

## **Questions and follow up answers from the SSSA Webinar 16.11.21**

### **Academic Assessor**

**Q: Are there any exemplars for the AA role in HEI? Has there been any work on the number of students each AA oversees? Is there much variance?**

Within our quality assurance (QA) processes, we are considering how we can have a central hub for good practice to be shared. Meanwhile on our website there are a number of resources about all the roles carried out in relation to the Standards, including some case scenarios. HEIs publish their student staff ratios and the variances of these can be seen on the league tables.

**Q: As PD lead for students, I find the supervisors come to me directly as PD, rather than the assessor - and it is me that informs the assessor rather than the supervisor.**

It is important that good communication occurs between the Practice Supervisors, Practice Assessors and Academic Assessors. Practice Assessors need to be clear about their role and be proactive to promote good communication and timely contacts.

**Q: How do you promote the AA role when there is a limited face to face dialogue with students due to the Covid restriction?**

The practice assessment documentation is key to good communication between all those involved in supervision and assessment. Whilst face-to-face dialogue can be important using a range of other communication methods can also assist here such as telephone, email, and Teams calls.

**Q: How do you see the Practice Assessor having time to work with Academic Assessor on student outcomes and progression when they are so busy with clinical service delivery?**

The Practice Assessor role is key in determining student progression. The role needs to be recognised within the clinical setting but local situations will determine how best to carry it out. The move to online documentation can assist here to review progress regularly. Where there are challenges with carrying out the role, please do raise this with your Clinical Lead to review how you can best be supported.

**Q: Should the emphasis not be on the student making contact with the Practice Assessor? This demonstrates good organisation skills and proactivity.**

Students are adult learners and should be empowered to take responsibility for their own learning. This should also include regular contact with those who are supervising and assessing them so that processes are completed regularly throughout the placement experience.

**Q: The 'drop in' with academic assessor is a good tip. Practice Assessors can get support from Practice Educators within their trust to make contact with the Academic Assessors.**

Thank you for sharing this tip. Regular meetings and good communication can assist with making the process run smoothly.

**Q: How do we manage minimal to no contact from academic assessor?**

The Practice Assessor and Academic Assessor need to work together to make assessment decisions. Contact can occur through emails, online meetings and the telephone. However, if there are challenges in contact this may need to be escalated through your local processes.

**Q: Wanting to identify if the Academic Assessors have been visiting their students in practice and how the communication with PA/PS has been over teams/telephone. What types/modes of communication have you used to facilitate PA and AA communication? What is seen as necessary when busy PS/PAs staff have no time to respond to emails/or meetings requests with AAs when PS/PA have no concerns about students at all and wish to simply complete a positive assessment?**

If staff and students are all really busy, it can be challenging to take time to liaise with others about student progress. It is important that those involved supervising and assessing students are able to communicate using a range of contact methods for undertaking the role. Where there are challenges with carrying out the roles, please do raise this with your Clinical Lead to review how you can best be supported.

### **Apprentices**

**Q: Are there any key differences between the supervision of an apprentice student in practice, compared with the supervision of a direct entry student?**

The principles of supervision and assessment are the same. Both should feel empowered to take responsibility for developing their learning needs. Apprentices may need to identify the learning experiences they need which are outside their normal working environment.

**Q: As a nurse apprentice (MH) near the end of my fourth year I have followed both standards the previous standards and the new ones that have been implemented.**

The new standards are much simpler to follow and have moved away from the old style of generating evidence. They are much more in line with enhancing learning opportunities and enabling the student to enjoy all clinical placements instead of concentrating on the collection and generating of evidence. Thank you for this feedback.

### **Assessment and Supervision Issues**

**Q: Are the panel concerned by the continued variability of assessment? Some students are simply observed in practice and signed -off, others are scheduled summative assessments and only then signed-off. Similarly, the level of knowledge assessed is variable in terms of content, depth and breadth. Given that students often have a discrepancy between their theory and practice results.**

All Practice Supervisors and Assessors should receive initial and ongoing preparation for

their role. By having a number of Supervisors with a different Assessor means that greater objectivity in assessment can be promoted. The level of supervision provided to students and learning experiences should be tailored to the needs and stage of learning. This may mean that there will be variations with students' assessments.

**Q: Some supervisors and assessors are concerned re- signing off student proficiencies as viewing them as competencies are the group able to provide clarity?**

A competency model is the traditional way used to identify what needs to be included in 'typical education and training programmes'. A competency model breaks things down into three parts: Skills, Knowledge and Attitudes. This approach offers lists within these three areas that need to be included in programmes. What this approach doesn't do however, is consider how these three areas might interact in different ways in different contexts to produce desired outcomes.

A proficiency model on the other hand is both a measure of performance and a set of observable behaviours that describe what a 'proficient professional' produces and how the professional must work to achieve those results. With a competency model, it is possible to master all the competencies and still not produce the desired outcomes - all the pieces don't add up to the whole (Gestalt). With a proficiency approach, the result or outcome is important rather than all the pieces and parts.

