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Title: 'Seeking authorization': A grounded theory exploration of mentors' experiences of assessing nursing students on the borderline of achievement of competence in clinical practice.

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Conflict of interest

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Impact Statement

- We provide new insights via our analysis of assessments by nurse mentors of nursing students who are on the borderline of achievement of competence in clinical practice. Findings show how the weighty consequences of personal and statutory obligations have the potential to dissuade mentors from addressing concerns about nursing students. Yet the study also reveals mentors' views that not to act is a failure by omission should those students go on to register as a nurse.
- Our study's substantive theoretical explanation reveals that where mentors perceive they are part of a wider assessing community for students in borderline situations, this mitigates the repercussions of a fail decision. Collegial and organizational acknowledgement of the significance of borderline assessment situations emphasizes mentors' accountability as binding in the same way as when safeguarding patient care.

Abstract

Aim: To develop a substantive theoretical explanation of how mentors make sense of their experiences where nursing students are on the borderline of achievement of competence in clinical practice.

Background: The reluctance of registered nurse mentors to fail nursing students in clinical practice despite concerns about competence remains a contemporary issue in international healthcare education. Mentors' assessment decisions have considerable impact for a variety of key stakeholders, not least for the student themselves as to whether they continue on pre-registration nursing programmes.

Design: Grounded theory qualitative study.

Methods: Phase one involved twenty individual semi-structured interviews with nurse mentors in one United Kingdom National Health Service Health Board. Phase two included eight individual semi-structured interviews and seven focus groups ($n=38$) with mentors and practice educators in four further Health Boards. Data were analysed using open, axial and selective coding consistent with grounded theory method.

Findings: Three categories 'the conundrum of practice competence,' 'the intensity of nurturing hopefulness,' and 'managing assessment impasse,' led to the study's substantive theoretical explanation - '*Seeking authorization: Establishing collective*

accountability for mentorship.' This demonstrates how mentors are dependent on key sources of support and feedback to validate their assessment decision-making, notwithstanding substantial personal, professional and organisational pressures.

Conclusion: We conclude that management of borderline assessment situations is considerably developed by recognition of the authorizing effects of a wider community of assessors. Consequently, we identify the personal, professional and organisational implications involved in the preparation, support and regulation of mentors specifically during borderline assessment circumstances.

Summary Statement:

Why is this research or review needed?

- The phenomenon of mentors who fail to fail nursing students during clinical placements despite concerns about their competence remains a concern for nurse education.
- There is limited empirical research around the decision-making processes mentors adopt where students are on the borderline of achievement of competence in clinical practice.

What are the key findings?

- A substantive theoretical explanation of the way mentors seek authorization of their assessment decision-making about nursing students who are on the borderline of achievement of competence in clinical practice.
- New insights concerning students in borderline assessment situations and the difficulties of interpreting competence in clinical practice, the emotional intensity of supporting students and managing situations where assessment processes have come to an impasse.
- Evidence that whilst individual and environmental pressures exist in borderline assessment circumstances, they are not an inevitable impediment to mentors' sense of personal or collective agency in making assessment decisions.

How should the findings be used to influence policy/practice/research/education?

- This substantive theoretical explanation provides a framework to ensure due scrutiny of mentors' evaluations of nursing students in borderline assessment situations both at the time and as a resource for similar future events.

Keywords: mentor, nursing, nurse education, student, competence, clinical practice, assessment, borderline decision-making, qualitative, grounded theory.

Introduction

In the United Kingdom, the term ‘mentor’ is associated with nurses’ support of pre-registration nursing students during clinical practice placements (NMC, 2008). This paper reports the findings of a study concerning mentors’ assessment of nursing students who are failing to meet expected levels of competence during clinical practice placements. Whereas some students can be *clearly* distinguished as failing, others are providing *some* evidence of meeting programme criteria but not enough for mentors to be confident in signing off students’ competence. This study concerns those students who are deemed to be on the borderline of achievement. In this paper, we present an analysis of the relationships, emotions and mentorship resources deployed in addressing concerns about students in borderline assessment circumstances.

