

Preparing Nurse Educators for the Nursing and Midwifery Council Standards for Student Supervision and Assessment: An Evaluation of Impact Four Years On

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Abstract

Four years on from its launch in 2018, we provide an up-to-date efficacy assessment of the ongoing implementation of the Nursing and Midwifery Councils' *Future Nurse: Standards of proficiency for registered nurses* (NMC, 2018a). Although these standards have comprehensively transformed the mentorship practices of nursing education courses within Higher Education, this article provides the first attempt to gauge and synthesise attitudes towards their roll-out. Presenting the results of an evaluative survey which collates educators' current views on the implementation of these new NMC standards, we detail and analyse the past and continuing impacts of this paradigm shift upon staff, students, and practice. The findings primarily cluster around four interlinked themes: slow acclimatisation to new models of assessment and supervision; variation in levels of preparation; prohibitive workloads; and skill mix. We conclude by providing a recommendation that more robust training resources around the NMC's new standards are implemented nationally, in order to provide consistency of delivery by educators across the sector.

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Abstract

Four years on from its launch in 2018, we provide an up-to-date efficacy assessment of the ongoing implementation of the Nursing and Midwifery Councils' *Future Nurse: Standards of proficiency for registered nurses* (NMC 2018a). Although these standards have comprehensively transformed the mentorship practices of nursing education courses within Higher Education, this article provides the first attempt to gauge and synthesise attitudes towards their roll-out. Presenting the results of an evaluative survey which collates educators' current views on the implementation of these new NMC standards, we detail and analyse the past and continuing impacts of this paradigm shift upon staff, students, and practice. The findings contribute to the nascent body of knowledge, primarily clustering around four interlinked themes: slow acclimatisation to new models of assessment and supervision; variation in levels of preparation; prohibitive workloads; and role conflict. We conclude by providing a recommendation that more robust training resources around the NMC's new standards are implemented nationally, in order to provide consistency of delivery by educators across the sector.

Background

In the years since the NMC launched the new national standards (NMC 2018a), the implementation of these requirements has affected the dissolution of traditional models of mentorship, in parallel with the emergence of new roles to support students in academic and practice environments. In the NMC's supplemental guidance *Part 2: Standards for student supervision and assessment* [SSSA] (NMC 2018b), further changes to the way that students are supported in clinical practice are outlined, not only shifting focus away from the formerly pivotal role of 'Mentor', but also introducing three new roles: those of practice supervisor [PS], practice assessor [PA] and academic assessor [AA]. Whereas historically the NMC proposed model of mentorship required 'mentors' to both support and formally any individual student in

practice — as outlined in the previous Standards for Learning and Assessment in Practice (NMC 2008) — mentorship has now become a significantly more collaborative endeavour.

Perhaps the most significant modification brought about by the new standards pertains to the preparation requirements for PAs and PSs. In contrast to the more prescriptive historical standards, which had necessitated the creation of specialised credit and non-credit bearing programmes to prepare qualified nurses and midwives for the mentorship role, SSSA delivers a more flexible, creative and practical regulatory framework (Leigh and Roberts 2018). Pearce (2019) suggests that on balance, these changes succeed in constructively differentiating support and supervision from assessment. For instance, students are no longer expected to spend 40% of their placement with one trained mentor, resulting in many more registered practitioners having become involved in mentoring student placements.

Aims

The new standards (NMC 2018b) state that PAs must be given ongoing support along with sufficient time to develop and perform their role, whilst undertaking training as required. This support can take a number of forms, but must allow for the standards to be met, and for PAs to both prepare for, and contribute to, student assessment. Nevertheless, Pearce (2019) reports that educators often feel the new standards are for students, not them, and equally, states that there are gaps in registrants' understanding of the new roles of PA, PS and AA, which form a key aspect of the new approach. Therefore, it is vital to investigate issues informing how the student/assessor/supervisor relationship is both undertaken and supported, whilst seeking to improve methods of facilitating the associated preparation.

