Assessment and accountability: part 1 – assessment

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Abstract

Assessment in clinical practice is a complex role undertaken by mentors and practice teachers. Therefore, this and the following two articles in this series will explore student assessment in clinical practice and the theoretical concepts that relate to assessment of learning and development. This article examines the importance of assessment and the role of mentors and practice teachers in this activity. Definitions and the purpose of assessment are analysed, in addition to various assessment methods used in clinical practice that relate 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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Review

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ONE OF THE MAIN roles of mentors and practice teachers is to support students in practice to register or record their qualification with the Nursing and Midwifery Council (NMC). Nurses are required to be knowledgeable ‘doers’ (Bradshaw and Merriman 2008). The focus of assessment in the practice setting should be the use of knowledge (Price 2012); therefore, mentors and practice teachers should ensure that students are using the appropriate knowledge, translating this knowledge into practice, and confidently combining different types of knowledge to best effect. Assessment is a fundamental function of a mentor or practice teacher (Gopee 2015). The Standards to Support Learning and Assessment in Practice (SSLAP) (NMC 2008) specify that mentors and practice teachers must be competent in their assessment of learning to make appropriate judgements about student proficiency for entry to the register or for recording a qualification at a level above initial registration.

Assessments are required to safeguard the public by ensuring that only students who have met the required standard of achievement can register as a nurse or midwife (Kilgallon and Thomson 2012). Assessment is required to maintain the credibility of the nursing profession (Hand 2006). Mentors and practice teachers are responsible and accountable for some of the crucial and sophisticated assessments of student learning. Therefore, investment in time and attention to detail are essential (Price 2012).

The SSLAP (NMC 2008) stipulates that mentors and practice teachers should provide consistent and honest evaluation of a student’s performance in the clinical setting because this is a crucial part of a rigorous assessment. Mentors and practice teachers should be aware that a mentoring role can lead to role conflict (Hand 2006). Because mentors and practice teachers often act as a guide, supporter and facilitator, as well as an assessor. This can be problematic if there are prolonged periods of contact between the student and mentor or practice teacher. Assessments in practice should be conducted transparently, objectively, rigorously and fairly (Price 2005a). For this to happen,
mentors and practice teachers should understand the many dimensions of assessment strategies.

**Definition and purpose of assessment**

Assessment measures a student’s learning as a result of a teaching or learning situation (Sherwin and Muir 2011). However, assessment is a contentious issue (Neary 2000); there are several definitions of assessment and many authors suggest that assessment is about judging, appraising or putting a value on something (Neary 2000, Nicklin and Kenworthy 2000, Curzon 2003). Assessment involves making a judgement about a student’s performance and progress in terms of their competence with regard to knowledge and skills specifically (Walsh 2010). Assessment is a measurement and a process by which information about a student’s learning and clinical practice is collected (Kilgallon and Thompson 2012). Hand’s (2006) definition of assessment combined both of these suggestions: ‘Assessment is a means of collecting data to demonstrate that an acceptable standard of practice has been reached by a student and on which a decision to declare a practitioner competent can be made’ (Box 1).

Assessment of practice learning is complex (Price 2012). Assessment is subjective, personal and emotive, and interpretation and views on assessment vary (Lee 2006). Walsh (2010) implied that no fully adequate definition of assessment exists, and it is difficult to define because of the many variables and variations relating to what and who is being assessed.

Assessment can be either formative or summative, and it is important that mentors and practice teachers know the differences between the two (Price 2005a). Formative assessment enables the mentor or practice teacher to advise the student on their progress (Price 2005a); the initial and midpoint assessments of a student in practice are deemed formative assessments. Formative assessment evaluates the level of achievement so far, which is beneficial for motivating a student and useful to identify learning needs (Kinnell and Hughes 2010, Gopee 2015). From this type of assessment, the mentor or practice teacher should devise an agreed action plan with the student. Any identified learning needs should be documented.

Summative assessment is used to determine whether the student has reached the desired level of achievement against set criteria (Walsh 2010). The summative assessment usually follows a period of formative assessment and occurs at a specified time. The final assessment in practice is classed as a summative assessment that is designed to judge the competency of the student’s practice against specified benchmarks (Price 2005a).

