literature, around my areas of interest, created the spark I needed to motivate me to take this further.

Deciding on a subject for this inquiry proved more challenging than I had anticipated. I was involved in a number of areas of work that could benefit from a more scholarly approach but I did not feel they had the gravitas that fitted with a practitioner led doctoral project. Having spent a number of years co-chairing a Higher Education Academy special interest group on practice learning and assessment in professional programmes I wanted to revisit some of the excellent and inspiring academic discourse that I experienced as part of that and hence the implementation of the PAD created that opportunity for me.

And so this long and tumultuous journey began, as detailed in the preceding chapters.

I found it challenging at the beginning to identify 'me' within this project. I had to constantly remind myself and be reminded that this was not about the implementation of a change, as complex as it might be, but was about my position in my own organisation and where I located myself with the project. Looking back at my journals I see a number of references to this in the early stages where on one day I was very clear and able to articulate what I was doing yet on another was really struggling:

01.10.14 : Diary entry (trying to write chapter 1)

'okay so it's now becoming clearer to me (I think!). I seem to be concentrating too much on the pan London element and this is what is restricting me. I need to get across that the PAD development is the context, it's difficult to manage with so much overlap and I was so involved at every stage.... but the DP is about the role I have taken in implementing the PAD and I need to focus on the work that I did with staff and focus on student and others experience of it'.

My learning with and from other participants in this project has been immense and much of this learning and development has already been captured in chapter 6.

7.2 Personal and Ethical Knowing: What internal factors were influencing me and did my actions match my beliefs?

Working in your own organisation brings different ethical issues and I had to be very aware of my situatedness and positionality within this project and treat every aspect with sensitivity, underpinned by an ethic of care. My attention to issues related to power, positionality, confidentiality, anonymity and integrity were outlined in chapters 3 related to all aspects of this project. Whilst these aspects of ethics were discussed I failed to acknowledge the ethics of us not grading practice anymore, an informed decision, but one that could impact on practice and the value we now communicate about that practice.

Ethics of maintaining a caring relationship with all participants and caring about what I do with the new insights and learning from this project and accepting the moral responsibility to continue to care to what happens beyond this project, which is a given.

7.3 Empirical : What knowledge did or could have informed me?

I began this process with a fairly limited knowledge of research processes and theoretical frameworks but my commitment and belief in using of a critical reflective approach

throughout held me in good stead and this in part is demonstrated through extensive journaling.

Rigor of assessment processes at the forefront of my mind throughout the length of the project and most likely because I lacked confidence in my academic capability and so knew I needed to undertake a lot of research to increase my knowledge and inspire my thinking.. In hindsight I probably spent a large percentage of time reading and reflecting and not necessarily writing. On many occasions this time I allowed myself was of true benefit, if not directly to this project it contributed to my understanding in other areas and

During the early part of the project I was invited by the Dean of Education for North Central and East London LETB to join her on a secondment at HEE to support their practice education strategy and I spent 18 months reviewing mentorship across the NCEL geography. At times I felt that I was putting my doctoral work on hold and felt frustrated with this but came to realise that this is what work-based learning is about and doing a doctorate is not all about the written project – though arguably it is in the end. This specific research project supported my knowledge development and informed my further understanding of practice learning and assessment processes and in many ways enhanced by position as an authority on practice learning in London.

7.4 Reflexivity

For the narrative to be truly reflexive, i.e. to capture the immediacy of the unfolding drama, it is vital that it is written as it unfolds rather than as a retrospective exercise' (Jarret and Johns in Johns and Freshwater 2005, p.174) .

7.4.1 How could I have handled this better?

There is learning in every situation and how I handled this doctoral project has added to my personal and professional development and that of others in significant and positive ways. There are aspects that I would approach differently in terms of the project activity and in particular in working 'with' the student body as highlighted in chapter 4 and within limitations in chapter 6. In leading on the STEP project the value that students brought to the project by engaging them more fully is an approach I feel would have greatly benefited this project. As we gathered the research findings within the STEP project we invited a group of students to an event to share the findings, asked them to explore what they felt they meant to them personally and how it might impact on their learning and finally how they felt we could best use the findings to enhance their learning experiences. I now feel this approach would have been constructive and productive in this research project, though I do recognise that I could still do this even though this aspect of the journey is over.

There are a number of other aspects that I could have handled better such as time management, organising and taking protected study leave and accessing more support. These are lessons that I would share with colleagues who were embarking on this journey and be very earnest about the importance of these in terms of the quality of the work as well as self-preservation. The challenges of undertaking this doctoral project with my multiple roles and responsibilities have been enormous but as has the learning, development and transformation.

7.4.2 How do I feel now about the experience?

This was an inordinately long process and at times I did question if I tried to achieve too much. At times, as identified with the ethics discussions I felt conflicted when hearing about negative experiences and knowing that student learning and assessment was at times being compromised due to the complexities of the learning environment and the capabilities and competency of some of the staff members responsible for educating the next generation. On the other hand I have heard and witnessed some excellent practice and have been fully energised by the sustained commitment of staff, both in practice and the university who strive to make a difference. I feel very proud of the teams we have at Middlesex and their work ethic, their student centeredness the value they place on partnership working and their passion for practice learning.

7.4.3 How can I support myself and others better in the future?

Continuing to work collaboratively and promoting affirmative action will remain at the centre of my practice as I continue to lead and influence practice learning. Critical reflection demonstrates an awareness that actions and events are located in and influenced by multiple historical and socio-political contexts. (Moon, 2004, p.97)

Maintaining an open and critical dialogue with students, academic and practice staff is core to working effectively and maintaining an in-depth understanding of the complexities of practice and the realities of those that work and learn within it.

Completing an action research dissertation does not automatically mean there is a “successful” change effort or happy ending though most commonly it informs a process that produces local knowledge and informs the wider practice learning agendas (Herr and Anderson 2015). I would also argue that this doctoral journey has also further cemented my commitment to practice learning and the benefits of collaborative working. It has undoubtedly inspired my passion to continue to pursue evidence based pedagogy and further promote best practice within the local and wider geographical health and social care community.

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Appendices:

Appendix 1 : Context Paper : PLPAD Development 2013

Appendix 2: Middlesex University : Programme Approval

Appendix 3: Placement Evaluation : A Review

Appendix 4: Critical Reflection of Cycle 2

Appendix 5: Minutes of Quality Monitoring of Practice Panel (QMPPA)

Appendix 6: Proposal for Assessment and Feedback Activity

Appendix 7: RCN Conference : Slide Selection

Appendix 8: Proposal for Development of Centre for Practice Learning

Appendix 9: Outputs and Publication from STEP Project

Development of Pan London Practice Assessment Document

Nursing

BSc (Hons), BSc (Hons) European Nursing, PG Dip
Context Document

Report prepared for:
NMC Reviewers, Major Modification Validation Event

Report prepared by:
Jane Fish, PLPAD Project Manager and PLPAD Steering Group
Adapted for MU Validations and Approval Panel by Kathy Wilson
October 2013



**Development of Pan London Practice Assessment Document
to assess Pre-Registration Nursing Students in Practice
across nine Universities in the London Region**

Introduction

The need to develop a Pan London Practice Assessment Document has been recognised by practice partners and mentors for some time as practice placements, with students from multiple universities, each have different practice assessment documents making the assessment of pre-registration nursing students challenging.