In parallel with Pearce's findings, this evaluation aims to provide a representative sample of PAs' and PSs' experiences in supporting pre-registration learners since the implementation of the new NMC standards (NMC 2018b). We aim to identify the enablers and challenges which influence the new PA/PS/AA roles, with particular emphasis being placed upon educators' ground-level experiences of the substantial transformations which mentorship provision has undergone over the last four years. Through the aggregation of qualitative feedback from those educators working within the scope of the new NMC standards, we aim to discern precisely which aspects are felt to be successful, and which are felt to be regressive.

Methods

The service evaluation underpinning this article was commissioned by Health Education England, with the purpose of undertaking a scoping exercise both to gain an understanding of PAs and PSs' experiences in supporting pre-registration learners, and to identify the enablers and challenges that influence those roles. The study was distributed to educators across one Integrated Care System [ICS] within the Midlands, and consisted of an online survey that sought to explore the experiences of PAs and PSs, since the implementation of the new NMC standards four years previously. We extrapolate these findings to consider the national situation, under the assumption that they are broadly representative of ICSs across the UK.

Following completion of a small pilot (n=4), data from respondents was collected through the administration of an anonymous twenty item survey (n=48). The survey included both closed and open questions, requesting primarily qualitative responses in relation to educators' individual experiences of the implementation period to date. Between October/November 2021, the survey was administered online via Microsoft Forms to all PAs and PSs employed across a broad range of health and social care organisations. Respondents were asked to state the organisation by which they were currently employed, and their current educator role. Responses to the qualitative questions were then read and coded by the authors (Mayring 2014).

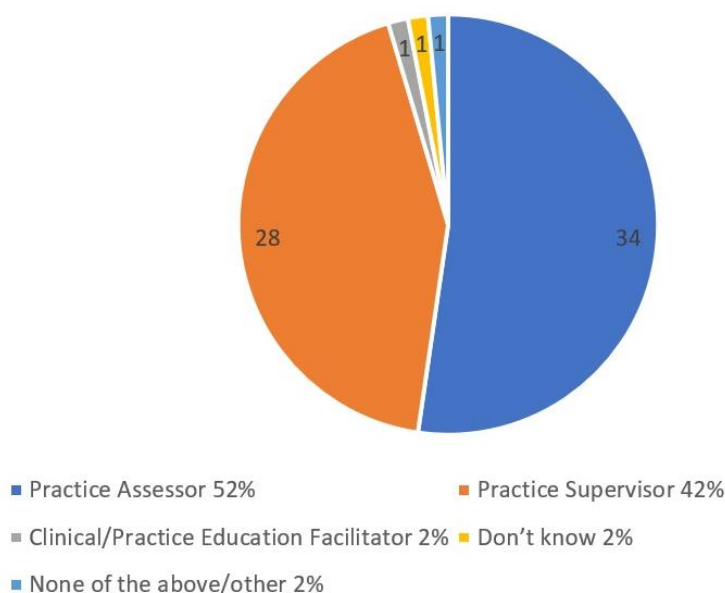


Figure 1: Participants' Current Practice educator roles

Figure 1 represents the range of educator roles that respondents reported. It is assumed that some educators undertook both roles during the COVID-19 pandemic — as permitted by the NMC Recovery and emergency programme standards (2022). Respondents were also asked to stipulate their specific role(s) in the instance that they had stated “none of the above/other”, and these responses included supplemental roles such as educational link nurse and clinical nurse educator. The role of sign-off assessor was also cited, despite this no-longer featuring in SSSA (NMC 2018b). When cited in the findings section, all participant responses have been anonymised.

While the data elicited from our respondents provides valuable insights into their experiences, and highlights pertinent issues in relation to educators' experiences locally, it must be acknowledged that this small-scale service evaluation was undertaken within one integrated care system in the Midlands. Therefore, our findings cannot necessarily or straightforwardly be generalised to other populations, despite nursing assessors and supervisors from a range of practice areas having participated in the survey. We acknowledge that the survey was also conducted during winter pressures, and the COVID-19 pandemic, which may have limited participation or influenced some of the responses.