In most cases, these benchmarks are the relevant NMC (2001, 2004, 2009, 2010) competencies that the student is working towards as part of their educational programme (Box 2). There are many reasons why students should be assessed in clinical practice (Box 3), but one of the main purposes is to help students learn and progress.

**Overview of the Nursing and Midwifery Council standards**

Mentors and practice teachers should be aware that the theory-to-practice ratio for all students on an NMC-approved programme is equally weighted, and therefore the practice assessments contribute substantially to a student’s progression and successful completion of the programme.

The pre-registration midwifery programme must be compliant with the NMC standards to grade practice. Thus, assessment of clinical

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**BOX 1**

**Learning activity 1**

Discuss with a colleague the significance and effect of assessments for mentors or practice teachers. In practice, students are required to have a minimum of three formal assessments. What is the purpose of the initial assessment, midpoint assessment and final assessment? What should happen in each of these assessments? Record your answers in your portfolio and map these against the relevant domains and outcomes of the SSLAP.

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**BOX 2**

**Learning activity 2**

Download the relevant standards that relate to your student(s) from the Nursing and Midwifery Council (NMC) website (www.nmc.org.uk), for example Standards for Pre-Registration Midwifery Education (NMC 2009); Standards for Pre-Registration Nursing Education (NMC 2010); Standards for Specialist Education and Practice (NMC 2001); or Standards of Proficiency for Specialist Community Public Health Nurses (NMC 2004). Review the standards that relate to the students that you mentor. Review the domains and standards of proficiency or competency. How do these relate to your practice area and the practice assessments you use to assess students? Access the essential skills clusters, if applicable. How do these relate to your practice area and the practice assessments you use to assess students in practice? Which of these proficiencies or competencies and essential skills clusters can a student achieve in your practice placement? State how you would assess a student against these identified proficiencies or competencies and essential skills clusters.
Nursing students work towards and must meet the generic and field-specific competencies as well as the stated essential skills clusters by the end of the programme (NMC 2010). For students to meet the requirements for each progression point, they are required to have a minimum of a four-week practice placement at the end of each year and undertake at least a 12-week practice placement towards the end of the programme. It is, therefore, important for mentors to be aware of the time frames within which the assessments should take place.

The Standards for Specialist Education and Practice (NMC 2001) are founded on principles that offer a common core preparation and common core learning outcomes, followed by specific learning outcomes for the area of practice that the student is working towards, for example community nursing or general practice nursing. Therefore, sign-off mentors should become familiar with the core common standards and the specific learning outcomes pertaining to the area that the student is working towards.

Students working towards any of these standards are required to exercise high levels of judgement, discretion and decision making focusing on clinical practice, care and programme management, clinical practice development and clinical practice leadership (NMC 2001).

The Standards of Proficiency for Specialist Community Public Health Nurses (NMC 2004) consist of ten main principles of public health practice and are grouped into four domains, which the practice teacher should be familiar with to support and assess the student in practice. This programme involves 50% practice and 50% theory across the whole programme, with a period of at least ten weeks to consolidate the student’s education and competence in practice.

Mentors and practice teachers should be aware that a student who is unsuccessful in passing all elements of the defined assessment strategy approved by the NMC, will not be eligible to register as a nurse or midwife or record their qualification at the end of the programme (NMC 2001, 2004, 2009, 2010). However, this should not influence assessment decisions. Mentors and practice teachers should ensure that the assessment strategies used in practice are valid and reliable so that they can support and justify their decisions.

**Validity and reliability of assessments**

Early and careful planning of assessment of practice is imperative to ensure that it proceeds systematically to maximise learning and reduce

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**BOX 3**

**Purpose of assessment**

- To monitor student progress.
- To give feedback.
- To identify learning needs.
- To motivate students.
- To assess level of competence.
- To measure the effectiveness of teaching.
- To safeguard the patient and protect the public.

