



Report to NHS Education for Scotland (NES)

Evaluation of Current Practices to Involve Service Users  
and Carers in Practice Assessment in 11 Higher  
Education Institutes (HEIs) in Scotland

March 2013

**Dr Elaine Haycock-Stuart (Project Lead; University of Edinburgh)**

**Dr Chris Darbyshire (Glasgow Caledonian University)**

**Dr Eddie Donaghy (Research Fellow; University of Edinburgh)**

## Contents

<b>Executive Summary.....</b>	<b>3</b>
<b>Recommendations.....</b>	<b>4</b>
<b>Background.....</b>	<b>6</b>
<b>Update of literature post NES commissioned literature review on involving service users and carers in practice assessment.....</b>	<b>7</b>
<b>Review of current processes for involving service users and carers in practice assessment in Scotland’s 11 HEIs.....</b>	<b>11</b>
<b>Consideration of current practice in tandem with the 2010 literature review undertaken as part of the National Approach to Practice Assessment Documentation (NES, 2011) project.....</b>	<b>12</b>
<b>Clarification of criteria used by NMC (or their agents) to measure service user and carer involvement in pre-registration projects.....</b>	<b>16</b>
<b>References.....</b>	<b>22</b>

## Executive Summary

In 2010 the UK Nursing and Midwifery Council (NMC) introduced the following recommendation to Higher Educational Institutions (HEI's) in the UK who provide pre-registration nursing programmes:

*“Programme providers must make it clear how service users and carers contribute to practice assessment” (NMC, 2010).*

In response to this recommendation, NHS Education for Scotland (NES), further to commissioning a literature review (Gray & Donaldson 2010) and publishing a National Approach document (NES, 2011), commissioned this short term evaluation. The evaluation (January-March 2013) updated appropriate literature post 2010 (including NMC literature in this area), reviewed current processes in the 11 HEIs re: involving service users and carers in assessment, and interviewed representatives from each of Scotland's 11 HEIs.

### **The evaluation found the following:**

Service user and carer involvement is a concept that is valued, fully embraced and actively incorporated into Scotland's 11 HEI pre-registration Nursing programmes.

Scotland's 11 HEIs have introduced processes in their curriculum to address the 2010 NMC recommendation.

Following the 2010 NMC recommendation, recent published literature has drawn attention to the challenges of introducing this recommendation that were not present or not as challenging when addressing service user and carer involvement in student selection, curriculum design and research. Cautionary notes and questions in the literature are posed around (a) the level of evidence and the rationale for introducing this recommendation; (b) exactly how to introduce, and robustly evaluate, the 2010 NMC recommendation and (c) the terminology of the process – the term assessment should be changed to mean that the process should be one of review or comment.

An updated review of NMC literature on the proposed assessment process has shown a slight shift by the NMC with the organisation recently acknowledging the challenges of this process and of the importance of addressing this sensitively.

The challenges of the process and cautionary notes were raised in the interviews with Scotland's 11 HEI representatives and echoed the issues raised in the post 2010 literature.

HEI interviewees raised concerns about protecting unwell or distressed patients; concern was expressed about the lack of NMC guidance in introducing their recommendation; HEI representatives stated that guidance is required on developing appropriate and functional measurement tools to quantify service user and carer views on nursing students' practice skills; the HEI interviewees also noted that given power relations in the assessment process can the proposed assessment be genuinely meaningful? HEI interviewees were unanimous in believing that the process should not be called assessment – it should be either comment or review.

Guidance on how to operationalise and reliably evaluate Nursing student practice by service users and carers in a meaningful way, and to the benefit of all key stakeholders involved, requires greater consideration.

A more precise clarification regarding the purpose of, and the way in which, Nursing students' practice skills are to be addressed and measured by service users and carers are required following the initial 2010 NMC recommendation.

## Recommendations to the National Strategic Group for Practice Learning for Scotland.

The 2010 NMC recommendation “*Programme providers must make it clear how service users and carers contribute to practice assessment*” has raised a number of concerns and unanswered questions about the meaning, suitability and practicability of the recommendation for HEIs in Scotland providing pre-registration nursing programmes.

Following the review of literature around service user and carer involvement in practice assessment post the 2010 NES review, the interviews with representatives from 11 HEIs, reviewing current processes in Scotland’s 11 HEIs, and the update of NMC Literature in relation to service user and carer involvement in student assessment, this report recommends the following to the National Strategic Group for Practice Learning for Scotland.

### Recommendations

- 1 A more precise clarification regarding the purpose of, and the way in which, Nursing students’ practice skills are to be assessed and measured by service users and carers is required following the initial 2010 NMC recommendation.
- 2 This clarification should re-consider the exact purpose, and intended outcomes of the initial 2010 NMC recommendation and take into account recent literature and research initiatives to address this area of nursing education and practice. This would aid clarity of definition as to exactly what the aim of the exercise is and what the perceived added value is for nurse education, the users and carers.
- 3 A more in-depth discussion and engagement with all key stakeholders (service users and carers; nursing students, mentors, HEI pre-registration nursing programme developers, and general academic nursing staff) is required as to the most effective and meaningful way for service users and carers to contribute to improving nursing students’ practice skills.
- 4 Re-consideration of the terminology used, (i.e., *assessment*) in the 2010 NMC recommendation is required. Without clarity of terminology - and consequently meaning – as to what the NMC recommendation actually means in practice settings, there cannot be (i) clarity as to the purpose of the exercise or (ii) clarity in measuring outcomes.
- 5 A decision is required as to whether the procedure involved in this exercise is *assessment*, *comment* or *review*. The terminology of assessment has connotations within University regulations. The post 2010 UK literature and interviews with HEI representatives in Scotland suggests that the process should be one of *review* or *comment* – not *assessment*.
- 6 Whichever term is used must be clearly defined, what it actually means in practice clearly explained, and how the service user and carer involvement commentary measured. This is needed to ensure all key stakeholders are fully aware of the purpose, methodology and value of this exercise.
- 7 How to robustly and meaningfully measure service user and carer views when assessing nursing students’ practice skills requires further discussion.

