Assessment and accountability: part 2 – managing failing students


Abstract
Assessment in clinical practice is a complex role undertaken by mentors and practice teachers. This article is the second of three articles about assessment in practice. Part one examined the importance of assessment and identified various assessment methods used in clinical practice. This article considers two main themes in the assessment of practice. First, it outlines the importance of providing feedback, and explores preparation for regular feedback and the documentation used to help mentors and practice teachers undertake this activity. Second, it discusses management of failing students, and reviews the literature relating to the ‘failure to fail’ phenomenon. This article relates to the third domain and outcomes of the Nursing and Midwifery Council’s Standards to Support Learning and Assessment in Practice on assessment and accountability.

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THE THIRD DOMAIN of the Standards to Support Learning and Assessment in Practice (SSLAP) (Nursing and Midwifery Council (NMC) 2008) states that mentors should ‘provide constructive feedback to students and assist them in identifying future learning needs and actions’.

It is essential that students receive regular feedback. Therefore, mentors and practice teachers should provide feedback to students at every available opportunity, both informally and formally.

Feedback is crucial for students in practice at every stage of their training to support their development and help them progress within their programme of study. From their qualitative study, Gray and Smith (2000) found that students want to receive feedback on a regular basis, not only during planned formal assessments or when they appear to be struggling. Casey and Clark (2011) supported these findings, and stated that students want feedback not only during formal meetings that occur at the beginning, midpoint and end of the placement, but also in informal settings throughout their practice placement.

Feedback enables mentors, practice teachers and students to demonstrate the level and stage of the students’ training, identify any deficiencies and decide what they should do next (Walsh 2010). However, Kinnell and Hughes (2010) found that some students were not given constructive feedback until the end of their placement and were not given an indication of their effectiveness and fitness to practise.

Providing regular feedback can reassure the student that they are progressing well for the level and stage of their training, or highlight any areas of concern. Some students will welcome being told the areas in which they need to improve (Duffy and Hardicre 2007a), and providing feedback ensures students are alerted to issues as soon as they emerge. This allows early implementation of a plan to support the student’s development and help them to succeed by the end of their practice placement (Casey and Clark 2011).

Feedback can also help to relieve the student’s anxieties and improve performance. Therefore,
it is important that mentors and practice teachers are prepared to give feedback.

**Preparing for and giving feedback**

Giving constructive and effective feedback may be challenging. Mentors and practice teachers should prepare in advance when, how and what feedback will be given to the student. Feedback can be given informally or formally. Students value feedback following an episode of care, and mentors and practice teachers should provide feedback immediately after or as close to the event as possible (Mulholland and Turnock 2013). Informal feedback should be given on a regular basis, outside the formal assessments planned for a practice placement (Casey and Clark 2011).

Formal feedback, in particular, should be planned in advance. Constructive feedback should foster growth, and this relies on an effective working relationship between the student and mentor or practice teacher (Walsh 2010). Clynes and Raftery (2008) identified that providing positive and constructive feedback can be one of the most satisfying and rewarding roles of a mentor or practice teacher. However, Kinnell and Hughes (2010) suggested that although mentors feel uncomfortable giving negative feedback, if it is planned and discussed effectively, this feedback can be converted into a positive experience for the student.

While giving feedback, it is important for mentors and practice teachers to be sensitive to the needs and feelings of the student, so as not to lower their self-esteem (Kinnell and Hughes 2010). It is important to provide feedback in a calm, objective manner, and sufficient time should be allocated to this task (Kinnell and Hughes 2010). Mentors and practice teachers should set aside time in a location away from the practice area, so there are no interruptions, and ensure the student is notified in advance of the meeting.

Inviting the student to undertake a self-assessment of their abilities and their progress on the practice placement is essential (Price 2005). The student will often know how well they have performed, and self-assessment gives them the opportunity to put aside any anxieties they might have about their performance, think objectively and be receptive to feedback (Gopee 2015).