(Walsh 2010)
undue stress on the student (Gopee 2015). The assessment process should be robust to assist the mentor or practice teacher in making realistic judgements about a student’s competence and ultimately to decide whether to pass or fail them (Walsh 2010). Assessments should be transparent (Price 2005a); therefore students should be aware of the type of assessment methods that are to be used, when the assessment will take place, how long it will last, the criteria that they are being assessed against, and the opportunities available to check on their progress.

Mentors and practice teachers should use more than one type of assessment method to be certain that the student has met the relevant knowledge and performance outcomes (Hand 2006). This is known as between-methods triangulation (Stuart 2007) and is a means of enhancing validity and reliability (Hand 2006). However, Redfern et al (2002) suggested that every method of clinical assessment has its strengths and weaknesses, but some lack adequate validity and reliability. When using multiple sources of evidence to assess a student’s competence, mentors and practice teachers should ensure that there is a clear, legitimate audit trail to accompany their accountability for the decisions they make (Cassidy 2009).

There are several elements to the effectiveness of assessment to improve quality and ensure objectivity (Hand 2006, Quinn and Hughes 2007, Walsh 2010). These are known as the four cardinal criteria of assessment: validity, reliability, discrimination and practicality. Validity is the most crucial (Gopee 2015) because it refers to the extent to which the assessment measures what it intends to measure. In other words, does the assessment actually measure the learning outcomes or the competencies it sets out to assess? (Box 4).

Validity can be divided into several components: content, predictive, face, construct and concurrent. Content validity refers to the material or curriculum being assessed and whether it is appropriate in terms of what is expected for the stage and level of the student’s training. Assessment should also test a student’s knowledge, comprehension, application and psychomotor skills (Hand 2006). Predictive validity relates to whether the assessment predicts a student’s future performance. It is important that future performance of a student can be predicted for them to be accepted onto the NMC register, and also whether they can adjust their performance to different practice settings (Gopee 2015).

Face validity relates to whether the assessment appears to be relevant to what is being assessed and whether the student actually demonstrates the complexity of the analytical, interpersonal and technical skills required for competency (Gopee 2015). Construct validity relates to the student’s attitude, values and behaviours, which are important for any healthcare practitioner, especially in light of the findings of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis 2013). Concurrent validity refers to whether the assessment results correlate with those of other assessments used at the same time.

It is important to note, however, that an assessment cannot be valid unless it is reliable (Hand 2006, Walsh 2010, Gopee 2015). The term reliability is used to indicate the consistency of results when an assessment is repeated on different occasions. Optimum assessment should always give the same results regardless of who is undertaking it (Walsh 2010). To increase the reliability of an assessment, all those involved in the assessment should use the same criteria. One way this can be achieved is to ensure that mentors and practice teachers use the student learning outcomes from their practice placement documents along with the organisational protocols, policies, procedures and guidelines (Box 5).

Discrimination relates to the ability of the assessment to differentiate between different levels of competency (Gopee 2015). A taxonomy of learning is used to enable the differentiation of levels of competency, such as novice to expert (Benner 1984) or exposure to dissemination.

**BOX 4**

**Learning activity 3**

Examine the student assessment documentation used in your area of practice, and review the assessment criteria. What assessment methods would you use to assess these criteria? How valid and reliable are these assessment methods? Do they measure the assessment criteria stated? How practical are your assessment methods?
(Steinaker and Bell 1979). One of the main purposes of assessment is to protect the public, therefore assessments should differentiate between students who are at the required level and those who are not (Aston and Hallam 2011).

Assessments should be practical to administer in terms of ease, cost and time. Assessments should take into account the needs of the practice placement area and the team (Walsh 2010). Mentors and practice teachers should be realistic in ensuring that what they are assessing is appropriate in terms of the length of time that the student is allocated to the practice placement (Kinnell and Hughes 2010). Mentors and practice teachers should use multiple assessment strategies to ensure the quality and objectivity of these strategies and that they incorporate the four cardinal criteria of assessment previously discussed.

Methods to assess learning for registration and beyond

Continuous assessment
The inclusion of multiple methods of assessment can help a student to integrate, synthesise and assimilate the theoretical components of the relevant learning outcomes with clinical application in practice (Quinn and Hughes 2007). One essential method of assessment, as advocated by the NMC (2008), is that of continuous assessment.

