Assessment and accountability: part 3 – sign-off mentors

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Conflict of interest
None declared

Abstract
Assessment in clinical practice is a complex role undertaken by mentors and practice teachers. This article is the third of three articles about assessment in practice. Part one focused on the importance of assessment and identified assessment methods used in clinical practice, while part two discussed the importance of feedback and managing failing students. This article examines the concepts of responsibility and accountability as well as ethical issues for mentors and practice teachers in relation to the assessment process. The role of the sign-off mentor, the issue of due regard, and ethical principles are discussed. The meaning of competence and partnership working when making assessment decisions are explored. 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.

Keywords
accountability, assessment, ethics, mentors, mentorship, practice teachers, sign-off mentor, students

IN 2004, THE Nursing and Midwifery Council (NMC) published the Standards for the Preparation of Teachers of Nurses, Midwives and Specialist Community Public Health Nurses (NMC 2004). These standards were originally set by the UK Central Council for Nursing, Midwifery and Health Visiting and were first adopted and republished by the NMC when it took over as the nursing regulator in 2002. The standards had a minor review to bring them in line with the new register in 2004.

Following a complete review of the standards in 2006 and in light of the NMC’s (2005) Consultation on Fitness to Practice at the Point of Registration, the NMC published the Standards to Support Learning and Assessment in Practice (SSLAP) (NMC 2008). There were overlapping issues from the review of the standards and the publication of Consultation on Fitness to Practice at the Point of Registration (NMC 2005) regarding quality and support for learning and assessment in practice (NMC 2008).

Since publication of the SSLAP, students who are undertaking an NMC-approved education programme from September 2007 onwards must be supported and assessed in practice by practitioners who have attained the relevant qualifications (NMC 2008). An in-depth account of the SSLAP (NMC 2008) can be found in part one of this series (Houghton 2016a). Supervision, support and assessment of student performance are important aspects of the work of nurses, midwives and specialist community practitioners (Casey and Clark 2011).

The SSLAP (NMC 2008) sets out the roles of the mentor and practice teacher and what they are responsible and accountable for (Box 1). One of the most important aspects of these roles is the assessment of students in practice, which includes their skills, attitudes and behaviours. Mentors and practice teachers are responsible for liaising with other practitioners to provide feedback, identify concerns about a student’s
Performance and agree any action as appropriate. However, assessment in practice is often not given the priority it should be (Walsh 2010).

**Responsibility and accountability**

In accepting the role of a mentor or practice teacher, a nurse or midwife is implicitly accepting responsibility and accountability for maintaining the standards of supervision and assessment (Box 2) (Gopee 2015).

Responsibility and accountability are often used interchangeably; however, they have different meanings (Griffith and Tengnah 2013). Responsibility is having control or autonomy over someone or something. Gopee (2010) emphasised that healthcare practitioners are responsible for all their activities and behaviours. Griffith and Tengnah (2013) explained that nurses and midwives are responsible for their practice and decide what interventions are necessary for patients, while taking into account the patient’s best interests. Since healthcare practitioners are entrusted with and accept this responsibility, they must be accountable for their actions (Wheeler 2012). Gopee (2010) claimed that healthcare practitioners are also accountable for the activities that are allocated or assigned to them during the course of their duties.

Accountability is an obligation to give an explanation for actions and omissions (Wheeler 2012). Therefore, nurses and midwives in the role of a mentor or practice teacher are answerable for their acts or omissions and thus have a responsibility to ensure that students gain the necessary experience to develop their professional competence (Gopee 2015). Healthcare practitioners are accountable to and for patients under civil and criminal laws, as well as being accountable to their profession, the general public, the professional regulatory body and their employer (Gopee 2010). As well as accountability, mentors and practice teachers should consider the ethical issues relating to the learning and assessment process and the decisions they make regarding a student’s practice (Box 3).

**Ethical principles**

Ethics is a general term used to describe the different ways of understanding and examining the moral life (Beauchamp and Childress 2013). Butts and Rich (2013) defined ethics as the study of ideal human behaviour and existence, focused on understanding the concepts of right and wrong and distinguishing between them. There are five widely accepted ethical principles that apply directly to mentoring: the value of life; goodness and rightness; justice and fairness; truth telling and honesty; and individual freedom (Table 1) (Gopee 2015). Two further ethical principles can be applied when supporting learning...
and assessment in practice: non-maleficence and beneficence (Beauchamp and Childress 2013). Non-maleficence is the obligation to avoid causing harm and beneficence is the obligation to provide benefits and to balance benefits against risks (Beauchamp and Childress 2013).

