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**THE UNIVERSITY OF SHEFFIELD  
SCHOOL OF NURSING AND MIDWIFERY**



**MENTOR UPDATE**

# **Resource Workbook**

*This workbook provides one source of evidence  
for entry (or re-entry) onto the Live Register of Mentors*



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## INTRODUCTION

Your work as a mentor is highly valued, and it is appreciated that this professional role carries a high level of commitment and responsibility. The ENB and DoH (2001a) recognise that mentors assume responsibility for the student's learning in the practice setting, the quality of that learning, and the assessment of competencies to demonstrate the extent to which learning outcomes have been met. They stated that:

### MENTORS:

- Facilitate student learning across pre- and post-registration programmes
- Supervise, support and guide students in practice in institutional and non-institutional settings
- Implement approved assessment procedures

The term **mentor** is therefore used to denote the role of the nurse, midwife or health visitor who facilitates learning and supervises and assesses students in the practice setting. Nurses, midwives and health visitors who wish to take up the role of mentor must have current registration with the Nursing and Midwifery Council and other professional and academic qualifications and experience commensurate with the context of care delivery (ENB and DoH 2001a). Normally, they will have completed at least 12 months full-time (or equivalent part-time) experience.

The contents of this *Resource Workbook* have been developed for mentors of pre-registration students of the University of Sheffield, to assist you to keep abreast of the key contemporary developments in the mentorship of students. The aim of this workbook is to enable you to be updated in your role as a mentor so that your name can be entered onto the *Live Register of Mentors*.

This workbook is divided into three parts and several sections as shown on the index page. Section I contains information on a number of national studies relating to mentorship, as well as professional guidelines and standards. We have included those studies that identify significant good practice for mentors which also formed the basis for the development of professional standards. Section II contains information on the local guidelines and policies that relate to the supervision of pre-registration students. Section III discusses those issues surrounding mentorship that may be encountered by you.

Throughout the workbook, there are a number of activities which are designed to enable you to relate the material to your clinical area. If you have difficulty with any of the work, talk to your learning environment manager or your link lecturer. The following icons are inserted into each activity box to suggest the type of work you should do:



This icon suggests that you reflect on your present practices and to consider what you could do differently to improve your role as a mentor.



This icon suggests that you have discussions with your colleagues.

When you have completed this workbook, you should discuss this with your learning environment manager. Your learning environment manager will assist you in identifying an action plan for your continuing development as a mentor. Space is provided for this in your *Mentor Evidence Record*.

**This workbook is also available on the following website:**

<http://www.shef.ac.uk/uni/academic/N-Q/nm/mentorship/mentorship.htm>

**Copies of the workbook are also available in the University of Sheffield Health Sciences and your local Trust libraries.**

Note: Throughout this workbook, the term ‘assessor’ is only used as it appears in direct quotes or when documents are reproduced.

## SECTION ONE: NATIONAL GUIDELINES AND POLICIES

This section is interactive and offers you the opportunity to explore and reflect on several important publications which impact on the practice of mentorship. These are:

Department of Health (1999) *Making a Difference*. London, Department of Health.

<http://www.doh.gov.uk/pub/docs/doh/nurstrat.pdf>

ENB and DoH (2001a) *Preparation of Mentors and Teachers*. London, The English National Board for Nursing, Midwifery and Health Visiting and the Department of Health.

<http://www.nmc-uk.org/cms/content/Publications/!teachers.pdf>

ENB and DoH (2001b) *Placements in Focus*. London, The English National Board for Nursing, Midwifery and Health Visiting and The Department of Health.

<http://www.doh.gov.uk/pdfs/places.pdf>

English National Board (1997) *Standards for Approval of Higher Education Institutions and Programmes*. London, The English National Board for Nursing, Midwifery and Health Visiting and The Department of Health.

Phillips T, Schostak J, Tyler J (2000) *Practice and Assessment in Nursing and Midwifery: doing it for real*. London, The English National Board for Nursing, Midwifery and Health Visiting and

The Department of Health. Research highlight available at:

<http://www.nmc-uk.org/cms/content/Publications/rh43.pdf>

UKCC (2001) *Fitness for Practice and Purpose*. London, United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

<http://www.nmc-uk.org/cms/content/Publications/Fitness%20PP%20pages.pdf>

UKCC (1999) *Fitness for Practice*. London, United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

<http://www.nmc-uk.org/cms/content/Publications/Fitness%20for%20practice.pdf>

UKCC (2000). *Standards for the Preparation of Teachers of Nursing, Midwifery and Health Visiting*. London, United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

<http://www.nmc-uk.org/cms/content/Publications/Standards%20for%20teachers%20book.pdf>

Each of these is discussed with some of the required reading material contained in appendices at the end of the workbook. The text will guide you through the reading material where necessary.