Assessments should start early and include regular feedback; assessments should be realistic, understood and based on insights shared by colleagues (Price 2012). Furthermore, assessments should be continued over time so that mentors and practice teachers can assess consistency of performance in varying situations (Price 2007).

A student should be observed on a number of occasions over a period of weeks to provide a better reflection of their abilities to perform the task and so that evidence of competence can be collected (Sharpies et al 2007). This suggestion is supported by Oliver and Endersby (1994), who stressed that no single final procedure is adequate for assessing clinical competence, therefore continuous assessment is essential. Assessment of clinical performance needs to accommodate the diversity of patients to make a judgement about a student in terms of their cultural sensitivity (Dogra and Wass 2006). In addition, continuous assessment enables a student to increase their confidence before a final judgement is made (Hand 2006).

Through the use of a mutually agreed action plan, the mentor or practice teacher should work with the student regularly to ensure that the student’s performance is critiqued over the duration of the practice placement. This enables the student’s day-to-day clinical practice to be observed and judged; however, this can be time consuming for the mentor or practice teacher (Kinnell and Hughes 2010, Walsh 2010).

This approach can be subjective and lead to favourable judgements because of the bond that can form between the student and mentor or practice teacher. From a student’s perspective, being observed continuously can cause a degree of stress and anxiety, which may affect their performance (Kinnell and Hughes 2010). Nevertheless, continuous assessment provides the student with constructive feedback regarding their strengths and weaknesses (Duffy and Hardicre 2007), which identifies areas for development that, in turn, can motivate the student through the fear of failure (Kinnell and Hughes 2010).

Providing feedback to a student regarding their progress is important and should occur at regular intervals. Feedback should be given informally following an episode of care or at the end of each shift, and formally via the planned formative and summative assessments. For further information on the importance of feedback, the reader is referred to the next article in this series.

Observation of practice
Observation of a student’s practice is the most appropriate and widely used assessment strategy in practice and provides face validity. The NMC (2008) stipulates that the majority of assessments of competence should be done through direct observation in clinical practice. This allows a student’s performance of a skill to be reviewed and allows the mentor or practice teacher to observe a student’s attitude and ability to respond in different situations (Walsh 2010). If a student knows they are being watched, they will automatically improve (Sharpies et al 2007). However, mentors and practice teachers can never really know how a student will act when not under scrutiny (Hand 2006).

Observation of practice is not without its problems; observation alone captures a student’s behaviour rather than their reasoning (Price 2007). Mentors and practice teachers should establish a student’s knowledge and the rationale for a student’s practice since observation alone lacks content validity. Therefore, mentors and practice teachers should develop the observations of practice into questioning, but at an appropriate time. This can be achieved by having a question and answer discussion after any episode of care provided by the student, or as soon after, as appropriate. This should be done somewhere private away from the patient and in a place where the student and mentor will not be disturbed.
Questions and discussion

Questions enable mentors and practice teachers to ascertain a student’s level of knowledge and understanding. Using questions and discussion increases content validity. Questioning can provide formative and summative feedback (Hand 2006). Questions should be kept short and in language that can be understood easily, and should be aimed at the appropriate level for the student, but also at a level that poses problems so that the student can consider solutions (Quinn and Hughes 2007) (Box 6). However, questioning can be intimidating (Quinn and Hughes 2007) and can seem threatening to a student and may make them feel humiliated (Hand 2006). Nevertheless, observation alone is open to bias or errors (Price 2007) and cannot be used to judge a student’s knowledge and reasoning. Therefore, the need for another method of assessment, such as questioning, is essential as well as gaining feedback from colleagues.