The concept of mentors failing to fail students in clinical practice remains a concern in the United Kingdom (Black, 2011; Duffy, 2006; Hunt, McGee, Gutteridge, & Hughes, 2012), internationally (Hrobsky & Kersbergen, 2002; Luhanga, Yonge, & Myrick, 2008) and across professions (Finch, 2009; Cleland, Knight, Rees, Tracey, & Bond, 2008; Dudek, Marks, & Regehr, 2005). Yet despite being widely discussed (Gopee, 2008; Rutkowski, 2007; Vinales, 2015; Wells & McLoughlin, 2014), there is still little research in this area. Reports call for sustained concentration on the quality of mentorship in relation to the governance of nursing practice (RCN, 2013; Willis, 2012, 2015). Yet there are worries not all nurses meet registrant standards and questions have been raised as to whether pre-registration nursing programmes are fit for purpose (Francis, 2013), although an automatic link between poor practice and pre-registration nurse education is debated (Ion & Lauder, 2015). The study this paper reports is therefore ideally placed as it explores the very territory about which contemporary literature indicates there are a number of concerns, that of gate-keeping professional nursing standards and competence. The paper presents key study findings including the study’s substantive theoretical explanation of the phenomenon of nursing students who are on the borderline of achievement of competence in clinical practice.

Background

There is longstanding confusion concerning the interpretation of competence in clinical practice (Bedford et al., 1994; Garside & Nhemachena, 2013; Watson et al., 2002; Yanhua & Watson, 2011). A tension exists between job-related competence required by

employers and a contemporary emphasis on transferable skills, critical thinking and lifelong learning (Cowan, Norman, & Coopamah, 2005; Gallagher, Smith, & Ousey, 2012). Complications also arise because of reported difficulties concerning the validity and reliability of competence assessment tools (Cassidy et al., 2012; Dolan, 2003; McCarthy & Murphy, 2008). In particular, there is disquiet that a behavioural checklist approach to assessment of competence neglects a holistic view of nursing practice (Eraut, 1994; Levett-Jones, Gersbach, Arthur, & Roche, 2011).

Mentorship literature reveals the emotional turmoil of assessment decision-making where students' competence is in doubt (Dudek et al., 2005; Duffy, 2013; Finch, Schaub, & Dalrymple, 2014; Larocque & Luhanga, 2013) especially a conflict between mentors' pastoral and assessment roles (Black, 2011; Black, Curzio, & Terry, 2014). Assessment of competence is also complicated by disputes between key stakeholders regarding the credibility and sufficiency of mentors' assessments of students in practice (Duffy, 2006; Smith & Allan, 2010), and by mentors' own uncertainties about their decision-making authority (Brown, Douglas, Garrity, & Shepherd, 2012; Jervis & Tilki, 2011). Mentors also find it difficult to define or record their intuitive concerns (Black, 2011; Hunt, 2014). Furthermore, whilst there are reported benefits of mentor preparation (Clemow, 2007; Veeramah, 2012), it seems no training can fully anticipate the emotional realities of a failing or borderline student scenario (Black, 2011; Donaldson & Gray, 2012).

Continuing concern about the credibility of assessment decision-making in clinical practice is therefore remarkable given the phenomenon of mentors failing to fail nursing students has been known about for over twenty years. Yet the management of borderline or fail decisions has remained a major consideration in terms of the credibility of nursing programmes (Brown et al., 2012; Black et al., 2014; Gainsbury, 2010; Hunt et al., 2012). However, the psychological, emotional and intensely human complexities of a borderline or fail decision, suggests that although these issues are recognized, they are no less easy to resolve (Heaslip & Scammell, 2012; Hunt, 2014; Vinales, 2015).

The study

Aim

To explore mentors' experiences of assessing nursing students on the borderline of achievement of competence in clinical practice and to develop a substantive theoretical explanation of this phenomenon.

Design

A particular strand of grounded theory drawing on symbolic interactionism and social constructionism (Corbin & Strauss, 2008; Strauss & Corbin, 1998) was adopted. Interviews were conducted over two phases with mentors and practice educators from five United Kingdom NHS Health Boards.