## MAKING A DIFFERENCE

In 1999, the Department of Health (DoH) published the report *Making a Difference*<sup>1</sup>. Within it, the DoH explains what it is doing to recognise the value of nurses, midwives and health visitors. In this policy report, the contributions that the nursing, midwifery and health visiting professions can make to the DoH's wide ranging programme of measures to improve the NHS and the health of the nation are identified in its strategic intentions for the profession. One strategic intention is to strengthen pre-registration as well as post-registration education and training. The DoH is concerned that at the end of the pre-registration programme, practitioners 'are fit for purpose, with excellent skills, and the knowledge and ability to provide the best care possible in a modern NHS' (DoH 1999:23).

Prospective employers, whether NHS Trusts or the Independent Sector are also primarily concerned about fitness for purpose – is the newly-qualified nurse or midwife able to function competently in clinical practice? Try this activity.



### Activity 1

Review the meaning of competence. What would you expect the competent nurse or midwife to be able to do?

In emphasising the achievement of 'fitness for purpose', the Department of Health (1999:29 ) made the following points about practical skills. They stated that:

4.11: Provision of clinical placements is a vital part of the education process. Every practitioner shares responsibility to support and teach the next generation of nurses and midwives. We want to get practical skills into education programmes from the start, so that students can get more hands-on experience more quickly, ranging from acute to community services ... We want higher quality and longer placements in a genuinely supportive learning environment.

4.12: It is important that, as with medical education, nurses are taught by those with practical and recent experience of nursing ... We intend to create more opportunities for experienced staff to combine teaching and patient care so that students can acquire better practical skills. We are also determined to enhance the status of those who provide practice-based teaching.

In attempts to introduce students to practical skills earlier, the School of Nursing and Midwifery at the University of Sheffield has for many years, introduced student nurses and student midwives to a range of practical skills in the clinical skills laboratories in the School. The following are examples of classroom-based practical sessions taught to student nurses (in all Branches of Nursing) during the Common Foundation Programme.

<sup>1</sup> Available from <http://www.doh.gov.uk/pub/docs/doh/nurstrat.pdf> or your site library.

- Bed bathing, bed-making, oral hygiene
- Skills to meet the personal cleansing needs of patients/clients
- Basic pressure area care
- Observations and collections of urine and faeces, fluid balance chart (to meet the elimination needs of patients/clients)
- Feeding, diet, measurements of weight and height and calculating the BMI, fluid balance chart (to meet the eating and drinking needs of patients/clients)
- Moving and handling
- CPR
- Administration of medicines
- Aseptic technique (Adult Branch students only)
- Taking and recording vital signs
- Practising communication skills
- How to ensure personal safety

Student midwives are taught the following skills during Unit 1 before commencing their clinical placements:

- Bed-making
- Hand washing
- Moving and handling
- Taking and recording vital signs
- Urinalysis
- Practising communication skills
- How to ensure personal safety
- Baby bathing
- Daily examination of the newborn
- Antenatal examination, including abdominal examination
- Antenatal booking interview, including history taking
- Postnatal examination
- History taking

Try this next activity.



## Activity 2

Within the context of your clinical setting, how can you help students build upon what has been learnt in the skills laboratory? Subsequently, how can you help students develop the range of practical skills expected of the competent practitioner?

To assist students develop the range of practical skills to contribute to the achievement of ‘fitness for purpose’, student nurses track their development of a range of clinical skills in a booklet titled *Clinical Skills Map*. Student midwives use a similar booklet titled *Clinical Skills Inventory*.

Paragraph 4.11 states that placements should be longer and of higher quality in a genuinely supportive learning environment. In consideration of this, the School of Nursing and Midwifery, in conjunction with its service colleagues, has increased the length of placements in its pre-registration programmes.

There are two other key issues to consider – **higher quality** placements in a **genuinely supportive learning environment**. To assist you to consider these two important issues, you may wish to try the following activity with your colleagues.



## Activity 3

Obtain a copy of the *Practice Placement Audit* tool currently in use, or a copy of the *checklist for good practice in practice placements* from the document **Placements in Focus**<sup>2</sup> (ENB and DoH 2001b). Work through these items to audit your clinical area for its ability to provide a quality and supportive learning environment.

Ask the following questions:

1. Where are we now?
2. If there are aspects of educational support we need to improve, how can we achieve these?

<sup>2</sup> Contained in Appendix 1

## THE IMPORTANCE OF CLINICAL EXPERIENCE

The importance of practice placements in the education of health care professionals is emphasised by the Department of Health. This is part of the Department's drive to modernise the NHS and to ensure that education for health care professionals is strengthened and focused on the services needed by patients and clients.