Guidance is required on developing appropriate and functional measurement tools to quantify service user and carer views on nursing students’ practice skills. Whether such tool/s should be standardised across Scotland or locally developed requires consideration.

- 8** Flowing from recommendation 7, training and guidance on how to meaningfully conduct the *assessment/review/comment* process should be provided to key stakeholders involved in this process.
- 9** Guidance on protecting patients who are unwell or distressed must be clearer.
- 10** Guidance on patient selection for this process and patient information informing them fully of what the procedure involves, and its outcomes, are required.
- 11** Consideration and clarification on whether this process should be formative or summative for nursing students is required.
- 12** The role of the mentor in this exercise must be formalised in a clearer way than currently exists. Training of mentors to fully support this process should be considered.
- 13** Consideration of financial costs of service user and carer, mentor and academic staff involvement in this process is required.
- 14** Future research or evaluation should consider the student and mentor views of user and carer involvement in the practice assessment process to gain a robust understanding of how and when they consider user and carer involvement in assessment to be of greatest value.

## **Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Educational Institutions (HEI's) in Scotland**

### **Background**

In 2010 the UK Nursing and Midwifery Council (NMC) introduced the following recommendation to Higher Educational Institutions (HEI's) in the UK who provide pre-registration nursing programmes:

*“Programme providers must make it clear how service users and carers contribute to practice assessment”.*

NHS Education for Scotland (NES) in February 2010 published a review of literature- *National Approach to Practice Assessment for Nurses and Midwives Literature review exploring issues of service user and carer involvement in the assessment of students' practice (Gray & Donaldson, 2010)*. The review contained a number of conclusions and recommendations on involving service users and carers in practice assessment.

Subsequent to this literature review, in May 2011 NES published *“Developing a National Approach to Practice Assessment Documentation for the Pre-registration Nursing Programmes in Scotland”* (NES, 2011). The report contained a number of recommendations, based on the findings of the literature review, which were provided as guidance to Programme Providers in Scotland to facilitate meaningful engagement in planning service user and carer involvement in the assessment of student's practice in their pre-registration nursing programmes.

In December 2012 NES commissioned a short term (3 month) research project to evaluate current practices on how service users and carers contribute to practice assessment in the 11 HEI's in Scotland who provide pre-registration nursing programmes.

The short term evaluation project had five tasks:

- (i) Provide an update of literature, post the 2010 NES commissioned literature review, on involving service users and carers in practice assessment
- (ii) Review current processes for involving service users and carers in practice assessment in Scotland's 11 HEIs.
- (iii) Consider current practice in tandem with the 2010 literature review undertaken as part of the National Approach to Practice Assessment Documentation (NES, 2011) project.
- (iv) Clarify criteria used by the NMC (or their agents) to measure service user and carer involvement in pre-registration projects.
- (v) Following analysis of the above activities, report findings, and make recommendations to the National Strategic Group for Practice Learning for Scotland.

### **2013 NES Project: Data Collection Processes**

In January 2013 all 11 HEI's in Scotland providing pre-registration nursing programmes were contacted. A total of 11 semi-structured interviews with 15 HEI members of staff were conducted. New literature, post the NES commissioned 2010 literature review on service user and carer involvement in practice assessment, was reviewed. Current processes for involving service users and carers in practice assessment in the 11 HEIs were reviewed. An update of NMC literature and general material in relation to service user and carer involvement in student assessment, post their 2010 guidance, was also reviewed.

## **(i) An Update of Literature, Post the 2010 NES Review, on Involving Service Users and Carers in Practice Assessment**

### **Key Literature 2010-2013: Exploring Issues of Service Users and Carer Involvement in the Assessment of Students' Practice**

International literature on this specific issue post 2010 is limited. This updated review will focus on UK literature that has been produced post the 2010 NES commissioned literature review. This literature has focused on the following seven key areas

- (i) The challenges of addressing service user and carer involvement in practice assessment. Whilst supporting and advocating the importance and value of service user involvement in student selection, curriculum design and research, recent literature suggests the challenges of involving service users in practice assessment, prior to the 2010 NMC recommendation, were not adequately considered.
- (ii) In 21<sup>st</sup> Century health care, evidence based practice has become a central component of Nursing and general health care practice. Where was/is the evidence base to support the rationale and guidance re: implementation of the 2010 NMC recommendation?
- (iii) What should be done to make the involvement process meaningful and not a 'tick box' and/or a 'tokenistic' exercise?
- (iv) The need to address support and training for key stakeholders (service users, academic staff and Mentors) involved in the proposed NMC assessment process
- (v) Issues of student, patient and student Mentor power relations and how these could/do interact to affect the proposed assessment process have not been fully considered.
- (vi) Terminology. Given the challenges regarding the assessment process, should service user/carer involvement actually be called an assessment? Would the term *review* or *comment* not be more appropriate?
- (vii) Patient protection. Concerns were expressed around unwell/distressed patients being approached and patients who may feel unqualified to assess students' practice skills.

For the purposes of this literature update, the above issues are summarised into four categories; *Challenges and Cautionary Notes*; *Feedback and Power Relations in the Assessment Process*; *Terminology: Assessment, Review or Comment*; *Involvement of Unwell or Distressed Patients in the Assessment Process*.