In 2011, as part of the tendering process for Pre-Registration Adult Nurse Education in the London Region by the former NHS London the need to develop one document to assess pre-registration nursing students was made contractual. All nine Universities agreed to develop a Pan London Practice Assessment Document to address these issues. A Project Plan and Job Descriptions for a Project Manager and Project Team Associate were agreed with NHS London who are funding the Project. The Project had a delayed start date as it took longer to recruit to the Project Team's posts.

A number of factors influenced this initiative. Demands created by a reducing number of practice areas are increasing, resulting in a need to send students across the London Region to access suitable placement opportunities. In order to facilitate potential freedom of movement of students and support those mentoring them, the design and implementation of a common core assessment tool would facilitate the achievement of this objective and co-ordinate the mentor and student experience more coherently. Feedback from practice mentors suggest that they would find it easier to accommodate students from different Higher Education Institutions (HEI's) if documentation was similar.

The Nursing and Midwifery Council's (NMC) Standards for pre-registration nursing education (NMC, 2010) were created as broad principles which enables universities developing practice assessment documents to interpret these standards to meet local needs. The London area has many commonalities that enable a Pan London document to be developed.

The practice learning and assessment elements that specifically relate to Middlesex University are outlined in Appendix 1.

Membership of the Pan London Practice Assessment Document Steering Group (2013)

The nine Universities across the London Region who have commissions for BSc Nursing, PG Dip and MSc Programmes are represented on the Steering Group in addition to other groups being represented. Areas which Steering Group Members led on are in brackets in italic font.

- Zoe Scullard, Buckinghamshire New University (**Chair**)
- Kath Sharples, Kingston University and St George's, University of London (*Mentor Handbook*)
- Kathy Wilson, Middlesex University (*Adult Lead*)
- Angela Parry, King's College London (*Adult Lead*)
- Joady Mitchell, London South Bank University (**Vice Chair**) (*Child Lead & NMC Liaison*)
- Michelle Ellis (*Child Lead*) & Mark Jones, City University
- Nicki Fowler, University of Greenwich (*Mental Health Lead*)
- Matt Snowden, University of West London (*Pan London Implementation Plan*)
- Alan Randle, University of Hertfordshire (*Learning Disability Lead*)

- Mark Statham, Shared Services Support
- Chris Caldwell,
- Louise Morton, Director of Nursing Representative
- Sue West, Bucks (*Representing The Council of Deans*)
- Jane Fish, PLPAD Project Manager
- Josee Soobadoo, PLPAD Project Team Associate
- Ian Grant-Rowan PLPAD Project Administrator (since 1st June 2013)

Literature Review

The PLPAD Project Team undertook an extensive literature review and summarised their findings from the literature and presented this to the Steering Group which supported the development of a PLPAD. A summary of the literature review which encompasses the main issues for developing a Pan London document are included in Appendix 1. The context in which this work is being undertaken was an important consideration with the Willis Report (RCN Willis Commission, 2012), Compassion in Practice (DH, 2012) and the Francis Inquiry (2013) being published in the early stages of the Project.

The literature provided clear evidence to support the development of a Pan London Practice Assessment Document. Multiple PAD's in placement areas across the London Region is challenging for mentors in practice placements as it is difficult to be cognisant with all the elements of numerous documents. Some practice areas have students from 5 Approved Education Institutions (AEI's). The literature supports the involvement of service users in the development of the PAD as well as in giving feedback to students. Clearly health care delivery in 2013 faces many challenges and in the light of the Willis Report (2012), Compassion in Practice (DH, 2012) and the Francis Inquiry (Francis, 2013) to name three of the reviews undertaken last year into standards of care, professional values, care and compassion are central to what we deliver as nurses with the patient being at the forefront of care.

Regional Scoping

As part of the Regional Scoping the PLPAD Project Team consulted with Pan Wales, Pan Manchester, Pan Yorkshire and the Humber and NHS Education for Scotland. The 5 universities in Wales have been working collaboratively since 2001 as part of the All Wales Initiative in preparation for the implementation of the Fitness for Practice Curriculum in September 2002. The All Wales Practice Assessment Document, validated in 2012 is their 3rd joint PAD. The Project Team gained considerable insight from colleagues in other Regions and this informed the approach and development of the Pan London PAD. In London, compared to Wales and Yorkshire and the Humber, there is a lack of a web based infrastructure to support nursing education across the London Region.

Complexity of Pan London

The complexity of the Pan London Project differs significantly from other Regions. This is a collaborative project working across nine universities who are in competition with each other for the commission of students and access to placements. London is distinctive from other areas of the UK. London educates nurses who will gain first posts nationally as well as locally, nurses are fluid and move around the capital and there is pressure on practice placements with multiple universities using the same placements.

The Pan London Project is developing a Practice Assessment Document for nine universities which have established and validated curricula, all with different Academic

Regulations and who transitioned to the NMC Standards for Pre-registration Nursing Education (NMC, 2010) at different times with a number of HEI's validated in 2011 and other HEI's being validated in 2012. Some HEI's have integrated theoretical and practice modules and all have different and complex placement patterns which the universities have established in part due to the pressure on placements. It was not possible or part of the remit of the Steering Group and Project Team to change the Academic Regulations of the nine Universities. Therefore within the new Pan London PAD we needed to design a flexible document which could be validated within the existing academic regulations of the nine Universities. When it is time to develop the 2nd Pan London PAD, the Steering Group intend to consider the regulations and move towards a unified approach.

Service Reconfiguration

The Project Manager worked for 2 days in late December and started full time in January 2013 with the Project Team Associate starting at the end of January. The Project is funded by the former NHS London. The Project Manager's Reporting Structure includes multiple stakeholders including the PLPAD Steering Group, London Deans, HEI committees, London Directors' of Nursing, Shared Services, the LETB's Practice Partners and staff, Students and Service Users.

It is important to state that the project is being undertaken at a time of significant service reconfiguration within the NHS and the London Region. The Project Manager liaises with 3 Local Education and Training Boards (LETB's). These are Health Education North Central and East London, Health Education North West London and Health Education South London and directly reports to Shared Services. The LETB's are newly formed organisations, similarly the London Directors' of Nursing were not meeting regularly earlier this year due to structural changes. The Project Manager has used email and Newsletters to update staff regularly as well as face to face meetings. Many of our Practice Partners, particularly within the community have also undergone significant structural changes to their organisations this year.

Non – NHS London Commissions

The University of Hertfordshire, Buckinghamshire New University, the University of West London and Kingston University and St George's, University of London and the University of Greenwich in addition to NHS London commissions have commissions for undergraduate nursing programmes with other LETB's and these include Health Education East of England, Health Education South West and Health Education Kent, Surrey and Sussex.

