**Grading in Practice for pre-registration nursing students: current issues**

The Nursing and Midwifery Council (NMC) standards for pre- registration nursing education published last year, introduced the principle that by 2013 all new nursing students will need to be qualified to degree level. Changes affected both programme delivery and practice learning (NMC 2010). Some providers sought early validation of programmes to implement the new standards and across the country many nurses are now beginning their nursing careers under the new standards.

With the specification by the NMC that programme providers ensure the assessment of theory and practice learning is given equal weighting in contributing to the final award, the issue of grading practice is topical again. The grading of clinical practice became statutory for midwives in 2009 but in nursing, the performance of practice is often assessed using a non graded pass or fail.

Nursing students spend half of their time in practice and this equates to 2,300 hours. Practice is an integral part of nursing programmes, which ensures at the point of registration nurses are fit for practice and purpose. It is considered that limiting the assessment of performance to a pass or fail does not give due credit in a practice based discipline.

It is recognised that there are varying levels of performance in practice but high achieving students are not readily identified in a non graded assessment. Communication of either pass or fail limits the performance standard to either a safe acceptable standard or unacceptable standard of nursing practice. Consequently, there is no incentive for student nurses to extend beyond a basic, proficient level of practice whereas it is argued that providing a grade for practice which rewards ability and excellence will motivate students to improve their performance. From a recent pilot study introducing a grading tool in hospitals where students from the University of Southampton are placed, employers reported that they would welcome the introduction of a reliable graded practice assessment which identified those students who are high performers in clinical practice.

Whilst graded practice assessments can be useful for students and employers, introducing a grading system is not without its challenges.

In midwifery practice, grading in practice is statutory but how much of the grade contributes to their academic award is not made explicit by the NMC; neither is guidance given on how to grade practice (NMC, 2009). In nursing, under the new standards (NMC, 2010) grading in practice is optional; the type of assessments are not specified, nor the way in which credit is awarded but left to individual Higher Educational Institutions. This is problematic as it identifies that there is no national approach to grading in nursing or midwifery practice to ensure consistency and equality of the practice assessment strategy.

In addition, there is criticism of the reliability and validity of grading assessments and grade inflation whereby the grade awarded skews the final award classification (Gray and Donaldson, 2009). It is argued that the different practice environments and the huge number of mentors assessing students would make it difficult to ensure parity of marking across all assessors and all practice areas: a theme that was raised consistently by mentors within our pilot study.

To attempt to address these concerns, nursing students at University of Southampton will be graded in each practice placement using a tool based on rubrics with clearly defined performance descriptors for each level across a scoring scale.

The grading themes outlined in table 1 were developed following close scrutiny of the competency framework in the new NMC Standards (NMC, 2010). The tool has been refined over the past year following feedback from academic and practice staff and students. Statisticians are working with us to ensure we address concerns around grade inflation, reliability and validity.

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| Practice experience 1 – Professionalism in practice |
| Practice experience 2 – Communication and compassion |
| Practice experience 3 – Single patient care management |
| Practice experience 4 – Care management of a group of patients |
| Practice experience 5 – Inter-professional coordination of care |
| Practice experience 6 – Leading a team in service delivery |

Table 1

In addition, new mentor support staff seconded from local trusts are working with us to support the roll out of the new standards and specifically grading in practice. Mentors will need on-going support and development to ensure they are effective in their role supporting students in practice so that they understand the new requirements and assessment processes (see Table 2).

**Conclusion**

Grading students in practice reflects a desire to reward students for excellence and ensure the grade is reflected in their degree award, thereby acknowledging the important of professional practice. It will also provide information to prospective employers of the clinical ability of students. To attempt to identify failing students and quantify different levels of excellence in clinical practice is not without its difficulties and mentors must be properly prepared and cognisant of criticism and the challenges inherent in the grading process.

Programme providers have responsibility to ensure mentors are properly prepared and that the grading tool introduced is robust, valid and reliable so that the mark given reflects the ability of the student and is not influenced by the different environments in which the student is graded or the difference between mentors. At the University of Southampton we are trying to address these concerns.

Mentors too have a professional responsibility under their professional development requirements (Prep) and must meet the NMC standards (2006) to support learning in practice and demonstrate they have been appropriately prepared to assess performance in practice.

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| Grading students in practice | |
| Training requirements for mentors (Gray and Donaldson, 2009). | **Activities to prepare mentors** |
| Mentors need to:   * Develop an understanding and interpretation of educational terminology * Know how to accurately assess and assign grades * Know how to use the grading tools consistently and effectively * Be able to write evidence in the assessment of practice document to support the grade awarded. * Deliver effective feedback * How to deal with borderline or failing students | Programme providers have a responsibility to ensure that health professionals who supervise students in practice are suitably prepared. Therefore make early contact with the practice link person from the university or your practice educator/professional development nurse.  Ask what mentor preparation is being developed to support you.  Are there ‘grading’ master classes or targeted updates to inform you?  Form an action learning set to work with other colleagues to support and learn from each other |

Table 2

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| Stop and Think |
| Go through the list above and check that you can confidently address all bulleted points |
| If you lack confidence in any of the above areas make sure you receive appropriate training. |
| Remind yourself of your professional responsibilities as a mentor |

References

NMC (2006) *Standards to support learning and assessment in practice* London: NMC

NMC (2009) *Standards for pre-registration midwifery education* London: NMC

NMC (2010) *Standards for pre-registration nursing education* London: NMC

Gray, M.A. and Donaldson, J. (2009) *Exploring issues in the use of Grading in Practice: Literature review* Edinburgh: Edinburgh Napier University

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