Participants

Study sampling parameters included UK registered nurse mentors and practice educators from adult (n=34), mental health (n=10), learning disability (n=9), and child (n=5) fields of nursing. All participants met UK Nursing and Midwifery Council standards to be a mentor and had experience of assessing at least one student on the borderline of achievement of competence. Following research ethics committee approval, presentations to mentors and practice educators at key meetings took place and potential participants came forward. Initial purposive sampling included participants with experience of the study phenomena. However, in grounded theory, sampling is driven by constant comparative analysis of data which carries particular resonance (Strauss & Corbin, 1998). Subsequently, through an iterative process of data collection and analysis, we identified a further theoretical sample of different participants and locations (Table 1). This was considered adequate in terms of theoretical saturation (Strauss & Corbin, 1998), and included individuals of varying role seniority (ward-based staff nurses; community nurses; clinical leads; practice educators), age range (26-59 years), and experience as a mentor (4-20 years).

Table 1: Details of interviews and focus groups

Health Board	No. of interviews and focus groups	No. of participants	Fields of nursing represented
Phase one			
One	20 individual interviews		Adult/ mental health/ learning disability/Child
Phase two			
One	1 focus group	5	Adult/ mental health/ learning disability/Child
	1 interview		Adult
Two	2 focus groups	12	Adult/ Learning disability
	2 interviews		Adult
Three	1 focus group	7	Adult/Mental Health/ Child
	2 interviews		Mental Health
Four	1 focus group	6	Adult
	2 interviews		Adult
Five	2 focus groups	8	Adult/ Learning disability
	1 interviews		Adult

Data collection

Phase one data were collected between July - October 2009, using twenty semi-structured individual interviews with nurse mentors. Phase two data were collected between June 2011 and February 2012. This involved eight further semi-structured individual interviews and seven focus groups with thirty eight nurse mentors and practice educators. Phase one interviews began with an open-ended question: *Can you tell me about your experiences of being a mentor?* Follow up questions then encouraged discussion about students on the borderline of achievement of competence. Focus groups started similarly, but where conversation resonated with themes derived from the on-going process of constant comparative analysis those topics were developed further. All interviews and focus groups were arranged at participants' convenience and held away from clinical practice settings. Data were digitally recorded and transcribed verbatim.

Ethical considerations

Ethical approval was obtained from local Research Ethics Committees and Health Board Research and Development departments for both study phases. All participants were given a study information sheet and consent form including assurances of confidentiality, anonymity and right to withdraw at any point.

Data analysis

Interview and focus group data were analysed using a process of open, axial and selective coding consistent with grounded theory method (Corbin & Strauss, 2008; Strauss & Corbin, 1998). Constant comparison of data encouraged a focus on early associations and patterns. Initial codes were developed through analysis of the contexts, effects and outcomes of the ways participants made particular assessment decisions. These were organized within a thematic framework using Nvivo software version 8. Selective coding ultimately led to a substantive theoretical explanation of mentors' experiences of assessing nursing students who were on the borderline of achievement of competence in clinical practice.

Rigour

Rigour included reflexive sensitivity towards the study phenomenon aided by on-going critical reflection between the researchers, field notes at the time of interviews and focus groups, memos detailing thematic development, and negative case analysis.

Findings

Three core categories, 'the conundrum of practice competence,' 'the intensity of nurturing hopefulness,' and 'managing assessment impasse,' were generated from analysis of data. These findings revealed substantial conflicts operating to derail mentors' assessment decision-making where students were on the borderline of achievement of competence in clinical practice. Such issues were central to the study's substantive theoretical explanation concerning authorization of mentors' assessment decision-making.

The conundrum of practice competence

Participants' evaluation of competence in borderline assessment situations was varied and open to their interpretation. For example, perceptions of competence were highly influenced by the way students did or did not attach humanistic value to fundamental care activities:

“If you’re changing a smelly dressing or assisting patients with a commode it’s very difficult for them. But that’s when you’ll have a better holistic understanding of your patient. I’m a person first and then a patient. That’s my criteria.” (Interview: Fay - Nurse Mentor).