Findings

In total, 75% (n=36) of respondents reported perceived benefits associated with assessing and supervising learners within the scope of the new standards. One benefit commonly emphasised is the opportunity which the practice assessment and supervision model fosters to ensure that students' learning is professionally fulfilling. For instance, one respondent described the rewarding qualities of the opportunity to witness student development, stating that there is “*nothing as enjoyable or satisfying as [...] seeing them grow from nervous students to have more confidence and understanding of their role as a registered nurse*” (R.10). In a similar manner, another respondent asserted that “*the satisfaction of watching a student grow and enhance themselves by your teaching, and watching them delivering person centred effective care that they have learnt from you [...] makes me feel proud*” (R. 24). Overall, a majority of educators experienced a palpable sense of pride and accomplishment

when supporting nursing students within the remit of the new standards. Further themes which emerged from the data are presented in below (see Table 1):

Key themes	Sub themes
Variation in levels of preparation	Preparation to facilitate the transition from mentor to PA/PS A need for more preparation and training Divergent attitudes towards the Standards
Outdated knowledge	Limited knowledge of the AA role Challenges experienced during the transition from mentor to PA/PS Unfamiliar language Gaps in knowledge surrounding documentation
Prohibitive workloads	Role-specific challenges associated with being a PA/PS Protected time to support the PA/PS role
Role conflict	Workload constraints Concerns surrounding students learning experiences

Table 1. Summary of key themes and sub-themes

A. Variation in Levels of Preparation

Most respondents also positively referred to attendance at specialised training sessions to help facilitate the transition from ‘Mentor’ to PA/PS, with some respondents also referring to informative materials and online training modules having been provided by their organisations or practice education facilitators. For instance, one respondent stated that “*sufficient training from the Trust enhanced the transition*” (R. 25), and correspondingly, another stipulated that “*informative material [was] provided and delivered by the practice team*” (R. 10). In marked contrast, however, 18% of respondents (n=6) expressed that they still require further training and updates in order to undertake the PA/PS role confidently, suggesting for example, that “*an annual update/meeting would be nice to avail us of any changes/updates rather than yet finding out from the students*” (R. 16). Respondent 19 stated a need for “*more training for supervisors*”

which is role-specific, because they *“have not had any training or information regarding being a student supervisor”* since qualifying. Likewise, other respondents requested training specific to the required documentation, such as *“further training on the workbooks particularly as we have students from a few different universities”* (R. 23) and further training specific to trainee nurse associates (TNAs), since this is *“a relatively new role”* (R.22).

Alongside highlighting these training deficiencies, respondents had differing overarching attitudes towards the paradigm shift. Only 9% of respondents (n=3) felt that the new NMC standards did not require improvements. One respondent strenuously raised concerns with the new standards, and stated their wish to *“return to the old system!”*, since *“it worked well before. Can’t see the benefits of this new system as not all nurses should be working with students as they have no patience. Mentorship and sign off mentor [were] qualification[s] that I worked for but I feel now it’s pretty worthless”* (R. 12). However, other respondents differed, stating that they were passionate about continuing to assess and supervise nursing students, feeling that that their knowledge of the new model was continuing to improve (R. 18; R. 34).

B. Outdated Knowledge

Within the new model, the AA role is responsible for confirming a nursing and midwifery student’s achievement of proficiencies, theory, and programme outcomes in the practice environment (NMC 2018b), with the PA and AA being required to work in partnership to make assessment decisions (NMC 2018b). It is therefore particularly significant that no respondents referred to the AA role whatsoever, despite their significant role to collate and confirm nursing students’ achievement of proficiencies and programme outcomes in the academic environment, and across the breadth of programmes. Nevertheless, several respondents did request that links with Approved Education Institutes (AEIs)/ were enhanced, suggesting that both knowledge and the visibility of the AA role is possibly limited. This implies that there remains significant scope for strengthening links between practice teams and AEIs, via promoting clear lines of communication between the two roles and ensuring that educators feel supported.