#### **Challenges and Cautionary Notes**

In the context of the 2010 NMC recommendation on involvement of service users and carers in practice assessment, the Willis Commission (2012) report '*Quality with Compassion: The Future of Nursing Education*' referred to the recommendation as

*"...a relatively new and challenging concept for most HEIs, and for their service provider partners. Academic staff needed training to work with service users in a meaningful way, and the NHS was thought to be a hierarchal and patriarchal structure still task-driven rather than patient driven.....There were many examples of progress, but much more to do"* (Report of Willis Commission, 2012:p.39).

In the same context, in an editorial in *Nurse Education Today*, Stacey et al (2012) raised a note of caution regarding the involvement of service users and carers in practice

assessment. Whilst supporting, and demonstrating a commitment to, service user and carer involvement in other areas of pre-registration nursing, for Stacey et al (2012)

*'What is noticeable in the NMC's requirement for involvement is the lack of acknowledgement that meaningful involvement may be problematic.....Furthermore, the space to provide guidance on involving service users and carers in the assessment process is left blank' (Stacey et al, 2012:p482).*

Stacey et al (2012) assert that whilst the NMC initiative is 'laudable' and 'whilst the NMC quite rightly sets high standards for those supporting learning and assessment of student nurses in practice', they state

*'We question whether it should be implemented at all without the required evidence-base..... We contend that until appropriate research evidence is available, it will not be possible to provide direction, thus leaving curriculum planners to implement service user involvement in assessment unsure of where to start, without a sound evidence base and with the possibility of involving service users in a tokenistic manner in order to 'tick the box' (Stacey et al, 2012:482).*

The issue of an evidence base was also raised by Chapman et al (2011) in their article "Involving Patients in Assessing Students" when they noted "there is very little available evidence relating to best practice on how to seek patient or carer feedback on the performance of adult student nurses" (Chapman et al, 2011:17).

In the same vein, Stickley et al (2011) note that "whilst there is strong policy support for the involvement of service users in both practice and research in the United Kingdom, there are few published reports of the findings of such initiatives" (Stickley et al, 2011:102).

In the same context a 2012 Nurse Education Today editorial also addressed this issue when the editorial 'Service User Involvement — Addressing the Crisis in Confidence in Healthcare' noted

*"It is clear that we still need some more substantial work looking closely at the impact of involvement in areas such as practice development and assessment in order to develop robust tools for measuring outcome" (Tee, 2012:p.119).*

### **Meaningful Feedback in the Context of Power Relations involved in the Proposed Assessment Process**

Stacey et al (2012) state the term assessment carries with it a great deal of power which can be intimidating to both the person in the assessor role and those being assessed. They contend that the issue of power is present in all assessment processes. However, when the assessor is also a service user this raises 'unique concerns'. They state that the person in the service user role is 'inherently subservient' to the healthcare professional despite efforts to promote choice, autonomy and control.

Drawing on a previous 2010 pilot study which tested the feasibility of service user involvement in the assessment of mental health student nurses, Stacey et al (2010) report

*"We found some people (service users who were assessors) felt uncomfortable with this role and expressed concerns about the implications of giving critical feedback on the student confidence and future success. As a result the feedback is unlikely to be wholly genuine or address the students' areas for development and is therefore not meeting its intended outcome" (Stacey et al, 2012:483).*



In contrast to the experience of Stacey et al (2010), when Munro et al (2012) experimented with using patients to assess information leaflets developed by students (not a face-to-face setting), for newly diagnosed patients with Irritable Bowel Syndrome (IBD), the 55 undergraduate nursing students who participated found the experience '*invigorating*' and felt that the expert patient assessment meant they were '*forced*' to achieve a higher level of work. Munro et al (2012) go on to report that some patient comments were '*quite blunt*' and, in the opinion of the Chair of the expert panel involved in the process, "*would not do some individuals' self-esteem a lot of good*" as patients had been '*honest with their opinions*' (Munro et al, 2012: p144).

On another level of the assessment process, research by Stickley et al (2010) on practice assessment of student nurses by people who use mental health services found that

*"Whilst the students appeared to value the relational elements of the assessment process, there remained feelings of inadequacy and disempowerment with their role as student nurses in the practice areas. To this extent, the students aligned themselves with the service-user, as they did not yet hold the label of "professional" or any power within organisational hierarchies"*

The issue of power relations in the assessment process was commented on by Debyser et al (2011) in their article *Involvement of inpatient mental health clients in the practical training and assessment of mental health nursing students: Can it benefit clients and students?*

Debyser et al (2011) found that patients differed from students, nurses and teachers in the value they placed on their contribution in the overall assessment. According to the nurses and teachers, patient feedback was complementary to the feedback from the mentor. The majority of the patients, however, perceived their feedback to be of inferior importance in comparison with that provided by the mentor.

Debyser et al (2011) identified patient and student-related factors that were facilitating or complicating the assessment process. They noted;

- *The patient-related factors pertained to characteristics of the patient such as maturity and personality traits.*
- *They can also be related to the phase in the patient's treatment process and to the sometimes rigid thinking of patients.*
- *It seemed some patients were preoccupied with demonstrating a positive attitude towards the student (Debyser et al, 2011:p200).*

Student-related factors that facilitated the process were: person-centeredness and a sensitive and validating attitude towards clients. The assessment process was more difficult when students were more task-centred, had a lack of self-consciousness, were reluctant to participate in practical learning or lacked openness towards patients.