Testimonies and feedback from others

Consultation with colleagues is important as part of a student’s assessment (Price 2012). Oral or written feedback from colleagues and other professionals involved in the student’s learning contributes to a fair and objective assessment, which in turn increases validity and reliability (Walsh 2010). Feedback from others can also reassure the mentor or practice teacher about their decisions (Hand 2006). The use of written feedback from others should be included in the student’s portfolio, and the mentor or practice teacher needs to encourage the student to write a summary of how the testimony relates to their learning outcomes (Walsh 2010). The wider the source of opinions and range of evidence, the better (Walsh 2010). However, assessment of clinical competence can vary from person to person, and therefore judgements from others can be subjective (Dolan 2003). One way in which to improve the reliability of this type of assessment is for mentors and practice teachers to share the assessment criteria with those who are involved in the assessment of the student so that they are working to the same standard (Hand 2006).

Learning activity 5

Choose a learning outcome or assessment criteria that a student is working towards. Devise several open and closed questions to ascertain the student’s awareness, understanding and knowledge about your chosen learning outcome or assessment criteria.

Criterion-referenced assessments

Criterion-referenced assessments have predetermined criteria for the student to meet, such as the NMC outcomes. The use of criterion-referenced assessments contributes to an objective and effective assessment (Aston and Hallam 2011); it ensures the student, mentor or practice teacher and colleagues are clear on what is being assessed and what they should do (Walsh 2010). However, many authors have stated that the NMC outcomes and the practice placement documents are unclear, too broad and open to differing interpretation (Castledine 2000, Duffy 2003, Walsh 2010). In spite of this, the NMC outcomes and practice placement documents provide a benchmark for what the mentor or practice teacher can judge the student against and can be adapted to different settings (Walsh 2010).

Self-assessment

According to Gopee (2015), self-assessment is the most valuable form of assessment for a student and is a learning exercise that enables them to own and control the way in which they meet their needs. Self-assessment can enable the student to identify gaps in their knowledge and this, in turn, helps them to identify their learning needs. Reflective practice is central to self-assessment (Walsh 2010), and mentors and practice teachers should encourage and provide regular opportunities for a student to reflect (Nicol and Dosser 2016).

In a study of post-registration students, Gopee (2015) found that self-assessment inspired a conscious effort to be honest and helped students to identify their limitations of knowledge and their needs. However, the student may be too strict or lenient on themselves, and they are sometimes unable to gauge the effectiveness of their performance. Despite this, self-assessment can be a beneficial starting point for mentors and practice teachers at initial, midpoint and final assessments to ascertain the student’s views on their abilities.

Reflection

Students should be encouraged to analyse their practice situations and involvement to inform future practice (Price 2005b). According to McCormack et al (2013), this can help a student to continue on their ‘learning journey’. However, students are expected to inform, discuss and show their reflective diaries with their mentors or practice teachers, regardless of whether their experiences were positive or problematic (Price 2005b). The sharing of this information requires profound trust in their mentor or practice teacher. When learning from reflection is particularly personal, the student may not necessarily want to share it with their mentor or practice teacher (Hand 2006). Nonetheless, using
reflection as an assessment method can provide an insight into how a student can make sense of and feel about their practice (Hand 2006).

Reflection can provide opportunities for discussions about attitudes and values, and can indicate self-awareness, knowledge, attitude and the ability to apply theory to practice (Walsh 2010). Price (2005b) supported the use of critical reflection since it can enable the student to transfer learning from one situation to another. However, not all students are able to reflect initially, and most students require prompting to help them move beyond describing events and learn how to explore issues broadly (Hand 2006). Therefore, it is important that students reflect fully to include the artistry as well as the science of nursing (Cassidy 2009); students may be involved in providing effective care, but they might not automatically internalise the significance of their experiences. Similarly, mentors and practice teachers should help students to become ‘megacognitive’ (Kuiper 2002), to understand what they have learned from their experiences about their knowledge and emotions. Therefore, mentors and practice teachers should be encouraging and provide opportunities for students to reflect on their experiences because it is integral to their learning.

Reflection can be informal following an episode of care or by ensuring that there is time set aside at the end of the day to discuss the student’s experiences with them. Alternatively, mentors and practice teachers could encourage students to write a reflective diary or reflective piece on an episode of care they encountered that day and to relate this to their competencies and learning outcomes (Walsh 2010, Nicol and Dosser 2016).