Competency can refer to the bare minimum required for acceptability. Proficiency carries with it a level of mastery that is above the minimum and suggests it is something ongoing.

**Q: Can you give some clear examples of reasons why a student might be put on an action plan. I've heard of some really unusual action plan implementation and would like some clarification on this please?**

Action plans can be used for anything that a student wants to achieve. An action plan can be used to guide day-to-day work. It offers a strategic framework for what they want, where they are going and why. They can be used to 'articulate' a desired goal or outcome. A student doesn't need to be struggling to have an action plan. If, however, they are struggling to meet specific competencies, action plans can be used (sooner rather than later) to help support and guide the students learning, the intended direction and desired outcome.

Action plans are to make clear to all involved in the supervision and assessment of the student what they need to achieve in order to be considered proficient. This will include what actions all parties will take so expectations are transparent. Particular opportunities to support the student to achieve the outcomes may also be stated.

## **E-Pad**

**Q: How are supervisors and assessors finding the use of the E-pad, should and are all supervisors and assessors trained in the use of the E-pad?**

Practice Supervisors and Practice Assessors need training on any documentation or platform used for student supervision and assessment, this would include an E-pad. It is the university's responsibility to ensure training is given.

## **Implementation**

**Q: I think having learners as part of a team is important - but I think there is a huge challenge with culture. We spent 20+ years saying work 40% with your mentor and now we are saying work with the team - some colleagues struggle with this. Has the NMC any plans to support the culture change? We are struggling to embed the new standards within our workforce... ultimately registrants' default to the old SLAIP standards... What advice can the panel give in overcoming this?**

The SSSA does mean a different way of working. This has advantages, such as, flexibility with rostering by removing the need for students to work with one designated person. It is important to emphasise these advantages.

Language is important, a review of all policies and procedures etc., to make sure that the word 'mentor' is replaced by 'practice assessor/supervisor' helps reinforce the message. In addition, we can remind each other of this when we talk to each other.

Good news stories will be helpful in spreading the message in your practice area. Use what resources you have to illustrate how the SSSA had helped, for instance, reducing the pressure on nurses, while students are able to achieve proficiencies by working with a non-nursing supervisor. There are SSSA resources on our website, including case scenarios, which can be used as CPD for revalidation either for individual study or as group. It might be worth discussing the new standards and their implementation with the university that provides the students. Training will be available. These may be helpful in exploring SSSA and how it works in practice.

**Q: What is the panels opinion on how often a PA & PS should do an update now that the annual mentor update does not exist in its old form.**

It is for organisations to decide who is best suited for the roles of practice assessor and supervisor, and this includes preparation for the role and updates. Revalidation will be a useful tool in this respect. Practice assessors and supervisors can evidence how they are keeping up to date with CPD, reflections and practice related feedback associated with their role as PA/PS.

## **Nursing Associates**

**Q: Are Nurse associates also supposed to be supernumerary during their clinical placements?**

The NMC does not require nursing associate students to be supernumerary while learning in practice, but the NA student must have protected learning time. The decision about how this is provided is for AEs and their practice placement partners.

More information can be found here:

<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/nursing-associates-protected-learning-time-supporting-information.pdf>

**Q: Do we have feedback from students that have been supervised by nursing associates? I'm interested in how the relationship has developed.**

We have not asked for any specific feedback on this. We would welcome hearing about people's experiences.

**Q: Can I ask about NMC advice about use of social media platforms to privately share student information.**

It is recommended that information, for instance feedback around student performance is shared between supervisors and assessors, using methods that are secure and keep sensitive information private. With social media platforms there is a risk of information being shared, possibly accidentally, with someone who it was not intended. The use of 'official' NHS/university/other workplace e-mail systems are preferable in this regard. It is also important to consult any local guidelines you may have in your place of work regarding electronic communication.

Further guidance of the use of social media can be found here:

<https://www.nmc.org.uk/standards/guidance/social-media-guidance/read-social-media-guidance-online/>

### **Practice Assessors**

**Q: I am wondering how practice assessors feel about grading in practice and whether they prefer grading as a percentage or a pass/fail approach?**

This is a local decision for both Practice Partners and the AEs to agree their approach.

**Q: My assessor is certain that she can be a supervisor too on some shifts. Is this correct?**

The practice assessor and supervisor must be two different people for the same student. Your assessor can use the time working with you to observe your practice to inform their decision for assessment and progression. In this case they are acting in a similar way to a supervisor may (working alongside) but they are doing so in the capacity of an assessor rather than a supervisor. Your assessor can act as a supervisor for a different student.

