

Ian Donaldson is acting head of department, Nursing and Clinical Sciences, Bournemouth University From mentor to supervisor and assessor: changes in pre-registration programmes

EDUCATION MATTERS British Journal of Nursing, 2019, Vol 28, No

The new Standards for Student Supervision and Assessment (SSSA) (Nursing and Midwifery Council (NMC), 2018a) published in May are perhaps one of the most significant and long-awaited changes in learning and assessment in nursing for decades. They bring a shift from the previous mentorship approach, with mentors and sign-off mentors, to a coaching model of supervision and assessment, and introduce new roles of practice supervisor, practice assessor and academic assessor. The new standards come into force at the end of January, and during 2019 the roles of mentor and sign-off mentor will cease. This raises questions over what will happen in the transition period. For example, practice learning partners and universities will face a dilemma with regard to the timing of the transition and the point at which mentorship programmes cease and new programmes to prepare supervisors and assessors commence. Discussions are ongoing between Universities and practice partners across the country, as the imperative to maintain support for current students and the supply of high-quality placements remain a priority. A further issue that universities and practice partners need to consider is whether current programmes adopt the SSSA at the same time as new programmes are approved. There is a pragmatic advantage to this 'big bang' approach, as it means consistency in all placement areas and avoids the question 'am I a mentor or an assessor/supervisor'. One question that mentors and sign-off mentors are asking is whether they will have to retrain to become supervisors and assessors or will all current mentors become clinical assessors. The NMC Code (2018b) sets out the view that all registered nurses (RNs) should be involved in supervision and should share their skills, knowledge and experience by providing honest, accurate and constructive feedback. That said, the cultural shift to a coaching model will require preparation for everyone: students and academic staff, as well as mentors. Therefore universities and practice partners should undertake work now to enable this transition and to have clarity on transition arrangements to ensure that new supervisors and assessors are adequately prepared. Under the SSSA standards, an RN may be both a practice supervisor and a practice assessor, but not for the same student. While this split maintains the integrity of the philosophical distinction between supervision and assessment, it has the potential to cause confusion as to what role each RN is undertaking. Clear lines of communication will be essential to ensure that a student is clear about who is their supervisor and who is their assessor. Furthermore, this may cause issues for some placements that have few RNs, where a clinical assessor may have less contact with the student to undertake assessment decisions. This is another reason why a robust system of planning and recording learning achievements, led by the supervisor, will be essential and why many universities are moving to adopt online portfolios to make access to information easier than with a print portfolio. Separating the supervision and assessment elements previously combined in the mentor role does add a layer of complexity. The clear benefit, however, is that the student supervisor relationship will not be influenced by the spectre of assessment and can focus on learning (Uren and Shepherd, 2016). A further complication could arise around the management of poor performance. The lines of accountability between supervisor and assessor could be complex in situations when poor performance needs to be managed because the supervisor will be the one to document the concerns while the clinical assessor will conduct the assessment. Hunt et al's (2016) study is a reminder of the complexities

involved in assessment in practice and how underperforming students can use coercive tactics to manipulate outcomes with mentors. Might we see similar tactics occurring and affecting the supervisor-assessor relationship? In most cases, robust lines of communication and protocols already exist between practice and universities to manage such events, but the shift to supervisors and assessors will require protocols to be reviewed and not least to factor in the third role the new standards introduce: the academic assessor. As with any radical change, there are challenges but the publication of the SSSA also gives practice partners and universities the chance to review how practice learning support and assessment can be reframed through innovation and collaboration, ensuring that nurses of the future are provided with meaningful and effective practice learning opportunities. BJN

Hunt L, McGee P, Gutteridge R, Hughes M. Manipulating mentors' assessment decisions: do underperforming student nurses use coercive strategies to influence mentors' practical assessment decisions? *Nurse Educ Pract.* 2016; 20: 154–62.
<https://doi.org/10.1016/j.nepr.2016.08.007>

Nursing and Midwifery Council. Realising professionalism: standards for education and training. Part 2: standards for student supervision and assessment. 2018a.
<https://tinyurl.com/y8ws3y7c> (accessed 6 December 2018)

Nursing and Midwifery Council. The Code. 2018b. <https://www.nmc.org.uk/code> (accessed 6 December 2018)

Uren C, Shepherd P. Valuing the student contribution to practice. *Nursing Times* 2016; 5 September, www.nursingtimes.net

EDUCATION MATTERS

8 *British Journal of Nursing*, 2019, Vol 28, No