The joint ENB and DoH publication *Placements in Focus* (ENB and DoH 2001b) contains the underlying principles and guidance for the organisation, provision and assessment of practice experience. The guidance focuses on four key areas of practice placements:

1. Providing practice placements
2. Practice learning environment
3. Student support
4. Assessment of practice

The guidance is offered as a framework for institutions to use according to their needs. The details of the four key aspects can also be seen and downloaded from the following Website:

<http://www.doh.gov.uk/pdfs/places.pdf>

## FITNESS FOR PRACTICE

In the same year as the publication of *Making a Difference*, the UKCC published the report *Fitness for Practice* (UKCC 1999). In *Fitness for Practice*, the Education Commission set up by the UKCC reviewed nursing and midwifery education, and made recommendations for:

1. Increasing flexibility for entry to, and during training
2. Achieving fitness for practice at the point of registration
3. Improving and creating new and equal partnerships between service providers and Higher Education Institutions

In achieving 'fitness for practice' the UKCC (endorsed by the NMC) is concerned that the standards required for registration as a nurse on parts 12,13, 14 and 15, and registration as a midwife on part 10 of the UKCC (now NMC) register are achieved. In *Fitness for Practice*, the UKCC adopted the **competency-based approach** to pre-registration nursing and midwifery education. Pre-registration nursing and midwifery programmes now require students to achieve national **competencies**. In order to assume the responsibilities and accountability necessary for public protection on registration, it is a requirement that pre-registration programmes are designed to enable students to:

- apply knowledge, understanding and skills when performing to the standards required in employment
- provide the care that patients/clients require, safely and competently

The UKCC (endorsed by the NMC) makes it clear that these competencies are to be achieved under the direction of the mentor.

As a refresher, you may wish to try the following activity.



### Activity 4

The School of Nursing and Midwifery uses the **competency-based approach**<sup>3</sup> in its assessment of practice strategy. When using this approach, how do you and your colleagues manage the assessment process so that you make assessment decisions with *validity*<sup>4</sup> and *reliability*?

The following are some of the key recommendations made by the UKCC (endorsed by the NMC) for achieving 'fitness for practice'.

1. The standards required for registration as a nurse on parts 12,13, 14 and 15 of the NMC register should:
  - Be constructed in terms of outcomes for theory and practice.
  - Make the 50 per cent practice component of the course hours transparent.
  - Specify that consistent clinical supervision in a supportive learning environment during all practice placements is necessary.
2. Students, assessors and mentors should know what is expected of them through specified practice outcomes which:
  - Give direction to practice placements
  - Are jointly negotiated between the service providers and Higher Education Institutions
3. The use of a portfolio of practice experience should be extended to demonstrate a student's fitness for practice and provide evidence of rational decision-making and clinical judgement.
4. The portfolio should be assessed through rigorous practice assessment tools which identify the skills which students have acquired and highlight any deficits which need to be addressed.
5. Practice placements should be designed to achieve agreed outcomes which benefit student learning and provide experience of the full 24 hours per day and seven days per week nature of health care.
6. To make best use of practice placements, interpersonal and practice skills should be fostered by

<sup>3</sup> & <sup>4</sup> The following text provides a discussion of competency-based assessment and validity and reliability: Stuart CC (2003) *Assessment, Supervision and Support in Clinical Practice*. Edinburgh, Churchill Livingstone.

the use of experiential and problem-based learning, increased use of skills laboratories and access to information technology, particularly in clinical practice.

7. To enable nursing and midwifery students to consolidate their education and their competence in practice, there should be a period of supervised clinical practice of at least three months towards the end of the pre-registration programme. This practice period is intended to be a transitional period with clearly specified outcomes and should be managed by specifically prepared nurses and midwives.

In collaboration with your colleagues and link lecturer, find out how these recommendations have been incorporated into the pre-registration nursing and midwifery curricula. Of particular significance to the mentor is point 7. **Teaching and learning strategies used, and the clinical activities that the student engages in, should assist the student to develop the confidence to function as a qualified professional.**

Try the following activity.



### Activity 5

Reflect upon point 7 above. Within your practice setting, how would you assist students so that they are 'fit for purpose' and 'fit for practice' when they qualify?

What are the learning outcomes, and the teaching/learning strategies that are in place to support the development of pre-registration nursing and midwifery students during the final six months of their training?

## CONCLUSION

These two major reports *Making a Difference* and *Fitness for Practice* have a number of similarities, and together they create a complex agenda. There are similarities in relation to:

- recruitment and selection
- widening access
- increasing the level of practical skills in the training programme
- introducing practical skills into the programme from the start
- the importance of learning during practice placements
- supporting students in practice by improving mentoring and teaching support

These two reports make important recommendations in order to improve nursing and midwifery education so that students qualify as practitioners who are both 'fit for purpose' and 'fit for practice'. As the clinical mentor, it is important for you to work with educationalists and students so that these recommendations are achieved as far as possible.

