Seeking authorization: A grounded theory exploration of mentors’ experiences of assessing nursing students on the borderline of achievement of practice competence

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Background literature

Clarification of competence

- Tension between ‘training and ‘education’ (Willis 2012)
- Effects of a lack of definition and measurement of competence (Garside & Nhemachena 2013; Sedgewick et al. 2014)

An evolving history of failing to fail

- Resonance internationally and across professions but still limited evidence base especially in terms of mentors’ experience of failing situations (Duffy et al. 2013; Black et al. 2013; Finch et al. 2014; Hunt 2014; Cassidy 2016)

Why is failing to fail still an issue?

“An assessment in a clinical setting, is a unique and complicated event that lives on in the memories of a mentor and the student being assessed” (Garside and Nhemachena 2013).
**Research aim:** A grounded theory exploration of mentors’ experiences of assessing nursing students on the borderline of achievement of practice competence

**Grounded theory methodology:** Development of a substantive theoretical explanation (Strauss and Corbin 1998; Corbin and Strauss 2008)
Phase one (May-Oct 2009): In-depth semi-structured interviews with a purposive sample of 20 registered nurse mentors in one NHS Trust who had experienced assessing a student on the borderline of achievement in clinical practice.

Second phase of data collection (July-December 2011): Theoretical sample of nurse mentors and practice educators in a further four Health Boards including seven focus groups (n=30) and a further eight semi-structured interviews.
Main study categories

Conundrum of practice competence
- Impact of practice context
- Subjectivity
- Documenting unease

Intensity of nurturing hopefulness
- Pastoral obligations
- Nurturing failure
- Self-deprecation

Managing assessment impasse
- Restating ground-rules
- Maintaining assessment progress
- Immediacy of infrastructure
## Difficulty of documenting unease

Stephen: “In borderline cases I wonder sometimes are ambiguous statements deliberately made or just poorly written? You know there’s thought in saying nothing. I think people think they’ve articulated concerns through the documentation when they haven’t actually **nailed it have they.**” *(Focus group: Stephen – Practice Educator)*
Pastoral obligations

“I suppose it was me wanting to protect her. But sometimes you can get on with somebody so well that you perhaps over anticipate their competency.” (Interview: Mia – Nurse Mentor)

Category - Intensity of nurturing hopefulness

Self-deprecation & coping

“I can understand to a degree why some nurses don’t say anything because they don’t want to feel a failure mentoring a student, but you have to put that to one side. It’s about thinking about the greater good.” (Interview: Mary – Nurse Mentor)
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<td><strong>Immediacy of mentor infrastructure</strong></td>
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<td>“It’s about a community of mentors. That’s something that’s been missing. I think mentors work very much in isolation until there are specific issues.”</td>
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<td><em>(Focus group: Delia – Nurse Mentor)</em></td>
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The substantive theoretical explanation

- Seeking authorization
  - Managing assessment impasse
  - Intensity of nurturing hopefulness
  - Conundrum of practice competence

- Socio-cultural forces

- Assessment bequest
  - Post-placement gate-keeping
  - Constructing legacy

- Mentor agency

- Initial concerns
  - Pre-entry student histories

- Student trajectory

Borderline situation
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<th><strong>Study implications</strong></th>
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<td><strong>Mentors/practice teams:</strong> Continued emphasis on duty of candour; Mentor Footprint.</td>
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<td><strong>Health care organizations:</strong> Explicit acknowledgement of unusual mentorship circumstances; whole team responsibilities and resources; extended roles.</td>
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<td><strong>Joint Healthcare/HEI initiative:</strong> Debriefing &amp; case review systems; readily available action plan protocols; formal recognition of mentorship of failing students.</td>
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<td><strong>Higher Education Institutions:</strong> Receipt of feedback; internal checking processes; perceptions of fitness to practise procedures; mentor (and student) preparation for conflict resolution.</td>
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<td><strong>Professional regulators:</strong> Re-emphasis of whole practice team assessment approach; mandatory recording of withdrawal of students for practice reasons.</td>
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### Session content

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References


doi:10.1111/jan.13292