Feedback should be constructive and supportive, helping a student become aware of what they do well and how well they do it (Sherwin and Muir 2011), as well as identifying areas that need to be improved. It should enable the student to change or modify their practice and behaviour to become effective practitioners (Sherwin and Muir 2011). Duffy and Hardicre (2007a) stressed that if feedback is to become part of the learning process, it is essential to include information that will enable students to recognise clearly the strengths and weaknesses of their work.

Effective feedback should begin with student self-assessment. The mentor or practice teacher should give praise before criticism, limit what is covered and concentrate on what needs to be changed, while giving the student time to think and respond (Mulholland and Turnock 2013). In addition, feedback needs to be clear, specific, balanced and constructive, providing positive and negative elements, offering support and exploring alternatives. It should end on a positive note. Poor feedback can demoralise and reduce the student’s confidence and can cause conflict between the student and mentor (Mulholland and Turnock 2013).

The purpose of regular feedback is to identify the student’s strengths and areas for development; therefore, part of the process is to develop an action plan to provide guidance for the way forward (Kinnell and Hughes 2010, Walsh 2010). The plan should be individualised and include the identified learning needs, along with the support required, resources needed to help the student succeed, and mutually agreed deadline dates. This plan should be reviewed and updated on a regular basis.

**Essential documents to support feedback**

Mentors and practice teachers should use the student’s practice placement documents to assist them in planning, structuring and providing feedback. The Standards for Pre-Registration Midwifery Education (NMC 2009) and the Standards for Pre-Registration Nursing Education (NMC 2010) identify the competencies and essential skills clusters that each student needs to achieve to gain entry to the professional register.

The essential skills clusters for nurses or midwives are statements that identify the skills required to support the achievement of the NMC competencies and proficiencies. Students on post-qualifying programmes are also assessed on the required competencies or practice outcomes.

For students undertaking a specialist or advanced programme, the competencies are usually derived from the national standards. For students on the community specialist practice programme and the specialist community public health programme (NMC 2001, 2004), there are clearly defined NMC outcomes and proficiencies, available on the NMC website.
(www.nmc.org.uk) (Box 1). These competencies or proficiencies and essential skills clusters (NMC 2001, 2004, 2009, 2010) are reflected in the relevant programme learning outcomes in theory and practice, and thus feature within the practice placement assessment documentation. Mentors and practice teachers should use the assessment documentation to guide their assessments and set the assessment criteria for the practice placement (Box 2).

Mentors and practice teachers should use the assessment criteria to guide their feedback. In addition, before giving feedback, particularly for formal assessments, they should encourage students to undertake a self-assessment against the given criteria. This will provide structure and focus for the feedback session.

The student’s achievements, as well as their strengths and weaknesses, should be documented, since this will provide evidence of their learning and will confirm whether they have passed or failed the placement. The NMC (2015) emphasises the importance of effective record keeping in relation to patient care, and this is also the case for student assessments. The assessment documentation should act as a record of meetings between the student and mentor or practice teacher, including the induction, orientation to the placement and the formative initial and midpoint assessments, followed by the summative final assessment. Any formal meetings, discussions and feedback should be documented in these sections (Box 3).

The documentation will also contain other useful information that mentors and practice teachers should be familiar with, such as the process of assessment and the roles and responsibilities of mentors, practice teachers and students. Most importantly, pre-registration students must have their progress recorded during the programme of study.

### Ongoing achievement record

The NMC (2008) expects pre-registration students to keep a record of their learning and experiences throughout their programme of study. This is known as the ongoing achievement record (OAR), and is a record of the student’s progress from each practice placement that should be taken from placement to placement. The OAR should contain comments and evidence from previous mentors to support the student’s overall progress, and to identify where further support or supervision is required. This record should be available to the named mentor at the start of the practice placement so that an action plan can be agreed, taking into account any previous concerns (NMC 2008). As well as noting the student’s outcomes and proficiencies that have been signed