Timing of patient feedback during practical training came forward as an important issue. For instance, obtaining patient feedback in the beginning of practical training was not valued as being useful (Debyser et al, 2011)

### **Terminology: Assessment, Review or Comment**

Stacey et al (2012) noted that the literature in this area reports mixed findings regarding the desirability and efficacy of the involvement of service-users in student assessment. This assertion was influenced by previous research on practice assessment of student nurses by mental health service users where Stickley et al (2010) recommended that:

*“The term ‘assessment’ should be replaced with ‘review’ and the role of ‘service user assessor’ should be replaced with ‘student nurse reviewer’. This is to reduce, for both student nurses and service users, the feelings of intimidation and discomfort which are associated with the “assessment” label”* Stickley et al (2010:p.24)

### **Involvement of Unwell or Distressed Patients in the Assessment Process**

Discussion around service user and carer involvement in practice assessment is increasingly focused on whether there are circumstances which perhaps lend themselves more suitably to this goal (e.g., assessment in the community working with people living with long term conditions) and other situations where this may be more problematic (e.g., in acute settings and/or situations). This was commented on by Lloyd & Carson (2012) in their article *“Critical conversations: Developing a methodology for service user involvement in mental health nursing”*. Based on their research and citing concerns expressed by the Care Quality Commission they noted

*“In practice our mental health nurses are not always able to collaborate with people whilst they are deeply distressed and this has limited their ability to demonstrate that they have involved them in their care”* (Lloyd & Carson, 2012:p151).

This issue was also addressed in *‘Quality with Compassion: The Future of Nursing Education - Report of the Willis Commission’* (2012) which, commenting and reflecting on service user involvement in general, noted;

*‘Service users were increasingly involved in assessment of students, acknowledging that this had to be carefully monitored if they were unwell and receiving care. Other practical difficulties included identifying suitable volunteers.’* (Report of Willis Commission, 2012:p.39).

In the process of our search for appropriate post 2010 literature for this project, we accessed a presentation on a small scale research study on service user/carer assessment of nursing practice. Contact was made with the researchers involved, Senior Lecturers from Nursing Studies at the University of the West of England who had just completed a small qualitative study on assessment of nursing practice by service users and carers. In a short presentation of their interim findings they reported that the issue of patient protection was raised by both students and mentors.

One Nursing student interviewed stated

*“I would feel very uneasy about asking somebody who is stressed before surgery or stressed with test results, who are feeling poorly, to start asking them to feedback on my performance”*

A Student Mentor interviewed commented

*“You would have to be careful who you actually selected if they were confused or they felt vulnerable and if they weren’t happy to do it”.*

Nursing Studies, University of West of England. Patient/Carer feedback for Adult Branch Nursing Students in Practice. Presentation (November, 2012)

## **(ii) Review current processes for involving service users and carers in practice assessment**

To locate the 2010 NMC recommendation in the context of their own institutions approach to service user and carer involvement, interviews with HEI representatives began by asking them to describe their institutions general approach to service user and carer involvement.

All 11 HEIs reported that using patients' perspectives on care to improve both their experience and service quality was fundamental to Nursing, Nursing practice and educating student Nurses. HEI representatives also reported that their experience of engaging with service users and carers in student selection, curriculum development and research had helped with addressing the 2010 NMC recommendation regarding service user and carer involvement in practice assessment.

Given that the NMC recommendation on service user and carer involvement in practice assessment was initiated in 2010, and that operationalising such a significant recommendation takes time (in terms of internal organisational infrastructure for the nursing departments, within the wider context of the School and general University requirements and regulations), most HEI's are in the early or very early stages of this process.

In interviews with representatives from Scotland's 11 HEIs, all reported that they had discussed and taken steps to address the 2010 NMC recommendation. There were 2 stages of development towards involving service users and carers in practice assessment across Scotland's 11 HEI's providing pre-registration nursing programmes.

### **(1) Very early stages of implementing the recommendation.**

There were two HEIs had who had either just recently undergone the approval process by the NMC or were actually preparing for an immediate NMC approval of their nursing programmes during this NES project. Both HEIs were in early stages of development as regards how service users and carers contributed to the NMC's 2010 recommendation. Both HEIs stated they were comfortable that they were developing their programme to involve service users and carers re: the 2010 NMC recommendation.

### **(2) The Overwhelming majority of Scottish HEIs have Established Measures to Involve Service Users and Carers to Contribute to Nursing Students' Practice Skills.**

Nine of Scotland's HEI's reported they have procedures in place that allow for service users and carers to address (by comment or review) nursing student practice in light of the 2010 NMC recommendation.

These 9 HEIs reported that they are at a stage of development in this process where they are considering audit and evaluation of existing service user and carer involvement procedures contributing to student nurses practice skills to address the 2010 NMC recommendation. These 9 HEIs believed that the NES short term evaluation was a catalyst for putting measures in place to assess progress of involvement of service users and carers in this area.

Each of the 9 HEIs provided details of how practice skills are addressed by service users and carers (see Appendix 1).

**(iii) Consideration of current practice in tandem with the above literature review undertaken as part of the National Approach to Practice Assessment Documentation (NES, 2011) project.**

To consider current practice in Scotland's 11 HEIs in tandem with the 2011 NES document 'Developing a National Approach to Practice Assessment Documentation for the Pre-registration Nursing Programmes in Scotland' our project conducted semi-structured interviews with representatives from Scotland's 11 HEIs.

A total of 15 representatives from the 11 HEIs providing pre-registration nursing programmes in Scotland were interviewed for this project. Interviews were mostly face-to-face with some telephone interviews. The average length of interview was 40–45 minutes. The following section summarises individual and generalised views from interviews with the 11 HEI representatives across Scotland.