There was concern that competence could be more straightforwardly considered using reductionist criteria which had organizational value, such as students’ assistance with completion of tasks in pressurised nursing environments. Participants could also be swayed by positive aspects of students’ performance without consideration being given to a wider set of skills, behaviours, and attitudes necessary for competent nursing practice. Participants were continually mindful therefore to consider a more comprehensive view of competence:

“When we go to administer medication I expect some humanity and positive interactions with the patient. So administering an injection is not just one task it encompasses a whole plethora of other nursing activities. I think competence is a much undefined term.” (Interview: Dave - Nurse Mentor)

This conundrum in determining what competence looks like and the level at which it is assessed was also complicated by assessment of students’ capacity for reflection and critical thinking. Participants saw competence as requiring an ability to interpret and respond to changing contexts of practice rather than simply follow instructions. This produced a dilemma in borderline situations when participants were looking out for indications that students were developing a holistic sense of nursing practice yet students were overestimating their abilities:

“The student didn’t relate well to patients and they couldn’t really relate back to her, but what concerned me most was that she didn’t perceive she couldn’t relate.” (Interview: Kate - Nurse Mentor)

The subjective nature of participants’ assessments without reference to pre-defined competency statements made determining practice competence more complicated. Yet whilst reliant on their intuition and subjective interpretations of students’ competence, participants were also uncomfortable about the apparent certainty of their assessment decisions being shaped by such personal views:

Jess: "An example recently was a mentor who said well the student's not aggressive enough, she's not assertive enough, but there's a difference between assertiveness and aggression. You don't want the student to be aggressive, but you certainly want them to be assertive enough to advocate for the patient. So how was she making her judgement on that student?"

Amy: It comes back to the fact that everybody is subjective.

Jess: It is. The levels of assessment are not clear." (Focus Group: Amy and Jess - Practice Educators)

The intensity of nurturing hopefulness

This second core category related to how mentors strove to ensure that students on the borderline of achievement might be successful. Participants' emotional resilience was repeatedly challenged when building a consensus of hope in this extra-ordinary predicament of borderline assessment situations. Whilst pastoral concern and nurturing was seen as integral to effective mentorship, the level and type of nurturing that constituted legitimate mentorship support was difficult. However, there was a strong sense that mentors could be involved in pastoral, supportive, and nurturing roles without automatically compromising their accountability:

Tanya: "With a failing student, you do have to be firm and say what is acceptable and what isn't acceptable and you can't do that if you're on a friendship footing.

Interviewer: And did you find it difficult to negotiate that relationship?"

Tanya: I didn't find that difficult at all. But I certainly know that gets you viewed as a bit stuffy. You know I'll be your work colleague I'll be a friend in a certain way but I'm not your best buddy. I'm your mentor." (Focus group: Tanya - Nurse Mentor)

Learning was also seen as contingent on students' belongingness and participation in the cultural life of placement communities. Yet in borderline situations, participants often found themselves arbitrators of assessment fairness especially when confronted by colleagues' contrary opinions about students:

"Other mentors on the ward were saying the student should be standing on her own two feet, but I felt I had kind of worked out this person's style and how the team should adapt. So then I became very defensive of the student and I had to say hang on a minute if this, this and this is put in place she's fine." (Interview: Jim - Nurse Mentor)

Borderline assessment situations also took on heightened emotional intimacy where participants were involved in extending the appearance of hope that students would meet required levels of competence whilst privately believing achievement was unlikely. Such tension produced a contradictory state of reverse mentorship where mentors were in effect ‘nurturing failure.’ They were knowingly being encouraging even though the outcome for the student seemed bleak. At the same time, mentors blamed themselves for students’ failure to progress, although crucially this self-deprecation did not result in admitting defeat or necessarily failing to fail:

“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. I can understand that but you have to put that to one side. It’s about thinking of the greater good. I mean if you don’t bring concerns to the fore the student won’t ever change.” (Interview: Mary - Nurse Mentor)

Participants *did* admonish themselves based on perceptions of their effectiveness in the mentoring role, but these reproaches were integral to coping in the emotional intensity of borderline assessment situations. Ultimately, participants’ perceptions of culpability appeared in contrast to vicarious liability for service users and carers and this sense of moral practice transcended loyalty to students.