## FITNESS FOR PRACTICE AND PURPOSE

Following the publication of its report *Fitness for Practice* (UKCC 1999), the UKCC established the Post-Commission Development Group. In its report *Fitness for Practice and Purpose* (UKCC 2001), this group noted that ‘inter-professional education is informal and formal opportunities for members of two or more professions to learn from each other ... with the aims of improving the effectiveness of care delivery and increasing collaborative practice’. Students should gain, where possible, experience as part of a multi-professional team (ENB and DoH 2001b).

Pre-registration nursing and midwifery education is the gateway of entry on to the Nursing and Midwifery Council professional register. This is the period when crucial professional competencies are taught, learnt and achieved. The public is conscious of the importance of professional competence and accountability as never before. The report of the Bristol Royal Infirmary Inquiry (2001) highlighted the need for an expanded understanding of what constitutes professional competence. The ‘professional competence’ referred to in this report focuses on being clinically competent in the provision of client/patient care. In stating that **professional competence requires firm educational grounding [and that] ... it depends on the professional standards individuals are required or expected to meet and on the wider systems for ensuring those standards are adhered to**, the report makes it clear that everyone involved in the supervision and assessment of students plays a role towards this end.

One way to bring about this expanded understanding of what constitutes professional competence in health care is to provide more opportunities for multi-professional teams to learn, train and develop together. This will lead to an increased understanding of, and respect for each other’s roles and competence. There is a need to increase and expand inter-professional education so that there are common learning programmes for all health professions (DoH 2002). In *The NHS Plan* the Department of Health made a commitment in this area. In Sheffield, a project has commenced with DoH funding to explore the development, implementation and evaluation of inter-professional learning (CUILU<sup>5</sup> Project).

<sup>5</sup> The CUILU Project (‘Hub and Spoke Project’) was reported in *The Assessor* newsletter in issues 8, 9 and 11. Further information about the CUILU project is also available on the following web sites: <http://www.shf.ac.uk/cuilu/> <http://www.shu.ac.uk/schools/hsc/modernisation/cuilu.html>

Try the next activity.



### Activity 6

Examine the ways that the multi-professional team in your clinical area work together. Make a note of these.

Are there ways that this team also learn together?

How do health care students in your clinical area learn and work together?

What learning opportunities can you provide to assist health care students to experience team work?

What learning opportunities can you provide to assist health care students to learn together?

In issue 8 of The Assessor newsletter<sup>6</sup>, there is a discussion of how student nurses and medical students work and learn together. There is a more comprehensive discussion of this work in the following article:

Guest C *et al.* (2002) Facilitating interprofessional learning for medical and nursing students in clinical practice. *Learning in Health and Social Care*, 1(3), 132-138.

<sup>6</sup> Available from <http://www.snm.shef.ac.uk/news/assessor/assessor.htm>

## **PRACTICE AND ASSESSMENT: AN EVALUATION OF THE ASSESSMENT OF PRACTICE AT DIPLOMA, DEGREE AND POSTGRADUATE LEVEL IN PRE- AND POST-REGISTRATION NURSING AND MIDWIFERY EDUCATION (PANDA Report)<sup>7</sup>**

The research investigated how practice is assessed in clinical environments. It looked at the interaction between what assessors ‘do’, the way organisations are structured and how resources are distributed. The researchers observed learners and mentors at work to build up a set of case studies of the working day. At the same time they collected evidence of the ‘reality’ of doing assessment in these circumstances. The research report (Phillips *et al.* 2000) give a picture of many practitioners so hard-pressed by the demands of day-to-day nursing and midwifery that they are regularly unable to undertake valid or reliable assessment. They clearly indicate that quality assessment and learning require the support of appropriate institutional and national infrastructures. The research findings are of relevance to a wide multi-professional audience in health care and education.

This discussion will begin with a consideration of the findings.

### **Findings 1, 2 and 3**

1. The quality of assessment varies enormously. Its nature and effectiveness often depend on accidental circumstances such as the level of staffing in a clinical area and the shape of a working day. Because there is rarely a planned curriculum for practice learning and assessment, these activities cannot easily take place without compromising patient care. To overcome this, many individual assessors invest a great deal of their own time and effort to help their assessees<sup>8</sup>. They do this at a cost to themselves in terms of stress and personal well-being. For a large number of others, however, assessment is just one more piece of bureaucracy that takes away from time to do the job. It is the straw that breaks the camel’s back.
2. Official, named practitioner-assessors are having to perform their assessor role as one of many roles. For most of them, the first priority is getting through the working day, the second is giving quality patient care and the third, undertaking assessment. The working day is full of interruptions. They are often called away from one clinical task to begin another, to answer the telephone, to comfort a relative, to provide information for another professional. There is rarely much continuity of contact between them and their assessee. Workloads and shift patterns may prevent them from observing an assessee, having a conversation with them or even meeting them for several days at a time. Few organisations have found a way to overcome the conflicts between care delivery and assessment. For most of them, assessment is a bolt-on activity to be done after *‘the things that really matter’*.