These universities have kept these LETB's up to date with the development of the PLPAD and each have included within their implementation plan their approach to implementing the PLPAD to students who are commissioned outside of London.

Scoping of nine Universities Practice Assessment Documents

The Project Team devised a template for each AEI to undertake a SWOT analysis of their Practice Assessment Documents. Each University's PAD was scoped and the details presented to the Steering Group as a summary. The Project Team recognised the considerable work which all Universities had undertaken to develop their existing PAD's and all had different strengths. There were wide variations – 3 year PAD's, 1 year PAD's with separate Ongoing Achievement Records, some based on NMC Essential Skills, others on generic and Field Specific Competencies.

Core components of the PLPAD were identified by the Project Team with additional elements and the Project Manager devised a Criteria Weighting tool for each AEI to complete, where individual universities could rate what was most important to them. This

was difficult for some AEIs to complete as staff that developed their PAD were no longer employed by their University. However this was a useful tool as a basis for negotiation and discussions to get agreement on the core components of the Pan London PAD.

Components of PLPAD

In March 2013, all universities agreed the Core Components of the PLPAD would be as follows:

- The Practice Assessment Document would be the same for the BSc, PG Dip and MSc (Herts) and each year would be referred to as Part 1, Part 2 and Part 3 with different Progression Points
- The student will have a PAD for each Part and an Ongoing Achievement Record for the duration of the Programme. This is change for those Universities which have 3 year PAD's.
- Part 1 is a generic document for all 4 Fields. When universities print the PAD, the front cover will relate to the Field which the student is enrolled on as this enables them to identify with their Field from the start of the Programme.
- The PLPAD would be Field Specific in Parts 2 and 3.
- The assessment of Professional Values in Practice would be strengthened in the PLPAD and these would be assessed at the mid-point and end-point of every placement.
- The assessment would be based on Pan London Essential Skills and Field specific competencies would be integrated and/or mapped within the documents. The NMC Essential Skills have been used as the basis for the PLPAD but these have been developed to "reduce" the number of Essential Skills by mapping to the Professional Values and mapping skills and competencies.
- Holistic assessments have been developed and are in Parts 1, 2 and 3 with an additional practice assessment in Part 3 for medicines assessment.
- Service User Feedback to be developed and included.

Variations within the PAD

- To accommodate the flexibility required with the varying university academic regulations the PAD for all AEI's will have 2 pages of Pan London guidelines followed by specific guidelines for each University.
- Pan London Essential Skills – a flexible template has been developed to enable each AEI to use this according to their academic regulations and placement pattern.
- Middlesex University and Buckinghamshire New University grade practice. Their grading of practice is incorporated into their PADs only.
- Mentor UID – this is a unique number which Kingston University and St George's, University of London use and will be included in their PAD only. This was previously commended by the NMC.

Engagement with Stakeholders

From the early stages of the Project, the Project Team has engaged with multiple stakeholders across the London Region. The Project Team attended the following:

- Joint Practice/Academic Meetings in Universities which host these meetings
- Meetings with student groups

- Attended Mentor Updates to meet with mentors or specifically organised meetings in some Trusts to meet with mentors
- Meetings arranged with Practice Staff in Trusts who have responsibility for Pre-Registration Nurse Education
- Project Team hosted meetings with Assistant Directors of Nursing to develop assessment of Professional Values
- Service User Workshop – Project Team hosted a workshop to consult with Service Users and develop the template for “Service User Feedback”
- Workshop 1 in March and Workshop 2 in April to develop the document with academic and practice staff, mentors and students attending
- Field Specific Steering Group Leads liaised with Field Specific Reference Groups to develop the field specific elements of the PAD.
- Preview Events of the PLPAD held, one in each LETB for academic staff, practice staff, mentors and students to attend.

Stakeholder Groups	Numbers
2 x Workshops	170
3 x Preview events	130
Academic Staff	291
Practice Staff	221
Mentors	318
Students	212
Service User Workshop	3
TOTAL number	1,345

Survey Monkey

To widen consultation in the development of the PLPAD the Project Team devised 10 questions for students and mentors using survey monkey.

Student Survey =

- 613 started, 395 complete = 58.7%

Mentor Survey =

- 650 started, 340 complete = 52.3%

Feedback from Practice Staff, Mentors and Students confirmed that they found existing PAD's too “wordy”, they were complex and took too much time to assess students and that having multiple PAD's for different universities was confusing and time consuming for mentors. There was considerable support for the development of one practice assessment document.

In addition to the above, staff have been kept continuously informed via PLPAD newsletters, emails and being able to feedback and comment on various versions of the PLPAD during its development. The Project Team and Steering Group cascade communications via various networks and email lists.

Ongoing engagement with Stakeholders

Members of the Steering Group and Project Team have been invited to Trust Mentor Updates and Annual Conferences. These are excellent forums for disseminating to staff information in relation to the new PLPAD, getting feedback and “trialling” the new documents

Document development

The Project Team and Steering Group developed assessment templates for Stakeholder workshops held in March and April. Group work enabled the discussion of content within the PAD including grade descriptors, holistic assessments, service user feedback and clinical skills.

Following the April Workshop, Field Specific Reference Groups were formed and the Field Specific Leads developed the Field Specific Content with regular feedback from the Field Specific Groups.

Service User Workshop: The Project Team facilitated workshops with Service Users employed by South Bank University representing all four fields. In conjunction with the Project Team they developed the Service User template. The Project Team showed the Service Users a variety of feedback forms and they did not understand the “language” being used. They felt strongly that lay language should be used that is easy to understand by patients/service users.

Pan London Preparation

The Project Team and Steering Group are developing a unified approach to preparing practice staff, mentors and students with a power point presentation to be used at various events, flyers and marketing material. Following validation, the Steering Group plan to have a launch event for the first Pan London Practice Assessment Document.

Pan London Mentor Handbook

A Pan London Mentor Handbook has been developed which it is intended to be accessed online by mentors. This gives examples of how the document works in practice and includes examples of best practice.

Pan London Mapping

The Project Team have undertaken extensive mapping within the PLPAD. The NMC Standards and Competencies and Essential Skills within the Standards for pre-registration nursing education (NMC 2010) have been comprehensively mapped. Details of the Pan London mapping are documented in the Pan London Mapping documents.

Annual Monitoring Meeting

The Steering Group intend to have an Annual Monitoring Meeting each year where the PAD will be reviewed in light of feedback from students, mentors and practice partners as well as service users and any minor changes agreed going forward for the September intakes/print run of the PLPAD.

Summarise: development of 1st PLPAD

Given complexity of London, unable to change AEI regulations etc, we have developed a tool that is flexible (PL skills template) to meet the standards and competencies of the NMC to enable the nurse to be fit for practice at point of registration.

Acknowledgements

- Pan Wales team
- Pan Yorkshire team
- Pan Manchester team
- Practice Partners, academic staff and students who have assisted us.