Managing assessment impasse

As borderline situations evolved, participants became especially conscious of a need to restate learning agreements with students in order to move on. In ‘usual’ mentorship situations, participants aimed to encourage student enterprise and decrease levels of supervision relative to programme progression. However the extra-ordinary relationships and resources involved in borderline assessment situations could conspire to bring those aspirations to an impasse:

“Yes you need the student to be there with you especially when they are not up to the mark, but you don’t always have the time or the staffing levels to be able to do that. I know most of the time people will say that’s a cop out and you’ve got to make time. But it’s not so easy when you’re working in that environment. It’s so frustrating. Obviously we made that know to the powers that be.” (Interview: Fay - Nurse Mentor)

However, despite potential derailment of assessment relations, participants' overall approach towards students remained restorative. There was a clear sense that student/mentor relations could survive assessment impasse by carefully constructed positive *and* negative feedback assisting students' self-regulation of their practice:

"I fed back on some issues and actually sent her away to go and think about the concerns. You know go back through some of your nursing work. Talk to your peer group. Have a robust response to come back to me for the concerns we've discussed. In fairness I would say for most of the issues she was able to, but I think that's because I'd given her the time and space to go away to reflect on things." (Focus group: Hilda - Practice Educator)

Management of assessment impasse was also influenced by the immediacy of participants' personal support infrastructure during borderline events. The benefits of formal mentor preparation were acknowledged although there was a perception that such training could never replicate the extra-ordinary predicament of borderline circumstances. However, swift support from trusted colleagues and a wider collegial approach to assessment decision-making provided important reassurance against the repercussions of failing a student:

"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." (Focus group: Delia - Nurse Mentor)

The effectiveness of the interface between mentors, practice educators and Higher Education Institution (HEI) personnel also had an impact on participants' feelings of trust in how borderline assessment situations were managed. Where external support (such as from HEIs) was perceived as being effective, participants highlighted the benefits of this assistance in being able to move on from periods of impasse. Yet there was also a perception that mentors assessment decision-making could be over-ruled:

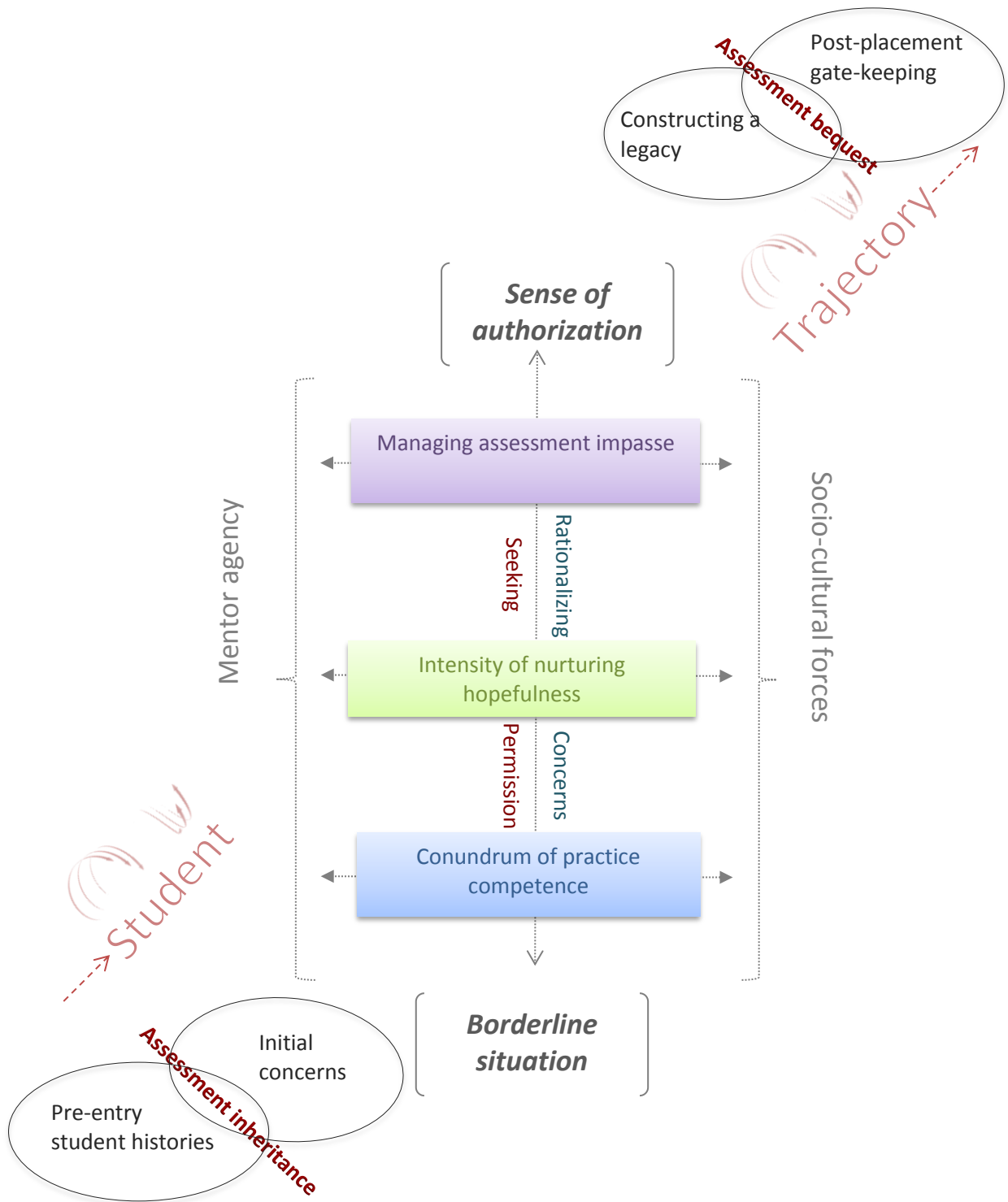
“I don’t think the mentors had much faith in the fact that the student would be rigorously followed through by the university. They felt the student would just be left to go on which hasn’t happened at all. But that was mentors perspective of it.” (Focus group: Hilda - Practice Educator)