**Q: In terms of who can be Practice Assessors for students, could you please clarify if an entry-level Midwife, who has undergone a Masters-level programme to become a Health Visitor can act as a Practice Assessor for Student Nurses? Especially if they are experience Health Visitors and experienced in supporting students?**

The Practice assessor must be on the same part of the register as the student they are assessing. However, they can be Practice Supervisors across all fields and programmes.

**Q:Whom do we go to when unsure of something as a practice assessor?**

There may be opportunity at your place of work to speak to a practice educator or someone in a similar role who will be able to advise. If this is not possible a senior nurse or midwife may be able to offer direction. In addition, it is important to ensure you have contact details at your student's university for someone who can help. If it is advice about a specific situation for a specific student then the academic assessor would be the right person to approach. It is part of our standards that there is a nominated person for each

practice setting to actively support students and address student concerns; this person may also be a good support for assessors.

### **Professionalism**

**Q: How are students in your areas coping with staff who may be reluctant to sign off skills when they have only worked with the students on one occasion?**

Practice Supervisors need to be confident in their decisions about the proficiency of the student and should only sign them off when they have enough information to make that decision. There is not a specified number of occasions that a supervisor needs to work with the student.

**Q: How would you engage staff who are not as keen or proactive with supporting students? Is it a registrant's responsibility?**

All registrants should be able to supervise students within their scope of practice. Part 9.4 of the Code states that we must "support students' and colleague' learning to help them develop their professional competence and confidence". Support and training are key here. Where there are challenges, this may be addressed during appraisals.

### **Planned Reviews**

**Q: Is an independent, research review of the impact of the SSSA planned? Is there any research into the effectiveness of the new NMC standards, in particular, the new emphasis on inter-professional working i.e., other professionals taking on the PS role?**

Yes, we will be undertaking an evaluation of the new standards and this will include SSSA.

### **Skills sign off**

**Q: Will we be visiting particular skill acquisition and the difficulties in achieving some of them such as cannulation and phlebotomy? Any advice on assessing the Proficiencies which do not 'fit' comfortably into the day-to-day workplace, such as Transfusion of Blood Fluids as a Mental Health Nursing Student where the proficiency is not readily seen within the range of practice placements. Wanting a robust assessment.**

Some skills, for instance, cannulation and venipuncture, may not naturally occur in all practice experience environments. A process of mapping of the skills may be helpful, identifying where particular skills do occur. On occasions it may be necessary to find an alternative area for this skill to be experienced and assessed.

**Q: Many community placements do not have doctors or cannulation options. Some skills are not able to be achieved in practice in a mental health setting. No matter how creative you can be. What advice would you give?**

A process of mapping of the skills may be helpful, identifying where particular skills do occur. On occasions it may be necessary to find an alternative area for this skill to be

experienced and assessed. If this is not possible, it may be appropriate to experience this skill via simulation this should be discussed with the students' university.

**Q: Regarding practicing skills - this is also an issue with local policy that doesn't allow students to achieve that skill. It is difficult to achieve this when many trusts have not updated policies to allow them to achieve.**

It may be necessary to update local policy to allow supervised practice and assessment for some skills for students. It is the responsibility of your university and placement provider to ensure you are able to have these experiences - please discuss this with your university if this has not happened.

**Q; In relation to the clinical skills (venipuncture/cannulation) students can work with Phlebotomist?**

A phlebotomist is not a registered practitioner, so a student could have supervised practice with them but not assess them. Other registered professionals, for example, operating department practitioners, medical practitioners will be appropriate.

**Q: Suturing for Midwives too, many students have never had any experience of this. As a practice supervisor, I feel strongly that this learning should be offered to all students before qualifying.**

This is part of the EU Directive requirement which underpins our standards and includes theory and practice. If this proficiency is not able to be achieved in practice, simulation can be used.

**Q: If you already have achieved these skills prior to achieving this as a student nurse, do you have to repeat this skill again?**

You will usually need to be assessed as proficient as part of your student nurse programme unless this was an element that had been recognised as previous learning (RPL) as part of your admission to the programme. If in doubt please discuss this with your university.

## **Other**

**Q: Are students allowed to have a personal friend as a practice assessor on placement? or is this classed as a conflict of interest?**

This would be a conflict of interest and potentially undermine the objectivity of the assessment. We would expect that this would be declared prior to allocation or as soon as this situation became apparent.

**Q: Do we need to be asking about where students are hoping to work following qualification if we are to truly implement this. Kara spoke about the student feeling part of the team upon qualifying. Does hospital recruitment need to communicate and liaise with university teams more to help this happen? Is this possible moving forward. Some Trusts don't advertise their jobs as local students are due to qualify, which means many students go elsewhere to work.**

Thank you for this comment. This is something that employers need to consider and implement systems that are fair and equitable.

**Q. Will we get any certificate for this?**

We will not be issuing certificates, however if you wish to record participation in this webinar, we recommend you use the forms available on our website.

Available here:

<https://www.nmc.org.uk/revalidation/resources/forms-and-templates/>