Appendix 2: D Prof Programme Approval Letter



Katherine Wilson
XXXX
Barnet
XXX

12 October 2022
Ref: DPS/LetPAPapp

Dear Kathy,

Programme Approval

MProf/DProf Candidate Number: M00434812

Following your satisfaction of the conditions made by the Programme Approval Panel of the Masters/Doctorate in Professional Studies, I am pleased to inform you that your programme has now been approved. I confirm the following details, which will be registered with us:

Programme Title: Doctor in Professional Studies (*Education in Practice*)

Project title: *Effectively managing the challenges and opportunities created by the development and implementation of a pan-London assessment tool for nursing students*

Modules to be completed: DPS5360

Project Ethical approval given at PAP board 10th February 2014

The above degree title is what will appear on your certificate if you are awarded so please check your degree and project title and let Stephen Watt (s.watt@mdx.ac.uk) know if they are incorrect.

You are requested to publish your 300 word DPS4561 project summary by posting it up on the ejournal at wblejournal@mdx.ac.uk

Please note that the fee for the Doctoral project is charged annually with the fee being due from the term you are registered for your project.

Now that you are moving into Part 2 of the Programme and the completion of your project work, your consultant will play a more important role. You are entitled to 18 hours of consultancy per year. This includes face to face meetings, and reading and commenting

on drafts of work. These hours are normally split between your consultant and your adviser, with more of the allocation given to your consultant (for example, 10 hours to consultant, 8 hours to adviser). You should liaise with your adviser to negotiate the most appropriate division of hours.

Yours sincerely

A handwritten signature in black ink that reads "Stephen Watt". The signature is written in a cursive style with a large initial 'S'.

Stephen Watt
MProf/DProf Programme Administration Manager
IWBL

cc. Candidate's adviser and consultant Enc: Assessors' comments

Appendix 3: A review of the Evaluation of Placement Learning Process –

Proposal Evaluation of Placement (Nursing)

Evaluation of placement is paramount to understanding student learning in practice and in promoting a positive experience. It can also act as a tool to encourage student reflection on their own learning and encourage mentors to critically review their teaching role. Evaluation forms a central part of the quality management processes with both the HEI and partner placement providers having equal levels of accountability.

Proposal:

To continuously monitor and enhance practice an evaluation process needs to involve several different aspects. The overall approach must be underpinned by an open communication process whereby students feel comfortable to raise concerns / issues as they arise and can feel confident that these will be addressed promptly and effectively. It should also reflect a commitment to partnership working with all stakeholders having a clear understanding of their accountability.

To effectively capture and respond to student feedback on their experience the following 3 stage process is proposed, in addition to current informal processes.

1) Ongoing Feedback through Student Fora

Student fora which are managed by the Clinical Placement Manager (involving a member of the link team where possible) should be planned to allow for discussion of the student learning experience at regular intervals during the placement allocation. As a minimum an evaluation focused forum should occur at approximately the midpoint during the student allocation period (the midpoint might not always be a realistic expectation for all students, particularly with students on different programmes and from different HEI's). It is acknowledged that some organisations will manage this more frequently.

The following questions should be posed.

- What is working well on your current placement regarding your learning experience? – a prompt regarding their key interviews could be given to ensure they have planned learning opportunities and regular feedback.
- What do you feel could be improved to enhance your learning experience?
- Is there any aspect of your experience or the care practices in the area that you would like to explore further? (Students who answer yes should be advised to speak privately to the CPF or LL or to contact pblu@mdx.ac.uk)

The CPM will summarise key areas raised in a brief report (bullet points) and identify an action plan to address any areas of concern and copy to PBLU. PBLU staff will inform the relevant Link Lecturer and Institutional Link to enlist their support for the ward team and keep a record that will feed into the biannual education audit.

2) End of Placement Evaluation

Mentors are to continue to seek placement feedback as this is good practice. The importance of evaluating the student experience needs to be incorporated into annual mentor updates. The evaluation form will no longer be incorporated into the student assessment documentation and so placement organisations can develop their own approach though areas need to familiarise themselves with the HEI tool to avoid too much repetition. On completion of the placement students will be sent a reminder from the HEI to complete

their online placement evaluation form. The importance of students engaging in this process needs to be emphasised as part of placement preparation and consolidation. This feedback is analysed by the PBLU team and a report generated. Any concerns will be immediately highlighted and returned to the CPM, LL and ward manager within 3 weeks (this depends on the nature of the concern as patient care issues will be addressed with immediate effect). A report for the overall trust will be generated and disseminated every 8 weeks – i.e. approx. 5 reports per year.

3) Student Reflection on their Learning

All students are invited to reflect on their learning experience in practice by the programme / module leader. This is to encourage students to take responsibility for their learning and to share effective practices. If students have not completed their online form they will be encouraged again to do so. The following questions are proposed:

- What was the most positive aspect of your learning experience?
- Was there any aspect of the experience problematic and have you raised this in your evaluation (again all students should be reminded to escalate concerns as per the NMC process and to raise issues in a timely manner).
- How did you participate in your own learning?.
- What might you do differently in the future to enhance your learning experience?

The group facilitator should record key themes and report these to PBLU.

There is an intention to develop an evaluation form for mentors to use to critically reflect on their own approach to the students learning and assessment which could form part of their triennial review process.

Appendix 4 Critical Reflection at the end of Cycle 2.

What	So What	Now What
Mentors and students appear familiar with the key interviews and the main sections that require completion.	Preparation and guidance has been effective and a large number of stakeholder had some preparation in a short period of time. However aware that this will only be a small percentage of mentors who have used the document to date and so preparation needs to be sustained.	Continue to liaise with all the educational leads in practice and Link lecturers and emphasise the importance of providing regular workshops.
Level of evidence provided by mentors for achievement of professional values often missing or very generic. Midpoint interviews not always completed in a timely manner – i.e some completed only one week prior to final interview	Feedback is crucial aspect of student learning and lack of this may impact on the student understanding their strengths and areas for development. Mentors not understanding the need to do a mid-point which is crucial in identifying areas for improvement	Plan and execute a 'mentor conference' and extend invite to all NHS and non NHS partners to participate and share experiences of assessment and learning I practice – 100 places offered. Link lecturers invited to participate in planning and facilitating the event in liaison with PBLU
All Essential Skills Clusters completed in some placements in both Part 1 (Y1) and Part 2(Y2).	If all 31 essential skills completed on one placement the quality of the assessment and learning must be questioned. It is not pedagogically sound to achieve so much in a 4-6 week placement. This would be very superficial learning it would not be possible for students to have the opportunity to observe and practice the skill prior to an assessment.	Prepare a newsletter outlining positives from initial implementation but also highlighting areas that need to be enhanced Since this was a relatively small number it was agreed that the link lecturer for the placement areas highlighted needed to be informed so that this could be addressed locally. The impact of completing all in one area needed to be highlighted within the newsletter as well as in student and mentor preparation / updates.
Additional pages in the PAD to capture the feedback from other healthcare professionals such as the occupational therapist or dietician were being utilised by the staff and students in the Y2 of their programme but less so by Y1 students. However the pages introduced to capture daily feedback from other nurses that the students may be working with were being completed by very few students.	The purpose of introducing these pages was to encourage learning from others and thereby extending the opportunities as well as the range of feedback to support learning. Second year students were familiar with the concept of seeking opportunities and feedback from other healthcare professionals as this formative learning tool had been part of their previous assessment. When discussing these feedback sheets and the underpinning philosophy with students it was obvious that they did not understand that other nurses could add comments and the instructions on the top of the page were unclear.	Emphasise to link lecturers and amend the mentor prep to include reference to this. Feedback to FMT and QRM Again LL and FMT/CPF etc Feedback to pan London group to change instruction in document and the mentor guide. Re-emphasise the potential values of these formative learning experiences at updates and student preparation sessions.