<sup>7</sup> Phillips T, Schostak J, Tyler J (2000) *Practice and Assessment in Nursing and Midwifery: doing it for real*. ENB, London. Research highlight available at: <http://www.nmc-uk.org/cms/content/Publications/rh43.pdf>

<sup>8</sup> The term ‘assessee’ is used rather than ‘student’ because there are a range of people being assessed. Those on pre-registration courses are students first and foremost and practitioners second. Those undertaking a programme of learning for a post-registration award consider themselves practitioners who are ‘doing a course’. The word ‘assessee’ encompasses both.

3. The majority of assessment is done informally by the people an assessee ‘bumps into’ as they do their practice. Each person may perceive the assessee differently. Often they will have seen him or her in different circumstances from the ones their colleagues witnessed. In most cases, there is little time set aside for sustained observation of assessees or for systematic evidence collection and dialogue between assessors. Many informal assessors still lack training in assessment. Patterns of work, absence of an infrastructure for assessor dialogue based on evidence and inadequate training combine to minimise inter-assessor reliability. These problems diminish in relation to the amount of overall time the assessee remains with a group of colleagues in one clinical area. Three/four week placements do not permit valid and reliable assessment.

These findings clearly show that the reality of practical assessment is of serious concern.

Each finding discusses the on-the-ground situation for many mentors and acknowledges the ever increasing difficulties presented by the nature of clinical practice and the competing demands of the mentor role.



### Activity 7

How do these findings reflect the realities of assessment/mentorship for you?

What are the particular circumstances in which the demands made on the mentor role are increased? How do you meet these demands?

You may have identified circumstances such as having more than one student or a student who needs extra support and guidance in the achievement of their learning outcomes. You may also have thought that you generally are just too busy attending to the patients/clients so you do not have any time left to mentor students as well as you would like to.


Although this report begins with the story of reality for mentors, it also identifies that organisation and structure at local and institution levels often exacerbate problems already faced by nurses and midwives.

### Finding 4

4. The assessment of theory in practice remains a problem for assessors. The assessment of theory is largely an assessment of ‘subject’ knowledge. This is perceived as something brought to practice and transferred unaltered from one situation to another. Few assessment schedules recognise the theory that *comes from practice*. This is knowledge that is constructed in context (in particular clinical situations, throughout the whole working day) and involves knowledge gained through the fingertips, knowledge about when "to cut corners" and knowledge about how to prioritise among apparently equal demands. Many practitioners are confirmed in their scepticism about theory by

assessment schedules that use criteria which fail to recognise the ‘real’ world of practice. Where work is organised to facilitate extended periods of observation and assessors are able to work alongside their assessee, assessment more often uses and openly acknowledges ‘real’ practice criteria that recognise theory-from-practice.

The difficulties of assessing theory in practice are discussed here.



### Activity 8

What do you think is meant by *theory that comes from practice* as opposed to *subject knowledge*?

How would you facilitate the development of the former?

You may have included points such as the knowledge you gain about a patient through the relationship you have with them. Also included here would be knowledge about how to do things particularly when that ‘how’ takes account of the patient’s individuality.

This finding also acknowledges that assessment documentation usually does not recognise and include this important type of nursing/midwifery knowledge. The final sentence, however, identifies that particular circumstances during assessment create an environment where this kind of knowledge is validated and assessed. **How would you and your mentor team create these types of learning situations?**

**Finding 5**

5. Observations and interviews provide extensive evidence that a major part of nursing and midwifery practice is about solving the operational and ethical dilemmas a nurse or midwife regularly faces. Competent practice is less about performance on separate tasks than about handling the competing and contradictory demands upon an individual’s time and attention throughout the whole day. Far from treating dilemmas as abstract problems and employing ready-made solutions, competent practitioners resolve these competing demands by treating each problem as ‘situated’. They read and analyse the specific, concrete situation, evaluate the competing demands within it, make a judgement that takes account of the situation and the wider context and take appropriate action. Judgement is always a central feature of competent practice. It is rarely featured prominently in assessment schedules.



### Activity 9

What central feature of *competent practice* was found to be under assessed in this finding?

What do you think would be particular difficulties in assessing this feature?

You may have identified that time is a particular problem here. It will slow down care delivery when the mentor pauses to ask the student ‘what should be done here?’