### BOX 2

<table>
<thead>
<tr>
<th>Learning activity 2</th>
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<tbody>
<tr>
<td>Obtain a copy of all practice placement documents that are used in your practice area. Familiarise yourself with these documents and consider the following:</td>
</tr>
<tr>
<td>How many documents are there? How does each one relate to the Nursing and Midwifery Council standards?</td>
</tr>
<tr>
<td>Review the different sections. What do they consist of?</td>
</tr>
<tr>
<td>Review the assessment criteria. Are they appropriate for your practice area?</td>
</tr>
<tr>
<td>Can the stated competencies or assessment criteria be achieved within your practice area?</td>
</tr>
<tr>
<td>Discuss and agree with your colleagues the most appropriate ways in which you can assess students against the stated criteria.</td>
</tr>
<tr>
<td>Are there some assessment criteria that cannot be easily met? If so, how would you ensure that students meet these during their time in your practice area? Discuss and agree these criteria with other mentors and the link tutor in your area.</td>
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</tbody>
</table>

### BOX 3

<table>
<thead>
<tr>
<th>Learning activity 3</th>
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<tbody>
<tr>
<td>Review again the different sections of the practice placement documentation used in your practice area and consider the following:</td>
</tr>
<tr>
<td>How would you use these documents to aid your assessment and provide constructive feedback to your student?</td>
</tr>
<tr>
<td>Which documents and sections should be reviewed during the initial assessment?</td>
</tr>
<tr>
<td>What should be discussed and documented in the initial and midpoint assessments?</td>
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<tr>
<td>How does the documentation enable you to record the student’s learning needs and devise a mutually agreed action plan for both the initial and midpoint assessments?</td>
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<tr>
<td>How does the documentation enable you to provide constructive feedback following the summative assessment?</td>
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<tr>
<td>Is there a section for you and your students to agree and document their future development needs?</td>
</tr>
<tr>
<td>Is there a need for additional meetings? Where can you document these discussions?</td>
</tr>
<tr>
<td>Are there any additional sections for documenting and addressing a cause for concern? Discuss this process with your link tutor.</td>
</tr>
</tbody>
</table>

Visit the Nursing and Midwifery Council (NMC) website (www.nmc.org.uk) and download the standards for pre-registration midwifery or nurse education (NMC 2009, 2010). If you are a practice teacher you should also download the Standards of Proficiency for Specialist Community Public Health Nurses (NMC 2004) or the Standards for Specialist Education and Practice (NMC 2001) depending on your student. Familiarise yourself with these documents, particularly the competencies, proficiencies and essential skills clusters. Identify the competencies and essential skills clusters that can be achieved within your practice placement area.
off, the OAR should contain information about their overall performance, enthusiasm and professionalism.

At the end of the student’s placement, the OAR will give the sign-off mentor access to the student’s complete placement record, so they can appraise it and confirm that any areas of concern have been addressed. However, Walsh (2010) cautioned that a student can have a ‘bad’ placement through little fault of their own, which is then visible to all future mentors via the OAR. This may result in what is known as the ‘horn effect’; when unfavourable knowledge about a student influences the mentor’s judgement (Walsh 2010).

Mentors and practice teachers should be objective, avoid making any negative or favourable pre-judgements, and form their own opinion of the student. The majority of students progress well in their practice placements and successfully pass the summative learning outcomes. However, a minority of students give cause for concern and do not meet the required standards for the level and stage of their training. These students require appropriate support.

**Failure to fail**

There is some evidence to suggest that mentors are failing to fail students (‘failure to fail’ phenomenon) and that mentors and practice teachers might not be effective gatekeepers of the profession. Much of this research relates to mentors of pre-registration students, although the results could be generalised. The seminal work by Duffy (2003) indicated that mentors have passed students despite doubts about their clinical competence. An online survey by Gainsbury (2010) reported that 37% of mentors admitted to passing underachieving students. Conversely, in a questionnaire-based study involving mentors of pre-registration nursing students at the University of the West of Scotland, Brown et al (2012) found that around 80% of mentors said they had not passed a failing student. This finding is similar to the first phase of a study at the University of Glamorgan (Mead et al 2011), which surveyed a self-selected group of 94 mentors at a mentorship conference. The survey found that 90% (85 out of 94) of mentors would not pass a failing student, although the question could have been misconstrued. However, this suggests that 10% of mentors in this study and around 20% of mentors in the Brown et al (2012) study have passed or would pass a failing student.