Respondents also frequently referred to a variety of challenges which they had experienced whilst undergoing the ‘Mentor’ to PA/PS transition. One respondent asserted that the change in

language adopted in SSSA (NMC 2018b) had been challenging. Specifically, they expressed that “*the terminology [was] the hardest thing to implement in the change*” (R. 26), since it differs so significantly from the terminology of the previous model. In parallel, another respondent referred to the inconsistent knowledge within practice settings in relation to the difficulty of distinguishing between PA and PS roles: “*I completed teaching and assessment in the clinical setting in 2004. That was hard, but I felt prepared to use these skills in my workplace. I have had almost 20 years to practice this. The roles of assessor and supervisor a[re] not explicitly clear, and the program has a lot of tweaking to go*” (R. 8). These responses suggest that the three key roles in the new NMC standards are still not sufficiently explicit, from the perspective of a large proportion of the educators tasked with undertaking these same roles.

A further 15% of respondents (n =4) referred to various transitional challenges relating to the new mandatory practice documentation, suggesting for instance, that “*getting up to speed with the new documentation was quite hard*” (R. 21). Similarly, another respondent expanded that “*it requires more [...] paperwork and as the students also at times look for guidance from us, that makes me a bit uncertain. Although I do confer with other assessors to check if I am on the right track*” (R. 1). There was also a recurring hesitancy expressed as to which skills learners are authorised to perform: “*I also find it complicated to know exactly what a student is permitted to do whilst on placement, such as venepuncture for example. I do feel there should be a section that covers clinical skills and outcomes with clear definition of exactly what a student is permitted to learn/observe whilst on placement*” (R.21). These gaps in knowledge strongly suggest the necessity of further preparation and training around the roles outlined in the new guidance and local policy reviews.

C. Prohibitive workloads

Wider issues were also raised pertaining to time constraints inhibiting the ability to expend sufficient time to support learners in the current landscape. As one respondent summarised, “*short staffing and high patient acuity, together with meeting the needs of the patients and the organisation has proven difficult to enable sufficient time to discuss, teach and complete student documents and interviews*” (R.12). Significantly, 22% of respondents (n=8) specifically referred to their current role limiting their capacity to assess or supervise students. For instance, one ward manager reported that “*I often get pulled away from clinical*

duties, which means students get put with other members of the team” (R. 10). Similarly, Respondent 30 stated that they were often inhibited by *“demands on my time as a Band 6 Nurse in Charge”*. Another respondent stated that their manager had felt that they would not be capable of undertaking a PA role in addition to their regular duties (R. 29). These barriers were further compounded by shift patterns which impacted on educators *“working directly with students”* (R.5). In addition to the above issues, Respondent 7 also cited numerous specific organisational constraints and barriers which impede the quantity of students that educators can assess or supervise at their institution.

Meanwhile, a quarter of respondents (n=8) referred to either requiring protected time allocated or needing a reduced workload, in order to support their assessor/supervisor role. For these respondents, supervision only becomes possible *“by having specific time set aside (paid for by my employer) to be with my student”* (R. 9). Respondent 7 referred to having protected time to support students, but related this solely to the completion of documentation, stressing the importance of *“having specified time to complete paperwork away from the ward area that is not in our own time”*. Correspondingly, Respondent 26 asserted that there should be *“protected time for both students and assessors. Instead, much of the assessments are completed after a shift or a day off — allowing for no interruptions”*. In addition to the need for protected supervisory time, 26% of respondents (n=7) referred to themes relating to either needing *“more time available to spend with students one to one”* (R. 15) or *“more assessors [...] to give assessors a break in between students”* (R. 10).

D. Role conflict

Considering current workload pressures associated with the COVID-19 pandemic, it was not unexpected that educators frequently cited workload constraints as a barrier to effective learner assessment and supervision. Indeed, participant responses were frequently permeated by themes pertaining to role conflict, and having insufficient time to assess students in clinical practice. Our data indicates that staffing shortages and a general lack of available educators in some placement areas, alongside PAs and PSs being absent through sick leave, has introduced considerable vulnerability in learner assessment and supervision provision over the last two years. PAs commonly reported that

they lacked protected time amidst their high workloads, and indicated that completing student assessment documentation had only exacerbated their workloads.