Care records, plans or other documentary evidence

Students are involved in direct hands on care, which includes planning, assessing, implementing and reviewing the required care for many patients. An observation of a student’s practice informs the mentor or practice teacher of the student’s abilities in carrying out these activities. According to Neary (2000), this credits the student with ‘merit’ of the intervention, for example they are assessed through observation of their ability to perform the intended task. It is a legal requirement to record any intervention in the patient’s records; therefore, students should be involved in completing the relevant entries. In addition, when a student assesses, implements and reviews the care for patients, this should be reflected in the changes made to the care plans (Stuart 2007).

Any entries or changes made in the patient’s records by a student must be countersigned by the mentor or another registered nurse. By reading and countersigning the student’s entries, the mentor or practice teacher can evaluate the effectiveness of the care provided by the student and establish whether they have taken the patient’s needs into account. This helps assess the student’s ability to solve problems, make decisions about the patient’s needs and work as a member of the multidisciplinary team (Stuart 2007). Reviewing this documentary evidence assists the mentor or practice teacher in assessing the ‘worth’ of the interventions that the student has undertaken with respect to the patient’s feelings and the student’s attitude towards them (Neary 2000). An effective assessment decision cannot be made without simultaneous consideration of both merit and worth (Neary 2000).

Patient feedback

The NMC (2008) advocates the use of patient and carer involvement in learning and assessment and in providing feedback on the student’s performance. Mentors and practice teachers should explore ways in which patients and carers can be involved in this feedback and provide evidence in the assessment of the student’s practice (Box 7).

One way in which mentors and practice teachers can ascertain whether patients and carers are satisfied with the care provided by a student is through observation of the interactions between the student and the patient or carer. In addition, a mentor or practice teacher could and should ask a patient, providing they are able, or carer about the student’s abilities, including their communication, interpersonal skills and attitudes (Gopee 2015). Mentors and practice teachers can also ask the patient whether the student showed compassion by treating them with respect and dignity, whether they demonstrated commitment and whether confidentiality was maintained.

By using the multiple methods of assessment discussed in this article, including the aforementioned strategies, mentors and practice teachers can ensure that the assessments they undertake are robust and fair, and enable them

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**BOX 7**

**Learning activity 6**

You are mentoring a student and are required to assess their ability to admit and plan the care for a patient in your area of practice or case. Consider how you would use each of the assessment methods. How can patients and carers contribute to this assessment?
to provide sufficient evidence to assist them in making the decision to pass or fail a student.

Portfolio development

To become, or remain, a mentor or practice teacher on the register, mentors and practice teachers are required to demonstrate they have met the requirements of stage 2 or 3 of the SSLAP framework (NMC 2008) (Box 8) through the development of a portfolio. The third domain of these standards is assessment and accountability (Box 9). Working through the learning activities included in this article provides appropriate and relevant evidence towards this domain and outcomes. In addition, the opportunity to assess a learner in practice, will generate further evidence.

Providing the student gives consent, the mentor or practice teacher should take a copy of the student’s university documentation, which includes the initial, midpoint and final assessments. The student’s name should be removed to ensure anonymity is maintained (NMC 2015). The mentor or practice teacher should reflect on the assessment process that has taken place for a recent student, since this provides relevant evidence towards this domain. The student’s evaluation of their experience of the assessment process and the development of an action plan by the mentor and practice teacher are also valuable in meeting this particular domain. Once completed, these activities and evidence should be placed in the portfolio. It is advisable that the evidence generated is mapped and cross referenced against the third domain of the SSLAP (Box 9) and any of the other eight domains (Box 8) (NMC 2008).

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, there are many dimensions of assessment that mentors and practice teachers should be aware of, such as ensuring that the assessments they use are valid and reliable by using multiple assessment strategies in practice. By identifying, reviewing and reflecting on the assessment methods and the processes used in practice, mentors and practice teachers can ensure the assessment process is robust.

The next two articles in this series will continue to examine assessment and accountability; part 2 will consider the importance of feedback and managing failing students in practice, and part 3 will review the accountability of mentors, sign-off mentors and practice teachers for the decisions they make regarding student performance.

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