Although these figures are lower than those indicated in previous studies (Duffy 2003, Gainsbury 2010), more needs to be done to improve this area of practice. Much of this research is qualitative and the results are based on small samples, or research undertaken in the researchers’ institute. Nonetheless, these findings may be transferrable to similar areas of practice for nursing students. Although failing to fail students remains a major concern, there has been an improvement in this area since the introduction of the SSLAP (Mead et al 2011, Brown et al 2012).

Despite the fact that mentors and practice teachers are prepared for their roles through established, formal NMC-approved mentorship programmes, in reality there is limited time to introduce the principles of supervision and assessments (Price 2007). Duffy (2003) reported that mentors feel they receive inadequate support, struggle to appreciate their mentoring role and feel that they need more support and guidance, especially when dealing with a failing student (Duffy and Hardicre 2007b, Gainsbury 2010). Continuing support from the higher education institute (HEI), link tutors, practice education facilitators (PEFs) and personal tutors regarding the mentor or practice teacher role is essential. This working partnership is central to enabling mentorship to be delivered in the practice placement (Robinson et al 2012).

Brown et al (2012) found that mentors felt equipped to deal with failing students themselves, and initiated contact with the HEI only after their own efforts were unsuccessful. Nonetheless, Brown et al (2012) reported that most mentors did eventually make contact with the HEI. The provision of ongoing support for mentors can have a positive effect on student experiences (Sharpies et al 2007), so it is essential that mentors and practice teachers seek support. Many mentors found the experience of failing a student ‘horrendous’ and ‘traumatic’ (Duffy 2003). Even though some mentors still report being less confident in this area, the widespread discussion and change in standards that Duffy’s (2003) work generated appears to be helping to address the failure to fail phenomenon (Box 4).

Research by Duffy (2003) and Gainsbury (2010) highlighted similar themes regarding why mentors are failing to fail students (Box 5). Other studies identified similar themes to Duffy’s (2003) work, for example mentors giving students the benefit of the doubt (Mead et al 2011, Brown et al 2012), but found that the number of mentors failing to fail students was lower than in Gainsbury’s (2010) study. This suggests that mentors might be increasingly aware of the importance of failing students, and be better supported in doing so, and that mentorship preparation is affecting practice. However,
others have reported that mentors still do not feel supported when managing a failing student and lack the confidence to fail these students (Jervis and Tilki 2011).

Duffy (2003) reported that mentors felt under pressure by HEIs to pass students. In contrast, others found that mentors did not feel pressure from HEIs and that this would not affect their decisions (Gainsbury 2010, Mead et al 2011, Brown et al 2012).

According to Marsh et al (2010), mentors found it difficult to fail students because they lacked experience, it was time consuming, they felt responsible and because of the emotional issues that arose. Duffy (2003) also reported that mentors left it too late to raise concerns about a student’s performance and, as a result, they did not have time to develop a plan to overcome the areas of failing. Mentors and practice teachers regularly report that assessing students’ attitudes and values in practice is difficult but crucial. A student might not be aware of their attitudes and values in relation to certain aspects of care until they are faced with a situation in practice that reveals these feelings. This is one of the many issues that can pose problems for mentors and practice teachers but that rarely emerges in the university setting (Price 2012). Mentors and practice teachers should therefore explore the student’s insights into what is required to deliver effective care (Price 2012).

The NMC (2008) has recognised the difficulties associated with failing students and has outlined several ways to identify sources of support (Casey and Clark 2011). These include ensuring mentors and practice teachers have access to a network of support and supervision, to enable them to fulfil their mentoring responsibilities and assist them in making complex judgements regarding the student’s competence.