Assessment is a fundamental role of mentors and practice teachers, enabling them to provide support and guidance to promote a student’s development, and to safeguard the public by preventing a failing student from becoming a registered nurse (Luhanga et al 2008). In accepting the role of mentor or practice teacher, the registrant is responsible and accountable for their actions and omissions in relation to supporting a student’s learning and assessment in practice (Gopee 2015).

One of the main responsibilities of a mentor or practice teacher is to make a judgement about a student’s abilities in practice and they are therefore accountable for the decisions they make. The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC 2015) states that as a nurse or midwife you should ‘be accountable for your decisions to delegate tasks and duties to other people’. Therefore, it is essential that the student-mentor or student-practice teacher relationship remains a professional partnership, and has clear boundaries that differentiate between the various roles of mentors or practice teachers. It is important to balance a supportive nurturing role with an assessor role to make objective, unbiased assessment decisions (Casey and Clark 2011).

Healthcare practitioners are accountable to their professional body for the decisions they make about a student’s competence. The NMC (2008) acknowledges that mentors and practice teachers, and sign-off mentors in particular, should recognise their additional accountability and be aware of their obligations to protect the public. In a small qualitative study of community nurses, Middleton and Duffy (2009) reported that mentors appeared to be acutely aware of their accountability, although they did have some concerns about being held accountable.

The NMC (2008) states that mentors and practice teachers are responsible and accountable for assessing the ‘total performance’ of a student, including their clinical skills, attitudes and behaviours. Concerns have been raised about nurses being inadequately prepared for their professional role (Duffy 2003, Brown et al 2012). In light of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis 2013), which

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<th>BOX 3. Learning activity 2</th>
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<td>Reflect on the following scenario. A mentor or practice teacher has been mentoring a student for several weeks. The student was halfway through their programme of study and the mentor or practice teacher had arranged to complete the student’s midpoint assessment. The mentor or practice teacher had concerns regarding the student’s abilities with several specific competencies, but did not highlight any of these concerns to the student. During the summative assessment, the mentor or practice teacher provided feedback to the student regarding their strengths in relation to the competencies. The mentor discussed the areas of concern with the student and informed them that they had not met the minimum standard. The student became distressed and expressed that they had previously performed well in practice, but had been experiencing some personal difficulties during this placement, which had affected their performance. The mentor or practice teacher listened to the student’s issues and concerns and gave them the benefit of the doubt. By the end of the summative assessment, the mentor or practice teacher passed the student. List the ethical issues that could arise from this scenario.</td>
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<th>TABLE 1. Five ethical principles and their application to mentorship</th>
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(Gopee 2015)
highlighted sub-optimal nursing care and incompetence of staff, it is imperative that mentors and practice teachers consider and assess a student’s total performance. However, Gopee (2015) suggested that mentors and practice teachers do not put as much emphasis on a student’s attitude and behaviour and instead focus on their clinical skills and knowledge. Therefore, in addition to assessing skills and knowledge, mentors and practice teachers should assess a student’s enthusiasm and compassion, and their attitudes towards caring, dignity, respect and integrity of patients (Gopee 2015).

Mentors and practice teachers should consider the decisions they make about a student’s competence and only pass a student if there is sufficient evidence of competency. Otherwise, they may knowingly or unknowingly cause harm to patients (Gopee 2010), thus neglecting the ethical principle of non-maleficence. Moreover, the student may engage in unethical clinical practice through faulty care delivery (Gopee 2010). The decision to pass a failing student may lead the student to believe that they are competent when they are not, which may also be construed as unethical (Gopee 2010).

It is important to emphasise that mentors and practice teachers are accountable to their students and are required to defend their decision making. If a mentor or practice teacher is aware that someone could be at risk of harm or that a student might be putting someone at risk, they should act without delay.

The Code (NMC 2015) states that nurses and midwives ‘work within the limits of your competence, exercising your professional “duty of candour” and raising concerns immediately whenever you come across situations that put patients or public safety at risk’. To summarise, healthcare practitioners have a duty of care to protect patients against harm (Wheeler 2012). One of the legal implications of assessments is that when a student passes the programme, they are then able to practice without direct supervision. Consequently, allowing someone to practice unsupervised when they are not competent is technically in breach of the law, and failing to fail is thus unethical (Gopee 2010, Houghton 2016b).

Nurses and midwives are accountable to themselves and the public, and have a duty of care to consider when delegating work to someone who is not on the NMC register. Even though they might delegate responsibility for a particular aspect of a patient’s care, the mentor or practice teacher remains accountable for ensuring the student performs the delegated interventions to the required standard and should ensure appropriate levels of supervision or support are in place (Gopee 2010).

‘Prioritise people’ is one of the four themes of The Code (NMC 2015). Therefore, accountability to the patient is a priority. Mentors and practice teachers should balance the benefits of delegating clinical interventions to students and the level of supervision required to ensure patients are not at risk of harm.