**Summary of Themes from Interviews with 11 HEI Representatives**

**Commitment to Working with Service Users and Carers in the Education and Training of Nursing Students**

Scotland's 11 HEI's involved in pre-registration nursing programmes are committed to, and are actively working with, service users and carers in student selection, curriculum development, research and general practice skills of nursing students. The following statements were indicative of the views and experiences of the 11 HEI representatives interviewed for this project.

*"I know from what we have done and are doing here, and from working with colleagues from across other HEIs, that service user and carer involvement are embedded in our pre-registration nursing programmes..... It is invaluable, a really key feature of our nursing programmes in Scotland"* (HEI Rep. 8).

*"We have just recently appointed a full-time service user in our School here to support and develop service user and carer involvement. We have a strong commitment towards involving service users and carers in what we do here and believe it has been enormously beneficial to the students, to ourselves as staff members, and most importantly to improving patient care"* (HEI Rep. 5).

**The Challenge of Involving Service Users and Carers in Practice Assessment is Significantly Different to Other Areas of Service Users and Carer Involvement**

A clear view emerged from interviews with HEI representatives that the introduction of the 2010 NMC recommendation provides greater challenges than Service User and Carer involvement in student selection, curriculum development, and research.

For many HEI interviewees the importance and value of Service User and Carer involvement in helping to develop Nursing students' skills in practice was seen, on many levels, as an understandable development. Many HEI interviewees could see why the NMC perceived their 2010 recommendation as increasing the many benefits of service user and carer involvement in HEI's generally.

However there was a general view that the 2010 NMC recommendation (following in the footsteps of service user and carer involvement in student selection, curriculum design and research) was presented as an almost automatic, logical, continuum towards the next level

of involvement. This did not allow for the pre-requisite consideration and discussion of the unique challenges their recommendation would present.

The above view was accompanied by a common theme that emerged from the interviews with HEI representatives. This was that a more robust discussion on the rationale, evidence base and challenges behind the 2010 NMC guidance should have taken place before the guidance was presented to HEIs in the UK.

The following comments around these issues from the HEI representatives interviewed, reflect these views

*“We were all very aware of the NMC recommendation, but it was a recommendation in words only..... Where was the guidance? Where was the advice and guidance on how to carry out the recommendation in a way that made it genuinely effective? Where was the guidance or the validated tools to assess and measure progress in this area? It was almost as if they were saying ‘we’ll leave it up to you’”.* (HEI Rep. 1).

*“Carrying out this recommendation involved major factors that I wonder if the NMC really considered before the recommendation was introduced. It’s a really tall order. First of all the NMC recommendation left us in conflict with our own University regulations.....Our University would say the student has the right to be assessed by an assessor properly trained and recognised....The recommendation also left us in conflict with what is operationally feasible”* (HEI Rep. 3).

*“Talking about assessment of student nurses’ practice skills by service users and carers is a totally different challenge than other areas of patient involvement. Would patients really feel qualified to do this? Would they do this willingly? I’m not talking here about some of the service users that can often get involved.....well I would say more professional people, confident types..... If we are really talking about genuinely representative service user involvement, that involves challenges. If we don’t address the challenges ....well of confidence, feeling skilled enough to assess practice skills...that means we are not having genuine involvement. If it is not genuine involvement it’s tokenistic and who wants that?”* (HEI Rep. 11).

### **Where are the Evidence Base for introducing this and Best Practice?**

A majority of HEI representatives interviewed were concerned that to date the level of evidence presented on assessment of clinical practice across the literature moves towards the lower end of the evidence band, i.e. the usefulness, reliability, validity and effectiveness of grading of practice has still to be proven.

*“Have we really established (a) why we should be doing this in the first place? Have we really considered approaching sick, tired, confused patients and asking them to assess a student’s practice skills? And (b) where can we look to in order to do this in the best possible manner that benefits all the key stakeholders, the student, the patient and the mentor. Are we going to go about it in our own unique way or have some kind of national standards?”* (HEI Rep. 6).

### **Evaluating and Auditing the Process: How are we to Measure Service Users and Carers Views on Students’ Practice Skills?**

Methodological concerns were expressed regarding approaches used to measure student nurse progress by service users and carers. A number of HEI representatives asked about guidance on methodologically tested and validated tools/procedures to review and measure student practice skills.

*“How are we measuring patient and carer views on student practice skills? Have the procedures been tested and validated? Are we all doing the same? If not then – potentially- we might be measuring different things. A consistent approach to what we’ve been asked to do would be helpful”* (HEI Rep. 4).

The challenge of getting service users to address practice skills of nursing students involves such a large and heterogeneous group of service users was also commented on

*“How can we get the evidence base when the service user is potentially every person in Scotland? That’s 5 million people that is such an enormous assessment base – would you ever get an evidence base at all? It’s too large. Would we have one tool for all evaluations or different tools depending on service user age, nature of illness, language skills? That makes consistent evaluation difficult and we’re continually getting told that everything has to be evaluated given the economic climate we’re in”* (HEI Rep. 3).

### **Terminology: Should the Process be one of Assessment, Review or Comment?**

Nearly all HEI interviewees stated discussion is required as to the meaning, and potential consequences of, ‘assessment’. Many HEI’s argued there should have been a more measured and considered discussion about the exact terminology involved in the 2010 NMC recommendation. Some HEI interviewees stated quite clearly that they did not agree with the concept of service users and carers assessing a student’s clinical practice skills. They argued the process and, consequently the term used, should be one of ‘review’ or ‘comment’. Some of the reasons for this view are stated below

*“There is a need for greater clarity on what exactly we mean by assessment and what the aim of that assessment by service users and carers is. Also do we really think all service users will be confident about assessing a student nurse’s practice skills? I think many would feel uncomfortable either because they thought they weren’t capable of providing effective assessment or many would be reluctant to criticise a young student. Is this really meaningful involvement?”* (HEI Rep. 10).