Respondents also referred to having witnessed institutional practices with negative impacts on student experience, such as learners being utilised inappropriately to bolster thin staffing numbers, or instances where there were more students than PAs and PSs. For instance, one respondent reported: *“It has been difficult to give students the normal standard of placement due to unit pressures...so there may be more students than assessors/supervisors occasionally”* (R.26), Whilst Respondent 19 informed; *“Time constraints on the ward have become worse over the years and at times I feel that the students get used as a pair of hands rather than a learner”*

Discussion

This evaluation aimed to gain both an understanding of PAs and PSs’ ground-level experiences in supporting pre-registration learners, and to identify the enablers and challenges that influence those roles since implementation of the updated Standards published four years previously (NMC, 2018b). Whilst preceding published literature has focused on improving the understanding of the PA and PS roles (Hoy & George 2018, Drayton & Edmonds, 2020), there is no published research to date that explores the transition from the traditional role of mentor to that of PA/PS. Four years on from implementation of the NMC Standards (2018b), our findings provide insight into the contextual characteristics experienced by PAs and PSs when performing these roles, particularly in relation to the benefits and challenges that they experience whilst offering methods that may facilitate the associated preparation.

As is implicit in the new framework of assessment and supervision underlying the new NMC standards (2018b), the current generation of nurses play an invaluable role in the preparation of the future nursing workforce. Nevertheless, since national data regarding workforce shortages emphasises an urgent need to recruit and educate non-medical healthcare professionals (Department of Health and Social Care 2021), there is an acute requirement to carefully manage workforce expansion within practice learning, in order to continue to provide adequate supervision and assessment to student practitioners.

PA, PS and AA educators are integral to students practice learning experiences, having significant influence on the quality of placements, students’ sense of belonging, and their scope for learning. This

paper demonstrates that PAs and PSs are committed to undertaking their practice education role and preparing the future workforce is a source of satisfaction and pride for educators. However, respondents also reported some negative experiences, suggesting a number of unresolved challenges associated with assessing and supervising students which are frequently linked to inconsistent knowledge and preparation, workforce implications, and role conflict.

The NMC (2018a) purport that all PAs and PSs should receive adequate preliminary and ongoing preparation to adopt their respective roles and to avoid those engaging in such roles from feeling ill prepared and unsupported, Leigh and Roberts cautioned back in 2018 that appropriate arrangements should be made by AEIs and practice partners to adequately prepare PAs and PSs for their imminent roles. Whilst respondents in this survey positively reported training they had received, there were frequent examples of deficiencies in educators' preparation and persistent gaps in knowledge. Leigh, Littlewood and Lyons (2019) emphasised the challenges associated with the transformation of long-standing mentoring traditions, advising that the requisite time and effort to ensure this should not be underestimated and subsequently further preparatory, transitional and ongoing training is warranted.

Respondents in this survey described various learning methods for preparation, ranging from; training days provided by organisations and AEIs, to online guidance/training, workbooks and independent study. Whilst these diverse approaches meet the requirements of the NMC Standards (2018b), which permit greater independence of assessment and offers potential for greater innovation (Leigh and Roberts, 2018; Knight, et al., 2022), this lack of consistency in content has resulted in varied levels of preparation. Furthermore, robust transitional and preparatory arrangements have been established across some regions in the UK to ensure that PAs and PSs are adequately prepared (Pearce, 2019), yet findings from this survey indicate that there are discrepancies nationally. Despite that training requirements for supervisory and assessment are no longer stipulated, as a governing body, we recommend that the NMC should implement more standardised preparation for PAs and PSs. Furthermore, appropriate training resources need to be created and distributed widely to fill gaps in knowledge of the model, and to enable educators to perform their specific roles sufficiently, whilst ensuring nursing students can meet their practice learning outcomes.