You may also have identified that the work of Benner (1984) tells us that sometimes expert practitioners make judgements in practice without being aware that they have done so. Phillips *et al.* (2000) found this to be a characteristic of experts such as yourself. Taking time to reflect on the clinical decisions you make will help to bring these into conscious awareness so that you can incorporate these aspects of practice in your assessments of students.

This finding is directly related to how we conceptualise competent practice. You may wish to look back at the issues in this area by reviewing the section on competence in Stuart’s (2003) book, pages 57-70.

#### Finding 6

6. The most valid assessment of a) situated knowledge and b) judgement occurs where there is opportunity for close observation over a sustained period by an assessor working alongside their assessee. This happens where there is a set of structures that facilitate co-working or team work as a regular part of clinical practice. This form of working enables in-event dialogue, on the one hand, and negotiated action, on the other. It is not a way of doing things which occurs often in the current context of healthcare. In rare instances, assessors are able to withdraw from primary responsibility for other aspects of care while they are doing their period of collaborative working-cum-observation.

This finding clearly identifies the most significant factor in valid assessment as having the opportunity for close observation over a sustained period by working alongside the student.



### Activity 10

Are there any changes which could be made in your area to increase or maximise this significant factor?

### Finding 7

7. Nursing and midwifery practice has to meet the expectations of a wide range of stakeholders, including individual patients and relatives, individual practitioners, user groups, Trusts, Higher Education Institutions, Education Consortia, the ENB, the UKCC and the Department of Health. As they work, nurses and midwives have to do things that meet multiple and often contradictory agendas. There is an evident need for a greater degree of regular, constructive dialogue between all interest groups, with a view to developing curricula for learning and assessment that explicitly acknowledge the need for practitioners to juggle competing agendas. The data indicates a parallel need for practitioner-assessors to be involved pro-actively in as many planning and decision-making bodies at as many levels as possible.

This finding calls for nurses and midwives to be involved with the public and other professional groups with a view to developing curricula that will prepare practitioners to juggle with competing demands.



### Activity 11

What planning and/or decision-making bodies are you involved in?

In large organisations it is clearly much more difficult for everyone to be involved actively. There should however be a system in place which manages this process and gives people representation. Find out and note here what the system is within where you work when your local University asks for a representative to take part in a **curriculum or course planning group**.

### Finding 8

8. The evidence shows that the conditions under which people are assessed are infinitely variable and that competence is always 'situated'. It indicates that assessment must meet two conditions if it is to be fair and comparable. First, it must take into account the constraints and possibilities of the clinical environment. Assesseees have to analyse the context as a normal part of doing practice, so it seems sensible that assessment should include a joint assessor/assessee review of the context, mapping 'real' practice problems within richly described contextual detail. Second, assesseees should be systematically observed in a range of situations, from those that demand a 'usual' response, through those where there is a real possibility of exercising choice, to those where there is a need for strategic action to bring about change in the context of care.

This finding returns to the need for mentors and students to reflect together on real experiences of care giving. The focus here however is on the variation in circumstances that every patient care situation presents, even when the actual care tasks are the same. Once again we are reminded as mentors that a focus on the tasks of care is not enough since *competence is always 'situated'*.

This has a strong implication for assessment, as the student should be ‘systematically observed in a range of situations’. This is a fundamental aspect of valid assessment if we really want to assess professional competence as opposed to the ability to follow a procedure. This aspect is certainly worth discussing with your student at the beginning of the placement. Many students have assessment schedules which encourage the perception that they will be assessed over a number of prescribed ‘tasks’ or ‘activities’ and there may not be an explicit indication that variation in context is also required. You should check that your student fully understands this otherwise he/she may feel ‘over assessed’.

### **Finding 9**

9. The majority of research informants claimed not to be able to detect levels in practice; a competent nurse/midwife was a competent nurse/midwife. Observation indicated that practitioners continue to *broaden the scope* of their competence rather than climb to another level. It also showed they move back and forth between doing practice in routine ways, making choices in unusual situations and making interventions in the context to improve the possibilities of healthcare in the future. Assessment which provides a valid picture of how nurses and midwives actually develop as practitioners moves away from the academic notion of progress as movement through levels and towards: assessment of ability to practice ‘now’; in an ‘alternative now’; in an unknown future. The latter includes understanding for strategic and tactical action.

This finding offers a critique of the concept of competence as a defined ‘level’ of practice. In the critique, the researchers say that competence should be considered not only as the ability to practise in the realities of today but should also be guided by a vision of possibilities for practice in the future: an ‘alternative now’. This requires the competent practitioner to have ‘understanding for strategic and tactical action’ and implicitly involves action for change in the widest sense.