Mentors and practice teachers should seek support and advice from other mentors, sign-off mentors, practice teachers, PEFs and link tutors when managing failing students (NMC 2008). PEFs are central to many aspects of mentorship and support mentors and practice teachers with advice and guidance (Robinson et al 2012).

Managing and supporting a failing student

Managing failing students is crucial to guarantee patient safety and public protection; mentors and practice teachers should only allow competent nurses and midwives to enter the register. This issue is especially important in an area of practice where nurses and midwives often work independently in people’s homes and other community settings (Skingley et al 2007). It is vital to identify any cause for concern about a student’s competence early in the placement, but first the mentor and practice teacher must be able to recognise the signs (Boxes 6 and 7). There seems to be reluctance on the part of mentors to raise concerns directly with students who are not performing at the required level (Fitzgerald et al 2010). Duffy (2003) raised awareness of concerns about the quality and robustness of the assessments of learners in practice. It is essential that robust procedures are in place, which could include tripartite meetings with the student, their mentor or practice teacher and their personal or link tutor (Sherwin and Muir 2011), to support and manage a student who is causing concern.

Mentors and practice teachers should take into consideration the reasons why a student is giving cause for concern. The student may have an undiagnosed disability or non-disclosed learning disability that requires additional support. Decisions regarding disabilities and health conditions are usually made during the initial selection process. Once a student is accepted

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**BOX 4**

**Learning activity 4**

- What are your initial thoughts about failure to fail?
- Why do you think mentors fail to fail students?
- Go to tinyurl.com/onsreo2 and download and read the report by Duffy (2003). Compare your answers to the above questions with the rationale in Duffy’s (2003) report.

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**BOX 5**

**Reasons for ‘failure to fail’**

- Given the benefit of the doubt, or a ‘borderline’ student (student is early on in the training course and needs time to learn).
- Issues not identified early enough in the placement to deal with in an appropriate way.
- Insufficient placement length for the student to gain competence.
- The mentor felt it was not their responsibility to fail students.
- Assessment document confusing or full of educational jargon; unable to translate information into practice.
- Uncomfortable or unwilling to document students’ failings.
- Did not want to jeopardise the student’s future when they were close to finishing their course.
- Worried about repercussions from the higher education institute (HEI).
- Perceived that the decision would be overturned by the HEI.
- No support from the HEI.
- Influenced by the student’s personal circumstances and possible consequences.
- Staff shortages, increasing workload resulting in insufficient time spent with the student.
- Too time consuming to complete the additional documentation required to fail a student.
- Limited experience or confidence in failing students.

(Adapted from Duffy 2003)
onto the programme, it might be assumed that the disability is not a barrier to their learning. However, some disabilities might only be recognised after the student begins the programme (Walsh 2010). Placement providers are required by the Disability Discrimination Act 1995 to make reasonable adjustments to ensure that students with disabilities can achieve their learning outcomes, competencies and skills.

HEIs should prepare placement areas, mentors and practice teachers to support these students. Students should not feel anxious about disclosing a disability to mentors and practice teachers, and should feel confident that they will not be discriminated against (Walsh 2010). However, in practice, some students might not disclose their disability, and so mentors and practice teachers will be unable to make reasonable adjustments to assist the student (Walsh 2010).

If the student discloses a disability, the mentor and practice teacher should establish the student’s needs early on in the placement and encourage them to discuss their disability and the additional strategies that will assist their learning, since the student may be best placed to do this. A mentor and practice teacher should also contact the trust’s PEF and the student’s personal tutor or link tutor for additional support and advice. Regardless of the support and reasonable adjustments that are put in place for students with a disability, mentors and practice teachers should be aware that it is their responsibility to assess students in practice and decide if they have met the criteria to pass the practice placement.