<p>In the main students appear to be undertaking their self-assessment at both the mid-point and final interview.</p> <p>Students have reported that they don't feel the grade awarded is a true reflection of their performance. Some students are reporting that mentors will not award excellent – particularly year 1 as mentors report to them that they don't think that it is achievable.</p> <p>Analysis of grades and feedback from QMPPA reflect - there is a lack of progression from midpoint to final grade and mentor feedback does not always reflect the grade awarded.</p>	<p>The issues regarding the awarding of certain grades to students at certain points in the programme has been raised previously and this has been reemphasised in mentor updates.</p> <p>In discussing the issue further with a group of year 3 students completing their programme I got a sense that the majority expected to receive excellent but did not appear to be able to articulate why.</p> <p>There is an obvious need to explore this particular area in more depth to gain a better understanding of student and mentor perceptions and explore what is guiding their decision making. This is a lens through which I can also view learning in practice as a whole.</p>	<p>Review the grading criteria with the programme team to identify where this can be strengthened so that staff assessing students can understand the range of grades available and that the full range can be awarded at any level.</p> <p>Organise focus groups with students and mentors explore their perspectives and gain a better understanding how grading is being perceived and use.</p>
<p>Placement evaluation of practice is mainly completed at the end of the placement and so hard data on the student evaluation of placement learning is not available</p>	<p>There are reports that students feel uncomfortable evaluating their learning experience with their mentors and are not fully honest if they have areas of concerns. There are anecdotal reports that students are concerned about being failed if they provide negative feedback about their placement.</p>	<p>Review placement evaluation process -more accurate information regarding grading and feedback needed.</p> <p>PBLU to take a lead on the facilitation of the preparation for and consolidation of practice –need a better view of what is happening and closer working relationship with programme teams to support them.</p>

QUALITY MONITORING
OF PRACTICE PLACEMENTS ASSESSMENT MEETING
11 June 2015; 10.30 – 12.30
MINUTES OF MEETING

1.	Present and apologies
	<u>Present:</u> (participants names removed)
	<u>Apologies:</u>
2.	Recordings of meetings
	Consent was given to record the meeting.
3.	Confidentiality Issues
	The panel was reminded about confidentiality of matters discussed.
4.	Terms of Reference
	Terms of Reference revisited.
5.	Moderation process/discussion on specific cases
	A random sample of Adult, Child and Mental Health part 2 PADs were printed in preparation for the meeting. Members worked in groups of two and looked at documents completed in their own Trusts/Organisations, whenever possible. 10 PADs were reviewed including two that contained documentation from both placement 1 and 2. Feedback was given against the form attached below:
	Several examples of good practice were highlighted where documentation was completed in great detail and an effective student-mentor relationship was evident. It was noted however that some of the remaining documentation did not include all parts required for submission i.e. OAR, essential skills assessment pages or list of mentors.
	<u>Orientation:</u> The orientation has been completed in all the documents the panel analysed. x5 orientations were completed on day 1, x3 on day 2, x3 within a week and x1 took longer than a week to complete. All required signatures and dates were present in x10 assessments, a couple of student's signatures were missing in x1 assessment and x1 had a single mentor signature and date across all the rows.
	<u>Initial interview</u> All section of the initial interview were completed in 12 assessments however in x3 all three sections were filled in by the student. Panel confirmed that in all 12 assessments learning plan was appropriate for year 2 student but in x3 more detail was required. Examples highlighted by the panel: -learning plan appropriate for part 2 student

*'Learn how to assess patient using ABCD approach
Learn and gain knowledge of medication commonly used in area
Understand the pre-, current and post cardiac arrest interventions, medication and care.'*

-student and mentor comments were well connected throughout the sections
Student to identify learning and development needs:

'(...) Assessments: experience and knowledge of completing (...).'

Mentor to identify learning opportunities:

,'Sitting in and observing assessments i.e. case reviews, CPA assessments'

Mentor and student to negotiate and agree learning plan:

,'Sitting in on case reviews – within 8 weeks of placement

To familiarise with care plans/risk assessments – 1st 4 weeks

With support write up care plans/risk assessments – 8 weeks (...).'

- specific learning objectives:

'Diabetes: with special emphasis on DKA management

Bronchiolitis/viral induces wheeze: care of a child with severe difficulties in breathing

Triage: learn how to assess a child (ABCDE assessment) and become more independent.

RESUS: assist to situations of resuscitating of a critically ill child'

- more detail required

,'Spent time with other disciplines i.e. social worker psychologists (etc), spend time in wellbeing clinic + depot + clozaril, to book sessions. Carry on working on physical health issues.'

Mentor and student to negotiate and agree a learning plan:

,'X will work alongside mentor /co-mentor for the majority of her placement and will look at required skills on a daily basis to ensure these skills are practiced and where possible these will be achieved (...).'

or

Mentor and student to negotiate learning plan.

'As above'.

Professional values

Panel confirmed all professional values had been achieved at the final interview x12 and all were applicable to the placement. Statements were signed and dated as required in 11 assessments but most mentor signatures were missing in x1. All values were applicable in each placement area. Evidence was completed for all values in x10 assessment but in most comments were a repeat of the statement or very brief i.e. *'nil concerns'*. x1 assessment the comments seems to have been completed by the student but mentor signed and dated as appropriate. Comments section was not filled in x2 assessments.

Mid-point interview

Again all sections were completed in all 12 assessments.

Several excellent examples of a very good comments by both student and mentors with clear examples what student has achieved/done so far i.e.:

Student self-assessment:

,'(...) I feel a lot more confident with communication with MDT, service users and their families. I have given /taken handover several times and feel I am improving. I have given drug administration and feel confident administering to service users.

I also understand why and what medication is given to them.(...) I understand how and why we do risk assessment and care plans however even though I feel confident writing a care plan I feel I will improve further the more care plans I write.(...)'

Mentor comments:

Knowledge and understanding

'X has demonstrated a good understanding and knowledge in relation to drug administration. He has been doing drug administration with supervision. He learnt the importance of giving medication safely and effectively. (...)