*“There are certain situations that just don’t lend themselves to carrying out an assessment of a nurse’s practice skills. Patients experiencing an acute episode for example; a patient who is distressed or confused, in severe pain. A lot of patients are very vulnerable. Was that properly considered? I’m not saying it’s impossible but the circumstances in which the proposed assessment could take place needed greater thought and, consequently, clearer direction from the NMC”* (HEI Rep.4).

*“What happens to the nurse who, perhaps through no fault of her own, the patient has a real go at her? It may be that patient is unhappy with some aspect of their care out-with that provided by that nurse, but she may be the one to get the criticism. That is not assessment. That’s not good for that nurse’s confidence is it?”* (HEI Rep. 6).

## **Making the Process Genuinely Meaningful: Resource Implications**

Many HEI interviewees wondered if the NMC had considered the financial costs of training service users, mentors and other key stakeholders involved in this process and whether this process had been appropriately budgeted for.

*“If we are going to do this properly, really properly and effectively, the logistics of introducing this, training the key stakeholders, conducting the actual proposed assessment process and evaluating it is going to be costly. Was that considered? Where do we take the money from already tight budgets?”* (HEI Rep.7)

*“To do what we are being asked in a meaningful way requires proper training and proper assessment of procedures. That will involve training academic staff, mentors and service users and carers. That costs money. So we either get appropriately resourced to do this in a genuinely meaningful way or we continue with existing resources and then there is a danger of doing this in a tokenistic manner. That’s wasting everyone’s time patient, mentor and student”* (HEI Rep.8).

There were other key areas commented on in the interviews and for the sake of brevity they are summarised below.

### **Summary of Further Key Issues Raised in the Interviews with HEI Representatives**

- Should operationalising the NMC 2010 guidance be generic or be adapted in light of the varied and differing challenges across the 4 key Nursing areas; Paediatric, Adult, Learning Disabilities, and Mental Health? This requires further discussion/clarification.
- Certain fields, notably Mental Health and to a lesser extent Learning Disabilities are further ahead in the development of service user and carer assessment of practice and the two other areas Adult and Paediatrics could benefit from the experience in these other fields of work.
- Concerns were raised around the challenges and lack of direction from the NMC regarding involvement of *‘hard to reach’* or *‘seldom involved’* groups in assessing student practice skills.
- In the context of existing Social Inclusion policies, how do we address the challenges of involving service users/carers with health conditions making verbal articulation problematic?
- In the context of existing Social Inclusion policies, how do we address the challenges of involving service users/carers from Black and Minority Ethnic (BME) communities whose first language is not English?
- Service user and carer involvement in addressing practice skills of student Nurses is a complex process which *‘remains in development’*. It currently lacks a clear and unifying theoretical basis. It is a process which has had to evolve under the full spotlight of public scrutiny. In particular the debate around a *‘caring professional*

*attitude* in Nursing, whether *'caring'* has become *'lost'* in Nursing practice and the assertion that higher academic/educational emphasis in today's Nursing programmes has negatively impacted on caring qualities, compassion and empathy with patients.

- Service user and carer involvement in Nurse education is a concept valued, embraced and actively incorporated into Scotland's 11 HEIs pre-registration nursing programmes. Questions remain however regarding the level of evidence presented across the literature on how to introduce, and robustly evaluate, the 2010 NMC recommendation. Guidance on how to operationalise and reliably evaluate Nursing student practice by service users and carers in a meaningful way, and to the benefit of key stakeholders involved, requires greater consideration.

**(iv) Clarification of criteria used by the NMC (or their agents) to measure service user and carer involvement in pre-registration projects.**

**Update of NMC Literature in relation to service user and carer involvement in student assessment**

A review of NMC documentation was undertaken to explore the background and current policy guidance for pre-registration nursing programmes in relation to service user involvement in programmes and specifically in the assessment of student practice. NMC were also contacted via telephone but we were referred back to the standards for pre-registration programmes, it was suggested that each HEI provider was expected to implement the standards and these were quality assured by agencies on behalf of the NMC.

**Background information**

The NMC Circular 07/2010 *Standards for pre-registration nursing education* brought into effect the NMC (2010) *Standards for pre-registration nursing education* which now applies to all new pre-registration nursing programmes from 16<sup>th</sup> September 2010. NMC (2004) *Standards of proficiency for pre-registration nursing education* applies to all pre-registration approved before September 16<sup>th</sup> 2010. In Scotland all pre-registration programmes are now approved under the 2010 Standards. The 2004 standards were reviewed in terms of service user involvement but there was minimal reference to this possibly due to the relatively recent shift towards service user engagement in nursing practice.

Following review of the NMC documents and circulars outlined below it was evident that there were key documents where service users were identified as potential partners in the education process. For the purposes of this review the three key documents are:

NMC (2008) Standards to support learning and assessment in practice (SLAiP)

NMC (2010) Standards for pre-registration nursing education

NMC (2011) Advice and supporting information for implementing NMC standards for pre-registration nursing education

These will now be discussed and summarised in terms of service user and carer involvement.



## **NMC (2008) Standards to support learning and assessment in practice (SLAiP)**

Although this is a relatively recent document it was significant that there was very limited reference to service users and carers apart from as recipients of care. In the section *Assessing learning in practice*, one of the NMC requirements states that “Mentors should consider how evidence from various sources might contribute to making a judgement on performance and competence” and although this was a potential area that could have referred to the involvement service users and carers, they were not cited as a potential source of evidence for student performance. This is significant in terms of the shift towards involvement introduced only two years later discussed below. In the 2008 document the NMC does give advice and guidance around student assessment and recognises that ‘... the total assessment strategy would include assessment through various means i.e. direct care, simulation, OSCEs and other strategies’. Again it is interesting at this stage that in the ‘other strategies’ the NMC have chosen not to include service users and carers views. This could be simply due to the date of publication as service users and carers were not as prominent in terms of thinking about assessment of students or possibly that the NMC were aware of that the evidence base for service user and carer involvement was limited at that time and HEIs and practice may not have systems in place to support this.