**Fitness to practise procedures**

Students are required to behave in accordance with the rules, regulations, policies and procedures of the university, and the regulations and codes of conduct of the relevant professional, statutory or regulatory body (NMC 2010). Mentors and practice teachers should be fully aware of the HEI’s fitness to practise procedure. When successful completion of an academic award from a university leads to a professional qualification, admission to a professional body, statutory registration and eligibility to practice, or when a student is subject to a professional code of conduct, the university has a responsibility to ensure that the student will be a safe and suitable member of the profession and be fit to practise.

As a requirement of membership or registration with a professional body for academic tutors, mentors and practice teachers, members must report cause for concern about a student’s fitness to practise. If a student gives cause for concern, depending on the issues raised, they can be referred to the HEI’s fitness to practise board for review and investigation by an academic tutor, a mentor or practice teacher. Each HEI has its own fitness to practise policy, so referral processes may differ (Box 8). Once the referral process has been followed, the fitness to practise panel will review the case and, where appropriate, seek advice from the relevant professional, statutory or regulatory body before commencing any action under these procedures.

**Process of managing a failing student**

Sometimes a student’s OAR identifies them as at risk of failure before they arrive at the practice placement. In this case, the student should be allocated an experienced mentor (Woodcock 2009). However, in most situations students at risk of failure will not have been recognised, so it is essential that those who give cause for concern are identified in the early stages of the placement. This can pre-empt failure and allow the student time to improve (Skingley et al 2007). Irrespective of the stage of the programme the student has reached, mentors and practice teachers should identify concerns and act accordingly (Box 9) (Casey and Clark 2011). However, if the student is alerted to the problem early on, it will be less stressful than having their training discontinued in the final year. The progression...
points that have been introduced in pre-registration programmes should help prevent this happening, because students are required to pass progression points before they can enter the next stage of their programme.

When there are concerns regarding a student’s performance, mentors and practice teachers should review the HEI assessment procedures (Duffy and Hardicre 2007a) and follow these precisely to ensure their assessments are not declared invalid (Woodcock 2009). It is also essential that they review the assessment documentation to confirm learning outcomes (Duffy and Hardicre 2007a). In addition, mentors and practice teachers should review the OAR for pre-registration students. Duffy and Hardicre (2007a) advised that an early discussion with colleagues is essential to clarify expectations and concerns. If a student has had the opportunity to access any spoke placements (learning experiences arranged from the main practice placement (hub)), the mentor or practice teacher should liaise with the named practitioner on the spoke placement to gain additional feedback on the student’s abilities.

One of the benefits of regular consultation with colleagues about a student’s learning is that concerns are highlighted early on in the placement, and the mentor or practice teacher does not have to broach difficult conversations in the final interview (Price 2012). However, if a student gives cause for concern then it is advisable to avoid allocating the student to other spoke placements so that the mentor can work as closely as possible with the student. The Royal College of Nursing (RCN) (2007) advises that the mentor and practice teacher should meet with the student as soon as possible to discuss the areas of concern, ensuring that the student knows the reason for the meeting. Students should be made aware that their performance is not meeting the expected standard, and the mentor or practice teacher should be open and honest (Walsh 2010).

Formal written feedback should be provided to identify the main areas for improvement. This should include specific, documented and mutually agreed action plans that will support the student. The action plan should identify the strategies and resources required to develop and meet the student’s learning needs, the agreed assessment methods that will be used and when, along with agreed timescales. Mentors and practice teachers should use HEI documents to devise and record the agreed action plans. This will assist in assessing the student’s fitness to practise (Duffy 2003). Agreement on the dates and times of future meetings is essential.

After this meeting, the mentor or practice teacher must work closely with the student and arrange for them to work alongside other mentors and healthcare professionals (RCN 2007). It is advisable that mentors and practice teachers do not make these decisions alone; they benefit from the assistance of other team members in assessing the student’s knowledge and clinical skills, and this can also ensure the assessment is objective and fair (Duffy and Hardicre 2007a). Feedback and meetings should be planned regularly, daily or weekly, to review the student’s progress, and give them the best opportunity to improve.

