# Failing underperforming students: The role of grading in practice assessment

Vanessa Heaslip*, Janet M.E. Scammell

School of Health and Social Care, Bournemouth University, Room 236, Bournemouth House, Christchurch Road, Bournemouth, Dorset BH1 3LT, UK

## ARTICLE INFO

## ABSTRACT

Nursing is essentially a practice discipline, informed by a theoretical base. It is crucial that students have a rigorous preparation in both theoretical and practical elements during their pre-registration programme. The aim of educationalists is to produce students fit for purpose and practice, but concerns have been raised internationally regarding students competence at the point of registration. There is evidence that some practice based assessors experience difficulties in failing incompetent students. Assessment of practice is often judged on a pass/fail rather than a graded basis in a number of health professional programmes. It could be argued that pass or fail provides limited feedback to students concerning exactly how well or poorly they have performed.

This paper will explore these issues through focusing on selected findings from a service evaluation of a practice assessment tool incorporating grading of practice of pre-registration nursing students from one university in the United Kingdom (UK). Using convenience sampling, a questionnaire survey was completed by 107 adult, mental health and child health nursing students (51% response) and 112 mentors (practice-based assessors) (86% response) from all nursing fields. Amongst other issues, the evaluation identified that whilst mentors valued the opportunity to grade practice and perceived that the tool enabled them to be more discerning in the allocation of pass grades, some lacked confidence in failing students. The findings are discussed in the context of the wider debate around clinical competence in new nurse registrants and it is concluded that whilst assessing 'borderline' students will always be a testing experience, grading systems may help the assessor to be more discriminatory.

## Introduction

Establishing reliable means to determine competency in healthcare professional programmes at the point of registration is a worldwide preoccupation (McAllister, 1998; Gray and Donaldson, 2009). Judging fitness to practice is challenging for mentors (practice assessors), particularly those working within health care systems where they also have competing clinical responsibilities. This factor amongst others may contribute to the failure to fail incompetent students (Duffy, 2004). It is essential therefore that the assessment tool used to judge competence is sufficiently discriminatory to facilitate fair and consistent judgements.

This paper will present an example of a service evaluation of a practice assessment tool incorporating the grading of practice. It focuses on the second stage of an evaluation of mentors and students experiences of grading practice. Whilst an overview of the project will be presented, the paper will mainly discuss findings related to mentor preparedness for assessment and managing failing students. Although the focus is pre-registration nursing from one university within the UK, the findings are pertinent to other settings and professions that assess work-based competence.

## Indicative literature

Competency based education is the favoured approach of a number of national nursing bodies (Nursing and Midwifery Council (NMC) 2010, Australian Nursing and Midwifery Council (ANMC), 2006, Canadian Nurses Association, 2010) as part of the self regulatory process to ensure minimal standards of practice for public safety. However Cowan et al. (2005) argues that there is a lack of consensus in the literature concerning the definition of competence within nursing practice. Whilst there have been a number of studies exploring competence in nursing and the role of nurse education in the development of competence in learners (Holaday and Buckley, 2008; Walsh et al., 2008; Pearson et al., 2002; Watson et al., 2002; Bradshaw, 1997, 1998; Bondy, 1983), there are no internationally agreed indicators of competence in clinical practice.

* Corresponding author. Tel.: +44 (0) 1202 961774.
E-mail addresses: vheaslip@bournemouth.ac.uk (V. Heaslip), jscammell@bournemouth.ac.uk (J.M.E. Scammell).

*Failing students*

The UK has adopted a competency-based approach to pre-registration nursing for some years. The Standards for Pre-Registration Nurse Education (Nursing and Midwifery Council, 2010) identify key competences that nursing students must achieve on programme completion. These are assessed by practice-based assessors known as mentors. A key difference between the UK experience and nurse education in other countries is that the mentor is primarily a clinical nurse (not employed by the university), who undertakes the supervision and assessment of nurse learners as one part of their professional role. Not surprisingly, this can lead to a considerable pressure for the mentor who has to balance their clinical role with that of their role as an educator. Lauder et al. (2008) acknowledges this tension and identified that when having to decide between their clinical and mentorship role, ultimately the mentors' first priority will always be to the patient. Even where practice-based teachers are employed to support clinical nurses in the teaching and supervision of learners, they also appear to face pressures associated with the assessment versus the support functions required when handling nursing students (Yonge et al., 2002). It is perhaps unsurprising that some practice-based assessors may experience difficulty in failing students whose competence is in question.