### **Finding 10**

10. Few assessors felt well prepared for doing assessment and most expressed a desire for continuing support after initial training. There were few effective structures for preparing, developing and supporting assessors. Meetings for practitioners lacked continuity from one session to another. Little or no attention was given at these meetings to the critical analysis of differences in perceptions, assumptions and values. Examples of assessors meeting to inform their assessment by presenting and analysing evidence of their own practice were rare. Frameworks for assessor training and support seemed to ignore a) the inter-subjective nature of assessment and b) the need for dialogue to enhance the judgement required for appropriate action in the face of uncertainty. There is little evidence of an infrastructure for monitoring the provision of resources or mechanisms to promote education and assessment as integral parts of practice.

This finding is clearly concerned with mentor preparation and continued support. In your role as mentor you should have easy access to your learning environment manager and link lecturer who have a direct role in providing support for mentors.

If your clinical area is a designated placement area for students you should also receive a publication called *The Assessor* giving you up-to-date information on both local and national changes which affect your role. If you have not seen this ask your manager or your link lecturer.

Additionally, finding 10 explicitly identifies the need for mentor meetings to explore the nature of practical assessment.



### **Activity 12**

Do you already have regular mentor meetings in your area? If not, how could a workable system of mentor meetings begin in your area?

## **UKCC ADVISORY STANDARDS FOR MENTORS AND MENTORSHIP (endorsed by the NMC)**

The UKCC's (UKCC 2000) advisory standards for mentors are reproduced below:

### **Advisory standards for mentors and mentorship**

#### **Communication and working relationships enabling:**

- The development of effective relationships based on mutual trust and respect.
- An understanding of how students integrate into practice settings and assisting with this process.
- The provision of ongoing and constructive support for students.

#### **Facilitation of learning in order to:**

- Demonstrate sufficient knowledge of the student's programme to identify current learning needs.
- Demonstrate strategies which will assist with the integration of learning from practice and educational settings.
- Create and develop opportunities for students to identify and undertake experiences to meet their learning needs.

#### **Assessment in order to:**

- Demonstrate a good understanding of assessment and ability to assess.
- Implement approved assessment procedures.

#### **Role modelling in order to:**

- Demonstrate effective relationships with patients and clients.
- Contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated.
- Assess and manage clinical developments to ensure safe and effective care.
- Create an environment for learning in order to:  
Ensure effective learning experiences and the opportunity to achieve learning outcomes for students by contributing to the development and maintenance of a learning environment.
- Implement strategies for quality assurance and quality audit.

#### **Improving practice in order to:**

- Contribute to the creation of an environment in which change can be initiated and supported.

**A knowledge base in order to:**

- Identify, apply and disseminate research findings within the area of practice.

**Course development which:**

- Contributes to the development and/or review of courses.

The above standards serve to clarify your role as a mentor. These may also be used as the basis on which you could evaluate your mentorship practice.



**Activity 13**

Using the above standards evaluate your mentoring practice and comment here on your perceived strengths and weaknesses. If you are mentoring a student at present ask him/her to contribute to your self-evaluation activity in relation to these standards.

**THE FOLLOWING SELECTION OF MATERIAL IS TAKEN FROM THE ENB STANDARDS FOR APPROVAL OF HIGHER EDUCATION INSTITUTIONS AND PROGRAMMES (ENB 1997, endorsed by the NMC).**

Below each standard is the opportunity for you to make comment in relation to your clinical area as a learning environment for students. Keep in mind the potential for all of these to be developed. The standards selected reflect student learning in the clinical setting and mentorship.

**Standard seven: Physical and learning resources**

Physical and learning resources support teaching and learning activities in all settings for the achievement of education programme outcomes.

**Criteria**

- a. Physical and learning resources are secured for each educational programme.
- b. Students, lecturers and others who make a contribution to the educational programme are provided with information on the facilities available to support them.
- c. Students, lecturers and others who make a contribution to the educational programme have access to a range of physical and learning resources related to that contribution.



**Comments**

**Standard eight: Practice experience**

Practice experience provides learning opportunities which enable the achievement of the stated learning outcomes.

**Criteria**

- a. There is a strategy for the selection and monitoring of practice experience for the provision of learning opportunities which enable achievement of the learning outcomes of the programme.
- b. Practice provision reflects respect for the rights of health service users and their carers.
- c. The provision of care reflects respect for privacy, dignity and religious and cultural beliefs and practices.
- d. Care provision is based on relevant research-based and evidence-based findings where available.
- e. Pre-registration nursing and midwifery students' experience includes the 24-hour cycle of patient/client care.

- f. Plans for practice experience demonstrate equity of opportunity for individual students' learning experiences.
- g. The number and skill mix of clinical staff and the experience available support the achievement of the learning outcomes of the educational programme.