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

This is the current HEI guidance for all new programmes after September 2011. The standards for education comprise of 10 standards for programme approval and delivery. These relate to the following areas: Safeguarding the public; Equality and diversity; Selection, admission, recruitment and progression; Support of students and educators; Structure, design and delivery of programmes; Practice learning opportunities; Outcomes; Assessment; Resources; Quality Assurance.

In this document there is move towards recognition of service users and carers as being an important part of nursing education which represents a shift in thinking from the previous [NMC (2008) *Standards to support learning and assessment in practice (SLAiP)*]. Although the guidance is for HEIs to develop programmes and does focus on structure and process issues in terms of programme delivery, given the increased service user agenda in the health service it could reasonably be expected that this key document would have considered service user and carer involvement as a central theme. Although there is mention of service users and carers it is not until the publication of the 2011 *Advice and supporting information for implementing NMC standards for pre-registration nursing education* that there is significant shift.

The two areas where service users and carers are directly referred to in the 2010 document are in the *Structure, design and delivery of programmes* where it is suggested that they contribute to design and delivery of programmes, and in *Assessment* which does give a specific requirement [R8 1.4] that ‘programme providers must make it clear how service users and carers contribute to the assessment process’. Although there is no further specific guidance given at this stage it is worth noting that the wording is around the contribution to the assessment process and this is important in terms of assessment models and formative and summative assessment. At this stage the NMC stress the notion of assessment as a process rather than a one off event which, from an educational theory perspective, is an important distinction to make.

## **NMC (2011) Advice and supporting information for implementing NMC standards for pre-registration nursing education**

In this document there is a significant and considerable shift toward encouraging service user and care involvement in pre-registration programmes. This advice is to support HEIs to implement the NMC [2010] Standards for pre-registration nursing education and applies to all new programmes after September 2011. This document mirrors the structure of the 2010 standards and the guidance given is structured around the 10 key areas of the 2010 document.

The first section, *Safeguarding the public*, outlines the NMCs role in protecting the public and stresses the importance of the '...on-going involvement of service users and carers'. There is also a sub section 'Service users and Carers contribution' that states that systems need to be in place to 'ensure that service users and carers are able to contribute to all aspects of programme development, delivery and review'. This section doesn't mention assessment of students' practice.

In the second section, *Equality and diversity*, focuses on legislation and access to programmes but does suggest that programmes need to expand the '...role of service users and carers from diverse backgrounds'. This section does recap on the importance of involvement of service users and carers, but not in assessment, in programmes but does promote involvement of service users from diverse backgrounds but does not mention any specific groups apart from people with learning disabilities.

There is no mention of service user and carer involvement in the next two sections - *Selection, admission, recruitment and progression; Support of students and educators* although it is worth noting that service user involvement in selection of students is on the agenda and some HEIs do already have this in place, where it tends to be in the mental health and learning disability fields where partnership approaches have been developed from practice.

In the next section, *Structure, design and delivery of programmes*, one of the key messages of this is that programme providers need to 'involve a wide range of stakeholders in programme design and delivery including service users and carers'. This section has a sub heading: 'Involvement of service users and carers' that requires programme providers to demonstrate how users and carers contribute to the design and delivery of the programme and goes on to give examples such as being part of a curriculum planning group and significantly for this project gives 'taking part in the assessment of students in practice or in simulation' as an example. It also suggests that when involving service users and carers issues need to be further explored – ethical matters, payment of expenses, transport, access to premises, the health and safety of individuals.

Apart from the section on *Assessment* which will be discussed, in the following remaining sections – *Practice learning opportunities, Outcomes, Resources, Quality assurance* – there is limited reference to service users apart from as recipients of care.

A key area in terms of the focus of this project is the section on *Assessment*, and one of the key messages is that Programme providers 'will need to consider how service users and carers can contribute towards the assessment of nursing students'. A sub heading is 'Service users' and carers' contribution to the assessment process' and ask providers to

make it clear how service users and carers contribute to the assessment process. A key point made is:

“Being involved in assessment in a meaningful way, without placing inappropriate responsibility on them can be challenging and, where service users and carers do contribute, the outcome should not rest on their judgement alone.”

There is a strong sense in this section that the NMC are keen to promote service user and carer involvement but also recognise the importance of professional judgement. It also suggests that there are number of considerations that HEIs need to be aware of [these are outlined above in the *Structure, design and delivery of programmes*] and that service users need to be prepared ‘properly and supported in the assessor role’, and go on to suggest that there may be issues around validity and reliability of their judgements that could cause anxiety to students. Examples of innovative practices are then given including: hand held electronic devices, testimonies that students can include in portfolios, mentor feedback from service users, involvement in OSCEs, contribution to videoed scenarios.

There is the sense in this document that the notion of service user and carer involvement in assessment of students is recognised as a sensitive issue that needs to be further explored further to ensure that assessment strategies are not just valid and reliable but ensure that the practical and ethical issues for service users and carers, students and mentors are properly addressed.

In summary the move towards the involvement of service users in carers in nursing education is a recent phenomenon and this is reflected in the NMC standards and guidance for HEIs to a certain extent. The most recent publication NMC (2011) *Advice and supporting information for implementing NMC standards for pre-registration nursing education*, clearly reflects a shift in thinking around this area and given the current practice shift towards partnership and person centred approaches service user and carer involvement will develop further in future programmes in Scotland.