The SSLAP (NMC 2008) states who is eligible to support and assess students who are undertaking an NMC-approved programme. More importantly, the NMC (2008) has introduced the role of the sign-off mentor. This person is responsible for confirming that students have met the required standards of proficiency before they can join the register and practice without supervision.

**Sign-off mentors and due regard**

Students on an NMC-approved pre-registration nurse education programme are required to have a sign-off mentor in their final placement only (Box 4). Therefore, only those mentors who support pre-registration nursing students in final placements are required to meet the sign-off criteria. Midwifery students must be supported throughout their training by a sign-off mentor at all times to confirm the students’ proficiency at the end of each placement and at the progression points.
enabling them to proceed to subsequent years. Midwives who undertake mentor preparation are required to meet the additional sign-off criteria during the programme. Post-registration staff on an NMC-approved community specialist practitioner programme are also required to have a sign-off mentor and those on the specialist community public health programme must have a practice teacher.

The role of the sign-off mentor is to make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice for entry onto the NMC register (NMC 2008). According to Gopee (2015), signing off proficiency assures an individual’s fitness to practise and therefore the role has to be performed responsibly and with accountability. A mentor or practice teacher is accountable for reviewing the student’s documentation, including the ongoing record of achievement, to ensure that the evidence provided by the student has met all of the standards of proficiency (Gopee 2010). The student’s documents are used as evidence to confirm that they have met the practice requirements. It is therefore essential that mentors and practice teachers have an understanding of the student’s programme and assessment requirements and an in-depth understanding of their own professional accountability (Gopee 2010).

Casey and Clark (2011) asserted that sign-off mentors should strengthen the quality of the practice assessment. However, some mentors have raised concerns about the implications of being a sign-off mentor, particularly with regard to supporting failing students who are nearing the end of their programme and the resulting pressure to pass students on their final placement (Middleton and Duffy 2009). The accountability of the sign-off mentor role made mentors anxious about taking on this responsibility.

To become a sign-off mentor, a qualified mentor is required to demonstrate that they have met additional criteria (Box 5). Once they have provided this evidence to the practice education facilitator within the organisation responsible for the live register, they can have this role annotated next to their name on the live register of mentors and practice teachers and are then entitled to sign off a student’s proficiencies at the end of their final placement. A sign-off mentor must have the knowledge and skills to undertake a robust, equitable and fair assessment (Durham et al 2012). The sign-off mentor must spend one hour of protected time per week with the student (NMC 2008). However, the NMC (2008) recognises that as part of interprofessional learning, other practitioners and other placements, such as spoke placements (learning experiences arranged from the main practice placement (hub)), will also contribute to the student’s learning and enable students to gain a breadth of experience, but do not usually involve an assessment of the student’s practice.

All mentors and practice teachers can assess a student’s individual competencies and skills. However, only a sign-off mentor or practice teacher who is on the same part or sub-part of the register as the student and in the same field of practice, can confirm that the student has met the relevant standards of proficiency to meet the requirements of registration or a recordable qualification (NMC 2008). This is known as the principle of ‘due regard’ and needs to be applied appropriately. A hub and spoke approach can be used; the student

**KEY POINT**

‘A mentor or practice teacher is accountable for reviewing the student’s documentation, including the ongoing record of achievement, to ensure that the evidence provided by the student has met all of the standards of proficiency (Gopee 2010)’
has a base or hub during a long placement, supervised and summatively assessed by a mentor or practice teacher with due regard, but as part of this placement, the student can undertake a series of spoke placements overseen by a range of supervisors who then feed back to the hub mentor or practice teacher (NMC 2008).

Responsibility, accountability and competency
For mentors, sign-off mentors and practice teachers to be fully aware of their responsibility and accountability regarding the decisions they make, it is necessary for them to understand the term competency (Box 6). Competency is difficult to define, but nursing competence refers to aptitude and proficiency (Cassidy 2009). The NMC (2008) defines competence as having ‘the knowledge and skills for safe and effective practice when working without direct supervision’. Therefore, competency involves more than demonstrating correct practice; it requires the flexible application of technical and psychomotor skills that are intertwined with the unpredictable and elusive aspects of human care (Watson et al 2002).

According to Hughes and Quinn (2013), competency is associated with safety; however, safety alone is not sufficient to make a competent practitioner. Price (2012) stressed that it is important to understand what students can do but also that they can justify and explain their practice. Students will be at varying levels of competency according to their stage of training and their previous experiences. Therefore, the required standard must be explained to the student according to their level, stage of training and previous experience, otherwise the student and mentor or practice teacher will not know whether the appropriate standard has been reached (Hand 2006). It is essential that the mentor or practice teacher identifies the level to which the student is to be taught and assessed to maximise learning (Hand 2006).