Professional attitude

,X conducts himself in a polite and professional manner. He engages/communicates well with all members of multidisciplinary team, service users and carers. He is always conscientious and always tries his best to meet each service user needs.'

however some of the comments were too brief and general:

Mentor comments /knowledge and understanding:

'X does have the basic knowledge and understanding but is keen to progress and has shown willingness to learn'

Learning and development needs were completed in x12 assessments but in x4 assessments both sections were completed by the student. Mentor comments /suggestions were appropriate /helpful for the student in x6 of the assessments i.e.:

Student *,Build more confidence while undertaking nursing skills'*

Mentor *'X will be given opportunities to work within the MDT (...) and can spend time with the learning their roles and gain an understanding of how they carry out assessments'*

or

Identify learning needs

'Confidently and competently document events in patients notes'

How will they be achieved:

'Allocate X her own students and encourage autonomous practice'

or

Identify learning needs

'Continue to practice wound care and dressings with aseptic technique'

How will they be achieved:

'Spend time with tissue viability nurses and practice wound dressing on the ward'

Comments were linked with student's identified learning objectives in x5 of the assessments:

Initial interview/Student to identify learning and development needs:

'Diabetes: with special emphasis on DKA management'

Mid-point interview

Identify learning and development needs?

,Develop diabetes knowledge'

Identify the learning opportunities/support to enable the student to meet the needs:

'Day with Diabetes team 20/11/14. Attend DKA resus call'

or

Initial interview/Student to identify learning and development needs:

'(...) Medicine management (administration, storage, recording and legal rights (...))'

Mid- point interview/ Identify learning and development needs?
'Be able to relate commonly used medication to patients diagnosis as well as I identifying possible side effects from patients point of view as well her own observations'

Identify the learning opportunities/support to enable the student to meet the needs:

'Read and research more information about anti-psychotic mood stabilizers antidepressants, their side effects and how to respond when this has been identified drug. Continue ward rounds. Take opportunity to administer depot if patients consent to. Attend clozapine clinic.'

Final interview

All sections were completed as required in x10 assessments.

Essential Skills were completed in x8 assessments but in x1 some were signed incorrectly.

X2 students were unable to complete certain skills due to unavailability at a particular placement area. This was documented appropriately by mentor. Essential skills section was not submitted with x4 assessments. Learning and development section was completed in x10 but these did not include future developmental needs in x2 . In x4 assessment this section was filled in by the student

Examples of comments /suggestions appropriate/helpful for the student:

Review learning and development needs id at the midpoint interview and those to take forward to the next placement:

,There is still room for improvement in areas of legal and ethical principles that guide and underpin core delivery in Mental Health such as Mental Health Act 1983 and how to link up with community services to support recovery to further develop knowledge and skills in recognising key signs and symptoms of types of mental health illnesses related psychiatric treatment plans, including risk assessment and risk management plans within the MDT framework.'

Grading of practice

Panel confirmed mentors and student were aware how to complete this section correctly

and grades ranged between good and excellent. Progression from mid-way to final was evident in x7 documents but in 1 of the assessments grade was 'excellent' at mid-way hence there was no room for progression. In x4 assessments grade given at final was the same as at mid-way. Drop in grade from mid-way to final was highlighted in 2 assessments but mentor comments did not justify this. Mentor comments justified the grade offered only in x2 as some comments were too general or unrelated to learning plan.

On the whole students graded themselves lower than mentors and in one example the student was particularly critical for themselves and self-assessed as 'good' whilst mentor thought they were 'excellent' and the documentation provided supported this.

Service user feedback

Positive service user feedback was included in x6 documents.

Examples of the comments received:

'The nurse was very attentive and listened to us.'

'I like it when X had one to one with me. It helped me'

'X was very friendly and professional when dealing with me and any needs

Record of additional learning opportunities:

<p>Submitted with x1 PAD which included x2 placements - x4 records completed in placement 1 and x3 in placement 2, all in great detail. Examples of the learning opportunities accessed: Outreach work with community psychiatric nurse Visit to electro convulsive therapy Shadowing Mental Health worker DNA Audit Crisis House Music Therapy</p> <p><u>Record of additional clinical skills</u> Completed in x2 documents. Examples of skills described:</p> <ul style="list-style-type: none"> - Depot injections - Depot clinic - wellbeing course - Observing ECT on a service user - Psychologist session <p><u>Student reflection on episode of care</u> Completed in x3 assessments one of which contained x3 very detailed episodes of care.</p> <p><u>List of mentors</u> List of mentors was present in x5 documents</p> <p><u>Record of additional meetings/additional feedback</u> Records were included in x3 documents</p> <p><u>OAR:</u> Ongoing achievement record was submitted with x9 assessments and was fully completed in x7. Some of the information was missing in x2 and included 'type of experience, and telephone/contact details.</p>
<p>6. AOB Discussed new online student evaluation process. Has been piloted with a group of student and will be implemented in the next academic year. Link will be sent to Placement Facilitators for information.</p>
<p>7. Health & Safety No issues raised.</p>
<p>8. Equal Opportunities No issues raised.</p>
<p>9. Future meetings 15 October 2015; 10.30 – 12.30 26 February 2016; 10.30 – 12.30 15 June 2016; 10.30 – 12.3 Venue to be confirmed.</p>

Thank you to everyone for all your hard work and commitment to QMPPA.

Appendix 6: Paper proposed by PBLU outlining a learning activity to enhance understanding of feedback in assessment (May 2016):

The practice based learning team have access to a rich source of assessment data that is accessed and reviewed as part of the Quality Monitoring of Practice Assessment Panel (QMPPA). Membership of this panel include senior practice staff, usually the Clinical Placement Facilitators (CPF), practice educators and academic staff.

We explored the notion of using this experience and the rich data to create an interactive learning resource for use in mentor conferences, updates and the mentorship preparation programme to better support debate about the nature and value of feedback and seek to promote deeper learning.

There was overwhelming consensus that using anonymised feedback to support mentor learning would be very effective so we are proposing the use of a structured framework and began by revisiting the available literature to explore established models to support this development.

One of the most commonly cited models to support feedback to students in the mentorship literature is a framework presented by Duffy (Duffy 2013) which is adapted from the work of Walsh (Walsh 2010). This framework is purported to support the provision of constructive feedback. This is also the model that is incorporated into the teaching material for the mentorship module delivered at Middlesex University and so familiar to many.

The model proposes that effective feedback should:

- | | |
|---|---|
| <ul style="list-style-type: none">• Invite self-assessment.• Be positive.• Be balanced.• Be timely and expected.• Be open, honest and objective.• Be thorough. | <ul style="list-style-type: none">• Be clear and specific.• Be motivating.• Be private.• Be unhurried.• Invite feedback.• Be recorded. |
|---|---|

Framework for constructive feedback (Duffy 2013)

Many of these elements identified above are important to highlight to mentors when they are planning on giving feedback in a practice settings, however when deciding on a

framework to use to evaluate and analyse written feedback there were certain elements that were deemed unnecessary.

For example 'Being private', 'unhurried', 'being expected' are all crucial elements when preparing and managing feedback in a practice settings and whilst these are continually emphasised they were unnecessary in a framework for evaluating the quality of completed feedback.

In exploring how we could use the rich source of data we review at QMPPA we came to the agreement to develop this a resource that could be used an interactive learning activity in an attempt to challenge thinking and change behaviour related to student feedback.