Notwithstanding the accuracy of key stakeholder perceptions, participants nevertheless saw the response of external personnel, especially links with HEI’s, as having a decisive impact on mentors’ actions (and inactions).

Seeking authorization: Establishing collective accountability for mentorship.

These three core study categories ‘the conundrum of practice competence,’ ‘the intensity of nurturing hopefulness,’ and ‘managing assessment impasse,’ emerged as critical to the study’s substantial theoretical explanation - ‘Seeking authorization: Establishing collective accountability for mentorship.’ Moreover, participants’ experience of assessing students in borderline assessment situations was characterized by a series of stages. These were identified as ‘*assessment inheritance*’ (the effects of previous placement information on current assessment decision-making); ‘*the mentor experience*’ (the way in which participants rationalized and sought permissions concerning their assessment decisions despite a number of socio-cultural forces impacting on their sense of agency and authorization as a mentor), and ‘*assessment bequest*’ (the construction of a legacy of information for future mentors). These stages are outlined in Figure 1 and described in the following sections.

Figure 1 The substantive theoretical explanation: *‘Seeking authorization: Establishing collective accountability for mentorship.’*



Stage 1 - Assessment inheritance

As Figure 1 illustrates, the extent of previous ‘*assessment inheritance*’ detail students brought to a placement often led to first recognition of a borderline situation. Participants needed to make sense of ‘*pre-entry student histories*’ despite previous assessment concerns not always being fully documented. They were unclear why previous mentors had only hinted at problems and how students had progressed through placements only for subsequent concerns to arise. Participants were also often advocating for students’ legitimate inclusion within placement teams when team colleagues had already formed opinions about the likelihood of students’ achievement. Moreover, whilst participants often experienced intuitive ‘*initial concerns*’ about students in borderline assessment situations, they were not always clear about what these feelings might indicate.

Stage 2 - The mentor experience

Rationalizing concerns and seeking permission

Linking the three core categories were mentors’ attempts to rationalize their concerns and seek permission for their assessment decision-making (Figure 1). As borderline assessment situations evolved, participants were frequently encouraged by positive indications of a student’s competence and were on the brink of signing off practice learning outcomes. Yet such episodes often turned out to be false dawns and concerns remained. Data revealed how participants continued to extend the appearance of hope that a student would achieve whilst secretly doubting this outcome. Participants entered into a process of ‘*rationalizing concerns.*’ Initially they internalized students’ failure as poor mentorship and blamed themselves for lack of progress. These self-deprecating views were nevertheless a way of coping with the emotional complexity involved. However, the process of rationalization was ultimately balanced by participants’ duty of care to service users and carers.

