

Evidenced based assessment of practice learning

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All assessments must be supported by a diverse and reliable evidence base

To make an evidenced based assessment the practice assessor must gather the evidence using their judgement to determine its relevance. This can depend on the student, their learning needs, their stage of learning, the placement they are in and the programme's outcomes. The practice assessor must be able to show that the evidence they have gathered comes from a variety of relevant sources, including discussions with the practice supervisors, and that it informed their assessment decisions.

Sources of evidence can include the following:

- Direct observation of the student
- Communication with practice supervisors and other colleagues in the practice setting
- Student documentation, such as a practice assessment document or ongoing record of achievement
- Communication with any other practice assessors
- Communication with the academic assessor
- Student self reflection
- Communication and any ongoing interactions with the student

In order to build an evidence base, practice assessors must be given access to the relevant documents, processes and databases for a good assessment. This includes contact with practice supervisors and access to student documentation (for example the student's ongoing record of achievement).

The AEI, with their practice learning partners, should develop and manage appropriate systems and processes to facilitate access to student learning and achievement records. They should be able to evidence that the practice assessor was given suitable access to student documentation, the learning environment, and other relevant resources.

All assessment decisions must be evidenced by good record keeping. It is the responsibility of the practice assessor to ensure that all records they provide are accurate and up to date. For nurses, midwives, and nursing associates this is in line with section 10 of the Code.

The AEI, with their practice learning partners, is responsible for ensuring good record keeping takes place and that the necessary systems (such as electronic database) and policies (such as data sharing agreements) are in place to facilitate this.

It is a requirement for the practice assessor to observe the student when making an assessment of their practice learning. We do not specify when or how this must happen, only that it must form part of the overall assessment, and evidence base.

Observations should help to build an overall picture of student performance. We do not require that assessors must assess every placement. How often and in what environments observations will be done will vary depending on, student performance, their outcomes, the skills and knowledge of the assessor, and how practice learning is organised. The observations by practice assessor can be direct or indirect as they form one element of a number of evidence sources for the assessment decision.

The practice assessor, working with the AEI and its practice learning partners, must make a judgment about what

number or type of observations may be needed for individual students.

If the practice assessor is working outside of the practice learning setting, then arrangements must be put in place for them to observe students within that placement, if necessary. It will be the responsibility of the AEI, with their practice learning partners, to manage how practice assessors might access learning environments.

For example, a midwifery student might undertake practice learning in a children's centre to observe how the health visitors support the mental health and wellbeing of women and their partners in the post-partum phase. The practice assessor for the student may be based in a different setting so can use feedback from the health visitor to form their assessment decision; equally the assessor might decide to directly observe how the student interacts with the women and their partners in one of the appointments. This enables the practice assessor to support the feedback from the health visitor with their own (direct observations) providing opportunities to also seek the views of women themselves.

As another example, a student on a SCPHN school nursing programme could gain placement experience in a GP surgery that conducts workshops in schools on mental health and wellbeing. They might be supervised by the specialist mental health nurse based in the GP surgery. The practice assessor could base their assessment decisions based on feedback received from the specialist mental health nurse and the GP and they could decide that that is sufficient evidence without them needing to directly observe the student.

Relevant NMC standards for this section

[Standards for student supervision and assessment](#)

[7.3](#) practice assessors make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources

[7.7](#) there are sufficient opportunities for the practice assessor to gather and coordinate feedback from practice supervisors, any other practice assessors, and relevant people, in order to be assured about their decisions for assessment and progression

[7.8](#) practice assessors have an understanding of the student's learning and achievement in theory

[Standards framework for nursing and midwifery education](#)

[5.10](#) students are assessed across practice settings and learning environments as required by their programme

[5.12](#) practice assessment is facilitated and evidenced by observations and other appropriate methods

[5.13](#) students' self-reflections contribute to, and are evidenced in, assessments

[5.14](#) a range of people including people who use services contribute to student assessment

[The Code](#)

[10](#)

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records. To achieve this, you must:

[10.1](#) complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

[10.2](#) identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

[10.3](#) complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

[10.4](#) attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation

[10.5](#) take all steps to make sure that records are kept securely

[10.6](#) collect, treat and store all data and research findings appropriately