In the UK, the NMC commissioned a study by Duffy (2004) in response to anecdotal but persistent concerns about competence in new nurse registrants, a phenomenon also reported in Canada (Scanlan et al., 2001). Duffy identified difficulties in recognising failing students in a timely manner and ensuring, despite the inherent stress for the assessor, that such students failed practice when necessary. She found the issues to be complex (Table 1). Duffy suggested that there were significant practice implications of mentors' reluctance to fail students, notably the potential of compromising professional standards, patient safety and protection of the public. She concluded:

"It is inevitable that some students will not be able to meet the required level of practice and it is essential that mentors do not avoid the difficult issue of having to fail these students." (Duffy, 2004:83).

In the light of these findings, the Nursing and Midwifery Council, (2005) undertook a review of competence in newly qualified registrants. This identified weaknesses in the extant arrangements for the assessment of competence, including the impact of pressure on placements, shortage of mentors and in some cases inadequate assessor preparation. The NMC planned a three phased approach (Table 2) to address these concerns. Central to their strategy was the publication of *Standards to Support Learning and Assessment in Practice* (Nursing and Midwifery Council, 2008). These re-emphasised the critical importance of high quality mentorship within the practice area, and established a triennial review for mentors as a mechanism to ensure that mentors

**Table 1**
Reasons why mentors fail to fail students whose competence is in question.

- Lack of knowledge about the assessment process.
- Unwillingness to fail students early in their programme thinking their competence may develop with time.
- Previous mentors 'passing the buck' or giving students the 'benefit of the doubt'.
- Unwillingness to be responsible for ending a student career at the end of their programme.
- Perceived personality clashes with the mentors, undermining mentors with threats of further action.
- Misconceptions regarding whose role it is to fail the students (Clinical or University staff).

Source: Duffy (2004).

**Table 2**
Three phased approach to address concerns regarding fitness to practice at the point of registration.

- Phase 1.
  - The increased provision of practice and clinical simulation in undergraduate nursing programmes.
  - Introduction of new Standards to Support Learning and Assessment in Practice in 2006.
- Phase 2.
  - Supplementary information regarding Good Health & Good Character provided.
  - Further guidance on entry selection provided.
  - Introduction of Essential Skills Clusters.
  - Guidance on the introduction of a numeracy assessment.
- Phase 3.
  - Pre-registration Programme Review. Long (2007).

demonstrate up to date knowledge and skills. A 'sign-off mentor' role was introduced, responsible for making the final judgement that a student has achieved the required standards of proficiency for safe and effective practice. Despite these changes, Gopee (2008) asserts that some mentors remain willing to verify that students have passed practice *without* sufficient evidence of competence.

*Grading practice*

A grade involves the use of a symbol (letter or number) recognised and understood to 'convey a complex and diverse array of competencies and attributes' (Reilly and Oermann, 1992: 421). It is important to note however that whilst grading systems are more differentiating than pass/fail systems; neither is value free as they all rely on the judgement of the assessor. Arguably grading performance in practice may offer one means to enable practice assessors to differentiate more clearly levels of practice particularly in the case of failing students.

National and international concerns regarding competency in newly qualified practitioners may have contributed toward the growing impetus to introduce assessment schemes that graded student performance in practice. This issue is controversial within nursing and supporting literature somewhat limited (Holaday and Buckley, 2008; Fordham, 2005; Darra et al., 2003; Andre, 2000; Glover et al., 1997; Bondy, 1983). Two studies seem to be frequently cited as the basis for grading tools. Bondy (1983) conducted a study in the USA to investigate the effect of criteria on accuracy and reliability when assessing students' clinical performance. She identified that utilising criteria increased accuracy and reliability. However an Australian study by Glover et al. (1997) indicated that across all domains students' performance was rated higher than expected. This study also identified that some procedures were easier to assess than others (for example, practical tasks as opposed to situations that required the exercise of judgement). Furthermore the findings indicated that clinician comments did not match the marks given for the performance. This suggested an inadequate preparation for using the assessment tool and a lack of understanding about the assessment criteria.

Gray and Donaldson (2009) conducted a valuable literature review focusing on issues of grading practice in nursing and midwifery. They concluded that evidence was dominated by descriptive accounts in particular of tools and their perceived value. They concluded that the reliability, validity and effectiveness of grading of practice are yet to be proven. The authors recommended that grading practice systems should be subject to on-going evaluation and monitoring in order to build this evidence.