The following categories have been identified to be used as a framework to analyse the student feedback as a tool for facilitating learning that includes the overarching criteria and guidance for the user in terms of what they should be looking for. The following areas have been identified:

- Positive and motivating
- Clear and specific
- Balanced
- Justification for Grade
-

These are further explained in Fig 1 below:

Criteria	What to expect?
Positive and motivating	Comments that identify student strengths Aspects identified that the student can aspire to achieving in the remainder of the placement are identified – either in comments or in the learning and development needs plan Any negative comments are written sensitively with clear supporting comments re how to achieve – i.e. defined opportunities that are realistic and achievable.
Balanced	A range of knowledge, skills and attitudes identified Comments reflect the grade awarded Learning and development needs are realistic for the level of student and length of placement
Specific and suitable	Presentation of feedback is clear and easy to read Comments link to the student initial objectives Avoidance of vague comments – such as doing well and will make a good nurse. Final comments reflect development from mid-point feedback

Justification for Grade	Do the midpoint and final grade show progression or are they the same? Do the comments reflect the grade criteria to support student understanding
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Appendix A : Grid to Support Assessment and Feedback Exercise:

Assessment Number:

- 1) Explore the midpoint assessment and comment on the feedback given by the mentor (each group will have only one set of feedback to analyse)

Criteria	What to expect?	Comments
Positive and motivating	<p>Comments that identify student strengths</p> <p>Areas identified that the student can aspire to achieving in the remainder of the placement are identified – either in comments or learning and developing needs</p> <p>Any negative comments are written sensitively with supporting comments re how to achieve.</p>	
Balanced	<p>A range of knowledge, skills and attitudes identified</p> <p>Comments reflect the grade awarded</p> <p>Learning and development needs are realistic for the level of student and length of placement</p>	
Clear and Specific	<p>Presentation of feedback is clear and easy to read</p> <p>Comments link to the student initial objectives</p> <p>Avoidance of vague comments – such as doing well and will make a good nurse.</p>	
Grading	<p>Do the midpoint and final grade show progression or are they the same? Maybe the final grade is less than the midpoint grade?</p>	

- 2) Explore the final comments by mentor....

Do they demonstrate progression and achievement by the student both in terms of feedback and grade?

- 3) What have you gained in terms of your learning and development by exploring this assessment feedback?

Appendix 7

RCN Conference : March 2016 - Sample of Slides

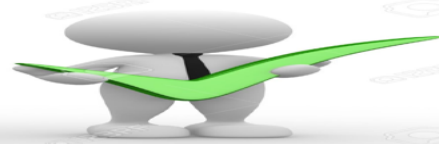
Appendix



QUALITY MONITORING OF GRADING IN PRACTICE

Kathy Wilson
Nora Cooper

RCN Conference



- Boore and Deeney (2012) suggest a pass / fail system simplifies what is a complex assessment.
- Johnson (2007 and Andre (2000) argue that grading provides motivation to perform better.
- Glover et al (1997) 'not to grade practice devalues an important aspect of their education

Donaldson and Gray (2012)

- Not compatible with principles of competency based assessment
- Leads to increased anxiety, a sense of failure and demotivation
- Leads to 'Grade Inflation'

DOCUMENTARY ANALYSIS

272 students completed: 41 PADs = 15%

Excellent		Very Good		Good	
• 31.7%		• 48.7%		• 19.7%	
Progress from Midway to Final					
No			Yes		
28/41 = 68.29%			13/41 = 31.7 %		
Mentor = Student Grade					
9/41 = 21.9 %			31/41 = 75.6%		

FOCUS GROUP FINDINGS- MENTORS

Positives

- *I think compared to pass and fail then grading is more accurate for the student as not all students are the same, it is fairer for the student....*
- *I think it is a good way of showing the difference between them. If you say pass / fail you are not saying how good they are it's a good way of differentiating between them.*

Challenges

- *depending on who is gradingwhether the student gets good / very good or excellent*
- *students can focus on getting the grade they want or need and not on what they need to learn.*
- *this is a challenge ... with some staff saying how you can't be excellent as this is just your first year.*

FOCUS GROUP FINDINGS- STUDENTS

- *I think it is massively beneficial to be graded in practice. You know where you are at and where you need to perform and what's expected for you and what you can improve on.*
- *I find the academic stuff really really hard but I am good at the practical stuff but if that was taken away from me that wouldn't be good as I am getting excellent in practice*

FOCUS GROUP FINDINGS- STUDENTS

- *It was the same for me yes, the mentor said ' you are very good but I can not grade you as excellent because you can not be excellent like me*
- *I noticed that different mentors come from different perspectives of what they expect of you and they are not always clear about their expectations or what they expect of you to achieve.*
- *I just had a placement with a student from another university and they don't do grading at all and I actually think that she had a much more relaxed time throughout her placement. I needed to keep pushing myself all the time and she was just relaxed and I needed to work harder because of the grading.*
- *I just don't think they always recognise how hard we work to get the grade*

Appendix 8 : Proposal for the Development of a Centre for Practice Learning



Proposal for the Development of a Centre for Practice Learning **Background and Context**

On behalf of Health Education England, staff within the School of Health and Education, Middlesex University, have successfully led on a number of projects related to mentorship, practice learning and the development of student nurse placements in primary and community care over the past two years. On the strength of this work staff were awarded further funding from HEE to lead on developing and enhancing current practices across NCEL and more broadly in utilising their knowledge and expertise to set up a Centre of Excellence for practice-based learning.

Nursing and midwifery education are in a period of unprecedented change and the importance of focusing on the nature and quality of practice learning has become an increasing priority for education institutions, care delivery organisations and policy makers. The Francis Report (Francis 2013) and the Shape of Caring report (Willis 2015) highlight challenges related the practice learning, and the need for nurses to have the knowledge and skills to undertake more flexible roles. As part of the consultation process for the new pre-registration nursing standards there is acknowledgement of the 'radical and continuing demographic, healthcare and societal changes' as well as the 'increasing requirement for nurses to have higher order knowledge and skills at the point of registration (Macleod Clarke 2016).

The development of new service delivery models and the strategic vision set out in the North Central London wide sustainability and transformation plans (STP's), the evolving apprenticeship routes to registration, workforce issues and the proposed introduction of new standards for nursing and midwifery education all impact on the education of our current and future health and social care workforce.

Rationale for Centre development

The immense changes to nurse and midwifery education and the ongoing transformations to health and social care have created challenges and uncertainty but also opportunities for our staff within the school to embrace change and expand on our strengths and expertise in this area. Through the formation of a Centre we seek to nurture the current passion for practice learning by empowering and developing our staff. We have a long and established record of positive partnership working, successful Erasmus exchanges, research and innovation that we wish to promote and publicise more widely.