Judgements about what it means to be competent can be complicated by the mentor or practice teacher’s subjective interpretations (Cassidy 2009). According to Sherwin and Muir (2011), assessment is subjective because it is concerned with the relationship between the mentor or practice teacher as the observer and the student being observed. There is an imbalance of power that can cause ethical dilemmas. Assessment can be seen as a threat, can be intrusive and can generate uncertainty. However, assessment is essential because it creates opportunities for students to develop and realise their potential, but will also highlight deficits in their skills, knowledge and attitude (Sherwin and Muir 2011).

Mentors and practice teachers should use multiple methods of assessment before making a decision about whether a student is competent or not, and should seek feedback from colleagues. Further discussion regarding methods of assessment is available in a previous article in this series (Houghton 2016c).

Partnership working with other members of the team
The context of practice will vary, being either more or less challenging with regard to the delivery of care. As a result, the student’s standard of performance will vary, and mentors and practice teachers should take this into consideration (Price 2012).

No mentor or practice teacher can be expected to make judgements alone about a student’s performance, since it is impossible for the mentor or practice teacher to have witnessed all of the student’s activities and achievements. However, the mentor or practice teacher should have seen enough of the student’s practice and gained sufficient feedback from others to ascertain whether the student is competent (Price 2012).

Team mentoring is an important part of student assessment, so the named mentor or practice teacher should consult with others in the team. During this consultation...
it is important to enquire fully about the student's progress and ascertain whether they were active in patient care, and if they appear to be learning and developing (Price 2012). This will help reduce any possible bias, appraise the student's performance in various situations, obtain several views of the student's abilities, and determine whether the student understands the issues and professional behaviour required of them (Box 7). Asking several colleagues, and also patients, for feedback will enable the mentor or practice teacher to make a decision about the student's competence. Kinnell and Hughes (2010) supported the need to liaise with colleagues regarding a student's progress, especially as the end of the placement approaches. However, it is the sign-off mentor who makes the final decision.

**Portfolio development**

Mentors and practice teachers are required to demonstrate they have met the requirements of stage 2 or 3 of the SSLAP framework (NMC 2008) through the development of a portfolio. The third domain of the SSLAP (NMC 2008) comprises assessment and accountability (Box 8). Working through the learning activities in this and the previous two articles (Houghton 2016b, 2016c) provides appropriate evidence towards this domain and outcomes. In addition, the opportunity to assess a student in practice will generate further evidence.

Providing the student gives consent, the mentor or practice teacher should take a copy of the student's documentation, which includes the initial, midpoint and final assessments. The student's name should be removed to preserve anonymity (NMC 2015). Reflecting on this experience will also provide relevant evidence towards this domain. It is advisable that the evidence generated is mapped and cross-referenced against the relevant SSLAP (Box 9), since some of the evidence will be relevant to the other domains.

**Conclusion**

Assessment is one of the main roles of mentors and practice teachers in the practice setting and is essential to enable a student to progress and to protect the public. To be prepared for this crucial role, mentors and practice

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**BOX 7. Learning activity 5**

You are mentoring a student who is in their third year final placement. The first interview did not occur until day 10 of the placement, which was rushed because of the busyness of the placement setting. At the midpoint assessment you check the student's ongoing record of achievement and notice that the previous 2 years of study have been exemplary.

You have worked with the student on numerous occasions and you have spoken to the team regarding their progress; the student is not progressing well in relation to their attitude and communication skills and is not taking responsibility for their own learning. You have also gathered feedback from a few patients regarding the student's progress. At the midpoint assessment, you briefly discuss your concerns but the student informs you that they felt they had not settled well during this placement and they struggled with the objectives. You set an agreed action plan to assist the student to improve and progress.

What would you include in this action plan? Whom should you contact for support and advice? What documents should you look at in the first week of the practice placement to make an accurate assessment of the student's previous progress and learning needs?

The student continued in the placement and you worked with them at every opportunity. At the final assessment you failed the student on several domains, but the student felt aggrieved and stated that they felt unsupported. In your role as a sign-off mentor, explain what you should do in this situation? What went wrong? What should have been done to ensure the student had a better assessment process?

**BOX 8. 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 that 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)
teachers must be aware of the responsibility, accountability and ethical issues arising from the role and the decisions they make to pass or fail a student. The NMC (2008) states who should assess a student’s progress and who can sign off proficiencies in practice to ensure due regard at all times. It is essential that mentors and practice teachers understand the meaning of the term competence and that they adopt a partnership approach when making a decision to pass or fail a student.

By identifying, reviewing and reflecting on the assessment process used in practice, mentors and practice teachers can ensure the assessment process is robust.

The next article in this series will examine the domains of evidence-based practice and the context of practice.

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