#### **(V) Recommendations to the National Strategic Group for Practice Learning for Scotland.**

The 2010 NMC recommendation “*Programme providers must make it clear how service users and carers contribute to practice assessment*” has raised a number of concerns and unanswered questions about the meaning, suitability and practicability of the recommendation for HEIs in Scotland providing pre-registration nursing programmes.

Following the review of literature around service user and carer involvement in practice assessment post the 2010 NES review, the interviews with representatives from 11 HEIs, reviewing current processes in Scotland’s 11 HEIs, and the update of NMC Literature in relation to service user and carer involvement in student assessment, this report recommends the following to the National Strategic Group for Practice Learning for Scotland.

## Recommendations

- 1 A more precise clarification regarding the purpose of, and the way in which, Nursing students' practice skills are to be addressed and measured by service users and carers are required following the initial 2010 NMC recommendation.
- 2 This discussion should re-consider the exact purpose, and intended outcomes of the initial 2010 NMC recommendation and take into account recent literature and research initiatives to address this area of nursing education and practice. This would aid clarity of definition as to exactly what the aim of the exercise is.
- 3 A more in-depth discussion and engagement with all key stakeholders (service users and carers; nursing students, mentors, HEI pre-registration nursing programme developers, and general academic nursing staff) is required as to the most effective and meaningful way for service users and carers to address nursing students' practice skills.
- 4 Re-consideration of the terminology used, (i.e., *assessment*) in the 2010 NMC recommendation is required. Without clarity of terminology - and consequently meaning - what the NMC recommendation actually means in practice settings, there cannot be (i) clarity as to the purpose of the exercise or (ii) clarity in measuring outcomes.
- 5 A decision is required as to whether the procedure involved in this exercise is *assessment*, *comment* or *review*. The post 2010 UK literature and interviews with HEI representatives in Scotland suggests that the process should be one of *review* or *comment* – not *assessment*.
- 6 Whichever term is used must be clearly defined, what it actually means in practice clearly explained, and how the service user and carer involvement commentary measured. This is needed to ensure all key stakeholders are fully aware of the purpose and methodology of this exercise.
- 7 How to robustly and meaningfully measure service user and carer views when addressing nursing students' practice skills requires further discussion.

Guidance is required on developing appropriate and functional measurement tools to quantify service user and carer views on nursing students' practice skills. Whether such tool/s should be standardised across Scotland or locally developed requires consideration.

- 8 Flowing from recommendation 7, training and guidance on how to meaningfully carry out the *assessment/review/comment* process should be provided to key stakeholders involved in this process.
- 9 Guidance on protecting patients who are unwell or distressed must be clearer.
- 10 Guidance on patient selection for this process and patient information informing them fully of what the procedure involves, and its outcomes, are required.
- 11 Consideration and clarification on whether this process should be formative or summative for nursing students is required.

- 12** The role of the mentor in this exercise must be formalised in a clearer way than currently exists. Training of mentors to fully support this process should be considered.
- 13** Consideration of financial costs of service user and carer, mentor and academic staff involvement in this process is required.
- 14** Future research or evaluation should consider the student and mentor views of user and carer involvement in the practice assessment process to gain a robust understanding of how and when they consider user and carer involvement in assessment to be of greatest value.

## References

- Chapman et al (2011) Involving Patients in the Assessment of Students. *Nursing Times* Vol. 107 No 34
- Debyser et al (2011) Involvement of inpatient mental health clients in the practical training and assessment of mental health nursing students: Can it benefit clients and students? *Nurse Education Today* 31 (2011) 198–203
- Gray & Donaldson (2010) National Approach to Practice Assessment for Nurses and Midwives Literature review exploring issues of service user and carer involvement in the assessment of students' practice.
- Lloyd & Carson (2012) Critical conversations: Developing a methodology for service user involvement in mental health nursing. *Nurse Education Today* 32 (2012) 151–155
- NHS Education for Scotland (2011) Developing a National Approach to Practice Assessment Documentation for the Pre-registration Nursing Programmes in Scotland. NES
- Nursing and Midwifery Council (2011) Advice and supporting information for implementing NMC standards for pre-registration nursing education. NMC
- Nursing and Midwifery Council (2011) Application of Standards to support learning and assessment in practice (SLAiP) to the Standards for Pre-registration nursing Annexe 1. NMC
- Nursing and Midwifery Council (2010) Standards for pre-registration nursing education. NMC
- Nursing and Midwifery Council (2010) Raising and escalating concerns: Guidance for nurses and midwives. NMC
- Nursing and Midwifery Council (2008) Standards to support learning and assessment in practice (SLAiP). NMC
- Nursing and Midwifery Council (2008) The Code: Standards for conduct, ethics, and performance of nurses and midwives. NMC
- Nursing and Midwifery Council (2004) Standards of proficiency for pre-registration nursing education. NMC
- Stacey et al (2012) Service user involvement in the assessment of student nurses: A note of caution. *Nurse Education Today* 32 (2012) 482–484
- Stickley et al (2011) Developing a service user designed tool for the assessment of student mental health nurses in practice: A collaborative process. *Nurse Education Today* 31 (2011) 102–106
- Stickley et al (2010) The practice assessment of student nurses by people who use mental health services. *Nurse Education Today* 30 (2010) 20–25
- Tee, S (2012) Service user involvement — Addressing the crisis in confidence in healthcare. *Nurse Education Today* 32 (2012) 119–120. *Nurse Education Today* 32 (2012) 119–120
- Willis Commission (2012) report *Quality with Compassion: The Future of Nursing Education*.