Through demonstrating our commitment to practice learning and accomplishing our desire to be recognised as experts in this area we hope to then positively promote Middlesex as a first choice institution for students where they will be given the opportunities to gain critical employability skills leading to successful employment. This explicit focus on practice learning reflects the key aims of the new Middlesex University strategy, creates a positive appeal for new recruits, both staff and students and promotes opportunities for developing and enhancing effective and essential partnership working. Furthermore this period of

unprecedented change has identified a need for leadership and direction at both a local and national level on practice education issues. Through the development of a Centre we will create a primary hub for practice learning and utilise our expertise to support individuals trying to navigate the continual flow of new information and policy development. Conducting sustained and positive contributions to the relevant national and international debates related to practice learning should position us as a respected authority on this crucial component of professional practice.

Vision:

To capitalise on current accomplishments and expertise and position ourselves as leaders in practice learning at a national and international level to generate new knowledge and tools for practice learning.

Mission:

- Endorse our commitment to practice learning and the promotion of high quality learning experiences for our students
- Capture our strengths and achievements to demonstrate the value we place on practice learning for our students and those who support their learning in practice.
- Become a valued and credible source of best practice within practice learning and be regarded as the centre for excellence.
- Inspire and promote research and development that will create new knowledge and inform best practice.

What is the Centre there to do?

- 1) Affirm and enhance practice learning within the school aligned to nursing and midwifery education to the benefit of our emerging diverse group of learners and staff.
 - Create a community of practice to innovate, research and disseminate good practice.
 - Inspire curriculum developments which demonstrate the value of practice learning.
 - Enhance engagement and positive working with established and new partners.
 - Continue to develop our expertise of facilitating programmes that provide new routes to professional education and successful employment and career progression.
- 2) Increase the profile and prestige of practice learning within the wider school/ university community.
 - Attract and develop new relationships / partners across health and social care.
 - Inspire collaborative research and development opportunities amongst all staff involved in professional programmes by drawing of the expertise available in Social work and Education.
 - Attract increased recruitment of staff with expertise in practice learning.
 - Build on the strengths of Erasmus programme and unique opportunities for incoming and outgoing students.

- 3)** Increase the profile, prestige and influence of the work of the Centre externally
- Develop and influence policy related to practice learning at a national and international level with organisations such as the Nursing and Midwifery Council, Higher Education Academy and Royal College of Nursing
 - Enhance involvement / collaborations with external agencies/ professional bodies
 - Increase research and scholarship partners
 - Attract external funding streams at a national and international level
 - Share expertise through RKTO activities (Expert seminars/ masterclasses/consultation work)
 - Promote extended learning and development through discussion and debate via the use of technology and facilitation of workshops and conferences

Who will the Centre need to work with?

- Students and staff across the school
- Health and Social Care partners / NHS and Private, Voluntary and Independent sector partners (PVI's)
- Centres within the school and university including the Centre for Critical Research in Nursing and Midwifery (CCRNM), the Centre for Education Research and Scholarship (CERS) and the Centre of Academic Practice Enhancement (CAPE).
- MyCare Academy
- Established international partners including Erasmus partners
- HEE and the Capital Nurse Programme
- HEA and NMC
- HEI's and the Pan London Practice Learning Group (PLPLG)

Membership –

A Core Operational Group consisting of HoDs, members of staff from PBLU, the Centre for Critical Research and the Lead Midwife for Education, will act as the spine of the centre.

It is envisaged that ongoing membership will take the form of various individuals having a relationship with the Centre for short periods as they support projects

An Advisory Group will act as a “critical friend” and thus will hold the core group to account with respect to the objectives set by the Centre but will be done so in a generally supportive way. The Advisory Group will also aid in developing ideas and will critique plans and provide strategic advice where necessary.

Governance and Reporting mechanisms

- 1) Dean for Healthcare Professions, Health Education England (North London office)
- 2) Chair innovation hub for workforce transformation, School of Health and Education, Middlesex University
- 3) Centre for Practice Learning Advisory Group, chaired by Deputy Dean, School of Health and Education, Middlesex University.

Funding and operational costs:

Funding has been identified from the original project bid to release staff and administrative / technical support to set this up in the first year. In aiming to achieve a sustainable model it is proposed that the Centre will become an integral part of the departments and PBLU work and staff accessing the 'practice route' will be required to participate in and support Centre activity on a rotational programme.

Support for staff engaging in activity will be drawn from other university and school services such as the Centre for Critical Research in Nursing and Midwifery and the Centre for Academic Practice Enhancement.

STEP

Strengthening Team-based Education in Practice

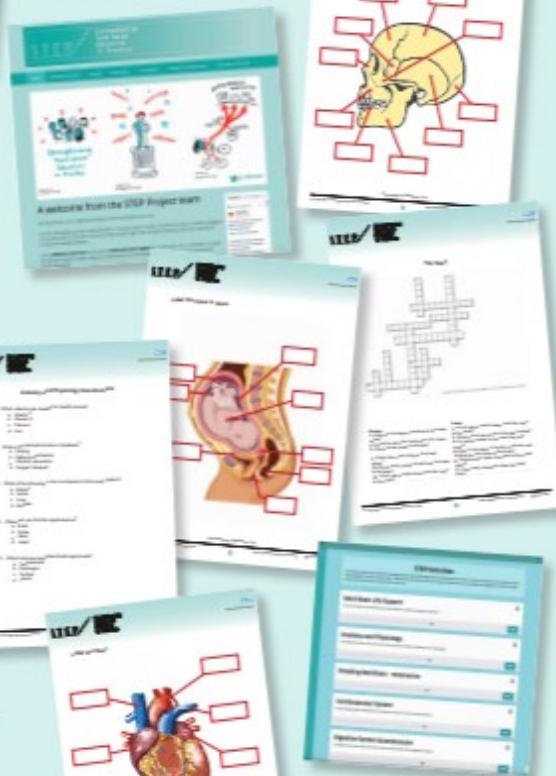


STEP (Strengthening Team-based Education in Practice) is a HEE funded research based project led by Middlesex University which aims to identify practical and best practice solutions to practice education challenges (Morley, Wilson and McDermott 2017). This has been a hugely collaborative venture involving a large group of clinical partners, students and HEI staff. There have been 3 significant outputs for the STEP project.

1 The first has been the expansion of placement opportunities, working closely with locality workforce development teams. The expansion of opportunities in these 'non-traditional' placements has led to a broader collaboration and engagement with learning opportunities than was originally anticipated.



3 The third output has been the development of learning resources on the STEP website to enhance learning in practice. The activities can be undertaken by any learner working on their own or with a group of peers to support the integration of theory and practice. This includes MCQ's, crosswords, interactive quizzes, case studies or critical reflective activities to promote expansive learning.



2 The second has been the publication of a book 'Facilitating Learning In Practice: A research-based approach to challenges and solution' detailing the work of the STEP project which focused on 5 key themes:

- Socialisation - comprehensive orientation
- The role of 'Helpful Others'
- Academic-practice partnership working
- Expansive Learning
- Student peer support/learning



The five research themes were presented to a large representation of senior nurse educators (clinical and academic) in London in October 2019 and a number of practical examples of how this research can be used to enhance practice learning were identified and explored.