Mentors and practice teachers must provide evidence of the assessment process and document all student discussions, meetings and feedback to establish a pattern of failing performance or improvement and ensure that there is an audit trail (Duffy and Hardicre 2007a). The documentation should be factual, non-judgemental and note the strengths and weaknesses of the student, with examples (Duffy and Hardicre 2007a).

When assessing a student’s performance, the use of several assessment methods is crucial to ensure the assessment is valid and reliable. These concepts were covered in detail in the previous article in this series (Houghton 2016). The date

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**BOX 8**

**Learning activity 6**

- Locate and familiarise yourself with the fitness to practise policy for the relevant higher education institute (HEI). If you mentor students from different HEIs, then you should obtain the policy from each of these HEIs.
- What is the referral process if a mentor or practice teacher has a cause for concern about a student?
- What documentation is required?
- Where can you locate this documentation?
- Who should you contact?
- It is worth keeping this information, along with the policy, to hand in your practice placement documentation.

**BOX 9**

**Learning activity 7**

A student who is halfway through their Nursing and Midwifery Council-approved programme does not appear to be developing the appropriate attitude towards their learning. There is also concern about their communication and interpersonal skills with patients.

- How would you manage this student?
- What action should you take?
- What advice and guidance would you give to the student?
- Devise a detailed action plan.
Learning activity 8

- Review your action plan from Learning activity 7 (Box 9). Given the same scenario, what would you do differently?
- Did your action plan take into account the processes of managing a failing student? If not, review and amend your action plan. Reflect on what you would do differently to manage this situation in the future.

Domain 3 of the Standards to Support Learning and Assessment in Practice: assessment and accountability

Stage 2: mentor

- Foster professional growth, personal development and accountability through support of students in practice.
- Demonstrate a breadth of understanding of assessment strategies and ability to contribute to the total assessment process as part of the teaching team.
- Provide constructive feedback to students and assist them in identifying future learning needs and actions. Manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future.
- Be accountable for confirming students have met, or not met, the Nursing and Midwifery Council (NMC) competencies in practice. As a sign-off mentor, confirm that students have met, or not met, the NMC standards of proficiency in practice and are capable of safe and effective practice.

Stage 3: practice teacher

- Set effective professional boundaries while creating a dynamic, constructive teacher-student relationship.
- In partnership with other members of the teaching team, use knowledge and experience to design and implement assessment frameworks.
- Be able to assess practice for registration, and also at a level beyond that of initial registration.
- Provide constructive feedback to students and assist in identifying future learning needs and actions, managing failing students so that they may either enhance their performance and capabilities for safe and effective practice, or be able to understand their failure and the implications of this for their future.
- Be accountable for confirming that students have met, or not met, the NMC standards of proficiency in practice for registration, at a level beyond initial registration, and are capable of safe and effective practice.

(Nursing and Midwifery Council 2008)

Eight domains of the Standards to Support Learning and Assessment in Practice framework

1. Establishing effective working relationships.
2. Facilitation of learning.
3. Assessment and accountability.
7. Evidenced-based practice.
8. Leadership.

(Nursing and Midwifery Council 2008)
(Nicol and Dossor 2016). Mentors or practice teachers who have managed a failing student, should reflect on this experience and identify what they have learned and what they would do differently. It is advisable that the evidence generated is mapped and cross-referenced against the relevant SSLAP (Box 12) since some of the evidence will be relevant to other domains.

**Conclusion**

Providing students with regular informal and formal feedback is essential to enable them to learn and develop from their experiences. Mentors and practice teachers should ensure they provide objective, constructive and supportive feedback to students at every opportunity. Failure to fail is a major concern in practice. To safeguard the public, mentors and practice teachers should be aware of the consequences of failing to fail a student and how to manage students who give cause for concern.

The next article in this series will continue to examine assessment and accountability, with particular focus on mentors and practice teachers and the role of the sign-off mentor NS

**Acknowledgement**

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