The development of the AA role to work alongside the PA/PS provides a collaborative approach to practice assessment (NMC, 2018b). However, it was interesting to note that the AA role was not referred to in this survey, despite respondents appealing for stronger links with AEIs. Drayton and Edmonds (2020) inform that despite little research to date on the role of the AA, a key challenge associated with the role is managing communication between the university and nursing students' practice placement sites. Whilst electronic assessment documentation is one method that can be used to resolve any communication issues between PA's, PS's and AAs, (Smith & Cambers, 2017), the findings from this survey established that PAs' and PSs' knowledge of the documentation system was also limited. A focus on ensuring clear lines of communication between the PA and AA roles is key to the assessment process and make certain that they feel supported by affiliated AEIs. We therefore support Smith and Cambers' recommendation that training and support is seen as essential, alongside further exploration to consider how links can be developed further between practice and AEIs.

The responsibility for supervision and assessment of students is positioned with practice educators who are required to manage the demands of patient care delivery alongside their supervisory role. Respondents in this survey reported that they lacked protected supervisory time, set against high workload pressures and indicated that completing student assessment documentation had added to their workload. Role conflict has been an issue frequently reported by (formerly titled) mentors in previous studies (Harrison-White & Owens, 2018; Myall, Levett-Jones & Lathlean, 2008; Newton, Taylor & Crighton, 2017; Panda et al, 2021) with reports that assessors often feel overwhelmed by the amount of work associated with their role (Hughes, Mitchell & Johnston, 2019). This results in PAs and PSs using their own time to ensure this role is undertaken due to a lack of protected time, despite previous recommendations for an crucial review of this issue to ensure practice educators are protected from excessive clinical workload when supporting learners (Newton, Taylor & Crighton, 2017).

Significant time constraints and role conflict inhibiting the ability to expend sufficient time to support learners in the current supervision landscape can also negatively impact the learner experience. These instances are consistent with previous findings reported by Keeping-Burke et al. (2020), which established that staffing constraints can result in learners having limited role models, receive insufficient feedback, and miss learning opportunities. Two of the predominant challenges

associated with the preceding 'mentorship' model were negotiating student access to adequate mentorship arrangements, and in instances where such arrangements were inadequate, students' supernumerary status being eroded (Harrison-White & Owens 2018). However, several reports have emphasised that exposure to unsupportive placement experiences and staff shortages which impact on students' supervision are key reasons cited for placement-related attrition in nurse education (Eick, Williamson, & Heath, 2012, HEE, 2018). Furthermore, Hughes, Mitchell and Johnston (2019) postulated that workload and time pressures, can result in some assessors passing students who are performing at a borderline level. Whilst this issue is enduring, and role conflict forms a theme inseparable from our other key findings, we acknowledge that it is difficult to ascertain to what extent this will remain an issue outside of COVID-19 pandemic conditions. However, it is notable that previous papers have recommended that workload should be decreased when students are working alongside practice educators due to the time investment which effective assessment and supervision necessitates (Henderson & Eaton 2013, Newton et al. 2016).

In terms of policy implications, we recommend that PAs and PSs' concerns related to time constraints when conducting student assessment during working hours are considered, by targeted efforts to promote protected time. This is significant as the Education and Training Tariff (Department of Health and Social Care, 2021) aims to ensure that providers are reimbursed consistently for the training placements they provide, that placements are high quality and ensure that learners have the appropriate supervisory teaching and support as defined by the NMC. Furthermore, the completion of a Practice Learning Educational Audit between AEIs and practice learning partners to monitor the capacity, resources and quality of all practice placements to meet statutory and professional body requirements is a contractual requirement (Royal College of Nursing, 2017). Therefore, it is essential that action is taken in areas in which staff need support to maintain, improve and develop the quality of the learning environment are identified. This would help guarantee that nurses of the future are provided with meaningful and effective practice learning opportunities, and that PAs and PSs are suitably prepared to perform their respective roles in line with the new NMC standards.