Effective management of borderline assessment situations was also closely connected to collaboration between participants, colleagues and external placement personnel, particularly HEI staff. Consequently, data revealed the symbolic importance of ‘*seeking permission*’ and authorization of participants’ assessment decision-making as a result of a wider sense of communal identity. The authorizing or disempowering effects of these interactions were a prominent feature of the value participants attached to their discrete

placement assessments as part of the overall nursing programme. As identified in the three core data categories, perceptions of an assessing community were enhanced where there was agreement within placement teams about the nature of competence being assessed (*conundrum of practice competence*), appreciation of the emotional effort involved (*intensity of nurturing hopefulness*), and acknowledgement of the difficulties of re-establishing students' learning progression where this had stalled (*managing assessment impasse*).

Socio-cultural forces and mentor agency

Participants' experience of borderline assessment situations also incorporated socio-cultural forces and how these impacted on mentor agency. Study data shows how participants were often caught between their ability to resist a number of organisational and regulatory pressures (socio-cultural forces) whilst attempting to make fair and equitable assessment decisions (mentor agency). For example, pressure from colleagues to pass or fail a student, time and staffing constraints on mentorship, perceived devaluation of mentorship within Health Boards and HEI's, and a sense of lone accountability all influenced participants individual and collective decision-making. Moreover, in borderline assessment situations, participants were also dealing with the emotional complexity of suppressing feelings of doubt about students' prospects of achievement whilst remaining outwardly encouraging. Despite such personal and organisational tensions however, our participants were still able to take action in relation to their concerns about students. Furthermore, they continued to nurture hopeful outcomes even though there was doubt a student would achieve practice learning outcomes.

Sense of authorization

Central to how borderline assessment situations were managed by participants was their ability to negotiate the competing forces illustrated in Figure 1 (rationalizing concerns and seeking permission, sociocultural forces and mentor agency, and the complexities involved in the three core study categories). Whilst participants could decide to fail students they had doubts about, they could also exercise agency in deciding not to act on these concerns. Inaction was intentional in this sense. In view of these dynamics, we drew on theories of social structure and personal agency to assist analysis of the complexity of mentors situated experience. Such theories include a view that personal actions are

ultimately constrained by institutional forces (Durkheim, 1982 [1895]; Foucault, 2002 [1972]). Alternatively that individuals are able to resist social constraints particularly through collaborative enterprise (Blumer, 1969; Mead, 1934; Weber, 1992 [1904-5]). There is also a middle ground where institutional forces are seen as impinging on personal agency alongside acknowledgement that individuals have capacity to act on their intentions (Archer, 1995, 2000, 2003; Giddens, 1984).

These theoretical insights added to understanding of the substantive theory - '*seeking authorization*' - whereby participants attempted to reach a point of comfort about their assessment decision-making whilst managing the physical, resource, and emotional demands borderline circumstances provoked. Critically, effective management of borderline assessment situations depended on the authorizing effects of a wider *community of assessors*. Yet although study data showed how participants recognized their responsibilities as part of an assessing community, there was little sense of connection between placement mentors. Participants were therefore referencing a community invested with vital gate-keeping responsibilities, but were significantly troubled by their separation from usual team relations. This ambiguity had a particularly persuasive and moderating effect on participants' sense of personal and collective agency. Furthermore, rationalization of these issues was instrumental to participants' understanding of the value of their assessment decision-making and decisively, their perceptions of the credibility of the nursing programme.

Stage 3 - Assessment bequest

As students neared the end of their placement, study data showed participants' concern for a comprehensive and on-going record of students' trajectory which constituted a vital '*assessment bequest*.' This further stage of participants' experience involved making sense of assessment concerns and '*constructing a legacy*' of information for the following mentor (Figure 1). Participants' were especially conscious of how their discrete placement evaluations contributed to the assessment of particular students over the course of the nursing programme. Yet whilst participants could feel empowered by the significance of assessment decision-making during discrete placements, they often experienced a sense of disempowerment when the student left. So even though a placement had ended, there was still conflict for participants in '*post-placement gatekeeping*' and their attempts to resolve

lingering concerns.

Discussion

Our study resonates with other research about the difficulties of assessing competence where nursing students are failing in practice (Brown et al., 2012; Gainsbury, 2010; Jervis & Tilki, 2011). Mentors' espoused intentions to assess competence in more holistic ways appear compromised by practice contingencies, not least divergent and subjective assessor perspectives (Black et al., 2014; Duffy, 2013; Hunt et al., 2012). Assessment decision-making being disproportionately influenced by perceptions of students' positive or negative personal characteristics and behaviours, and assumptions that vicarious learning has taken place simply by students being present with their mentor also remain a challenge for practice education (Ironsides, McNelis, & Ebright, 2014; Thompson & Stapley, 2011). These findings indicate an increased likelihood of mentors failing to fail (Black, 2011; Duffy, 2003; Hunt, 2014). However, our findings showed mentors were not intentionally failing to fail so much as struggling to interpret practice learning outcomes appropriately and convey the meaning of those issues to others.

Our study also revealed that the process of instilling hope a student *might* achieve intensified anxieties where students failed to progress. Participants faced a contradiction of 'nurturing failure.' They internalized culpability for this lack of progress as being a result of poor mentorship which is consistent with other research as a reason why mentors might fail to fail students (Duffy 2006; Black 2011; Hunt 2014). Our findings also showed that participants' culpability and self-deprecating views were a necessary part of coping in difficult assessment circumstances and this triggered a vital process of rationalization. We have also identified new understanding about mentors' attempts to make progress in borderline assessment situations despite relationships with students having stalled. Findings reaffirmed the value of assessment feedback to students pitched in restorative terms, especially when they were enabled to use feedback as a means of self-regulation of their *on-going* learning (Fotheringham, 2011; Duffy, 2013). Our study illustrated the critical liaisons necessary between students, mentors, external placement personnel, and HEI staff in such circumstances.

Ultimately, the study's substantive theoretical explanation identified the extent to which individually and collectively, mentors felt authorized to make assessment decisions whilst exposed to social, organizational and regulatory pressures. We identified that whilst organisational constraints exist, they were *not* an inevitable impediment to mentors' sense of personal or collective agency. Significantly, despite regulatory standards predominantly portraying mentorship in terms of individual accountability (NMC, 2008), borderline assessment situations were particularly framed by the authorizing effects of participants' sense of collective mentorship identity. Moreover, the implicit power of this sense of communal identity had considerable moderating effects on individual mentors' sense of agency when making assessment decisions. The study's substantive theoretical explanation therefore indicates it is the concept of agency and its link to mentors sense of authorization of their decision-making that is a constant and determining feature of borderline assessment situations. This has critical implications for gate-keeping the nursing profession.

Strengths and limitations

Significant service reconfiguration was occurring both locally and nationally as this study was being undertaken. Validation of all United Kingdom HEI nursing programmes in line with Nursing and Midwifery Council *Standards for pre-registration nursing education* (NMC, 2010) also took place during the study timeframe. The currency of study data should be considered in light of these issues. Measures of parsimony and scope enhanced the trustworthiness, clarity and practicality of the emergent theory using criterion devised by Corbin and Strauss (2008, pp. 307-309).

Implications for practice, education and research

Implications arose for mentors, placement teams, health care organizations, Higher Education Institutions, and professional regulators. Good practice 'Mentor Footprint' guidance including strategic questions for use in borderline assessment situations has been developed for mentors, practice teams and other key stakeholders involved in borderline assessment situations. As such, health care organizations must recognize individual mentorship as a whole practice team responsibility whereby assessment accountability does not rest solely with one mentor. Roles such as Practice Education Facilitators and those with lead responsibilities for practice education should be extended. Health Boards

and HEI's must jointly consider the need for routine case reviews following borderline assessment events which can act to galvanize mentors sense of personal and collective agency. HEI's must review the way they receive and respond to feedback from practice colleagues about students who are perceived to be on the borderline of achievement of competence. Mentor preparation and update sessions must also include simulation of strategies associated with conflict resolution. For professional regulators, there must be greater emphasis on practice team accountability for mentorship and a requirement that HEI's record data on students who are withdrawn from nursing programmes as a result of failure of practice. In terms of further research, it is timely to explore the views of UK mentors and practice personnel concerning new registrants competence at the point of registration since the introduction of the most recent NMC validated programmes (NMC, 2010).

Conclusion

Management of borderline assessment situations is more understood by recognition of the authorizing effects of a wider community of assessors. This study has revealed the personal, professional and organisational pressures involved in mentorship of students on the borderline of achievement of competence in practice, and their impact on the preparation, support and regulation of mentors specifically in these circumstances.

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