Finally, we note that it would be helpful to compare these findings with other Integrated Care Systems to confirm that our findings regarding PA/PS preparation are generalisable across the UK

Higher Education and practice landscape. In particular, in relation to the limitations noted above, future research involving PAs and PSs from other regions or ICSs is required to expand our knowledge about their preparatory needs and experiences since implementation of the new Standards, whilst simultaneously attempting to determine if these issues have endured beyond COVID-19. Therefore, we recommend that HEE continues to invest in assessing the efficacy of the PA/PS model by commissioning similar scoping reviews.

Conclusion

The quality of practice learning environments is integral to providing safe and inclusive places in which students can experience, and learn, healthcare. How we supervise and assess students in practice is crucial to ensure our future workforce is fit for purpose. This evaluation offers practice partners and AEIs the opportunity to review how practice learning educators are prepared and supported and how the Standards of Supervision and Assessment (NMC, 2018b) can be implemented through innovation and collaboration. This can ensure that nurses of the future are provided with meaningful and effective practice learning opportunities and PAs and PSs are suitably prepared to perform their respective roles.

All procedures have been performed in compliance with the relevant laws and institutional guidelines, and received approval from the Chair of the University of Chester's ethical committee.

Keywords

Nursing and Midwifery Council; Standards; Practice Assessor; Practice Supervisor; Preparation

Key points

- We provide a detailed overview of PA and PS experiences in supporting pre-registration learners since the implementation of the new NMC standards.
- Overall, a majority of educators experienced a palpable sense of pride and accomplishment when supporting nursing students within the remit of the new standards.

- Persistent gaps in knowledge emphasize the necessity of further preparation and consistent training around the roles outlined in the new standards for student supervision and assessment.
- There are also significant time constraints inhibiting the ability to expend sufficient time to support learners in the current supervision landscape.
- Role conflict is an issue for many PAs and PSs, who often have insufficient time to assess students in clinical practice.
- Should they have concerns regarding their assessor/supervisory role, PA/PSs should seek guidance from the practice education team/nominated individual within their local Trust/organisation or AEI representatives such as AAs.
- We conclude by recommending that the NMC should implement more standardised preparation for PAs and PSs regionally and nationally, and stress the desirability of targeted efforts to promote protected supervision time.

Reflective questions

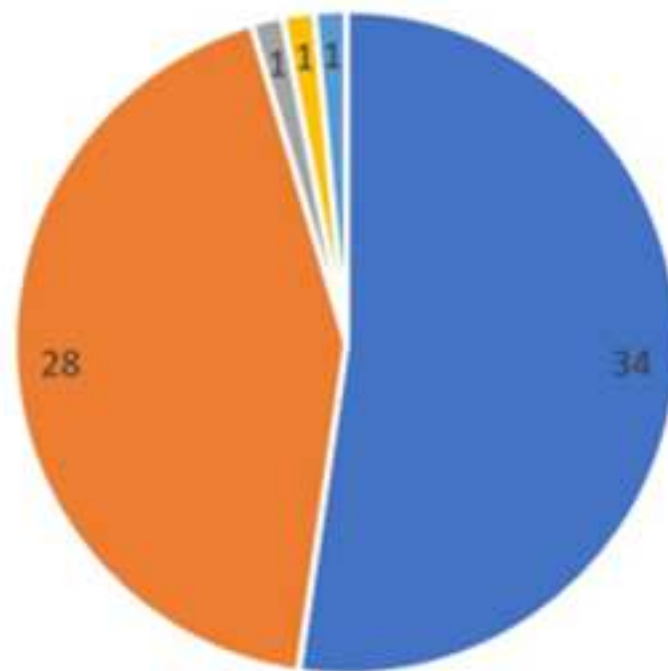
- Consider how you prepare and maintain current knowledge and expertise which is relevant for the proficiencies and professional programme outcomes.
- As a PA/PS, consider how you communicate and collaborate in assessment decision-making with academic assessors (and vice versa), and reflect on how your own current practice can be enhanced.
- Identify the local support mechanisms which are available to you to help develop and maintain emotional resilience and personal support strategies for this role.

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- Practice Assessor 52%
- Practice Supervisor 42%
- Clinical/Practice Education Facilitator 2%
- Don't know 2%
- None of the above/other 2%