 <b>Comments</b>
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**Standard nine: Lecturers' involvement in nursing/midwifery/health visiting practice**

Lecturers are involved in the development of practice and professional and academic knowledge.

**Criteria**

- a. The structures and policies within the faculty/school/department support the orientation and involvement of lecturers in identified practice areas.
- b. Lecturers are involved in practice and its development.
- c. Lecturers contribute to the students' learning in practice areas.
- d. Lecturers support registered practitioners in the development of practice and professional and academic knowledge.

 <b>Comments</b>
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**Standard thirteen: Assessment process**

The assessment of learning of theory and practice is a continuous process, culminating in a judgement of achievement.

**Criteria**

- a. A range of assessment methods is used to judge student achievement of the learning outcomes at specified stages of the programme.
- b. Formative processes guide student learning.

- c. Summative assessment measures integration of subject disciplines and the application of theories in practice.
- d. Periods of practice experience used for summative assessment are a minimum of four weeks in duration.
- e. Assessment is based on a range of evidence to serve as the basis for student/assessor discussion about knowledge, skills and attitudes.
- f. Students maintain a portfolio which is a record of learning and outcomes of assessment.



## Comments

### **Standard fourteen: Assessors (now called mentors) of Practice**

Assessors measure student achievement against the performance criteria for the programme.

#### **Criteria**

- a. The number of assessors required within each practice experience is determined through educational audit.
- b. The faculty/school/department maintains a 'live' register of assessors.
- c. Assessors attend an annual update and review meeting.
- d. The assessor directly observes and supports the student's achievement of intended learning outcomes for a minimum period equivalent to two days per working week for full-time students and pro rata for part time students.
- e. The assessor communicates to the personal/named lecturer any cause for concern relating to student progression.
- f. Intra and inter assessor reliability and consistency are monitored.
- g. Specific preparation is provided for practitioners in practice areas in relation to the educational programmes being undertaken by the students.
- h. The assessor, together with other registered practitioners, develops and updates a profile of the learning opportunities which support the achievement of the intended learning outcomes of the educational programme.
- i. Assessors and other practitioners are supported by lecturers in their development of professional and academic knowledge and in the assessment of students.

 **Comments**

**Standard sixteen: Student support**

Students are supported in the achievement of the learning outcomes of the educational programmes.

**Criteria**

- a. Students are provided with information on the facilities available to support them.
- b. Nursing/midwifery/health visiting students have equitable access with other students to recreational, personal support and welfare facilities and services.
- c. Students have a designated personal lecturer who will:
  - i. identify learning needs with the students
  - ii. support students in the achievement of intended learning outcomes
  - iii. monitor the total learning experience of individual students, including student attendance and progression
  - iv. provide feedback to students on performance at specified points in the educational programme
  - v. identify the special needs of students to ensure that those students are supported
- d. Students are supported by first level registered nurses/midwives/health visitors undertaking the role of mentor throughout the programme.
- e. Student rights and obligations are explicit.

 **Comments**

## SECTION TWO: LOCAL GUIDELINES AND POLICIES

This section offers the opportunity to explore the *Standards for the Link Lecturer Role*, the *Placement Charter* and the following pre-registration programmes:

- The Advanced Diploma in Nursing Studies (ADNS) – September 2000 Curriculum
- The Pre-registration Postgraduate Diploma in Health Care Studies with Professional Registration in Nursing (Adult and Mental Health)
- The Advanced Diploma in Midwifery Studies (ADMS) – September 2001 Curriculum
- The Bachelor of Medical Science (Honours) Degree in Midwifery Studies (BMedSci) – September 2002 Curriculum

### THE STANDARDS FOR THE LINK LECTURER ROLE

As stated in ENB Standard 14 (i), ‘assessors and other practitioners are supported by lecturers in their development of professional and academic knowledge and in the assessment of students’. The School of Nursing and Midwifery, University of Sheffield has developed *The Standards for the Link Lecturer Role*. You can see from the standards what the roles and responsibilities of the link lecturer are in providing you with the support and guidance you require in your mentoring role, and in assisting your clinical area to be a ‘quality ... and supportive learning environment’ (DoH 1999:29).

A copy of the standards is reproduced here. Please read this carefully and then try activity 14.

#### Standards For The Link Lecturer Role

*Responsibility for monitoring these standards will be through the following mechanisms:*

*Self appraisal*

*Departmental monitoring of workload analysis and staff appraisal*

*Student evaluation*

*School Governance structures*

*It is the Programme Leaders’ responsibility to apply these standards within the context of the individual programme of study.*

- All placement areas will be allocated a Link Lecturer; this will be negotiated between the Head of Department and the Lecturer according to the Department’s agreed workload management strategy.
- The Link Lecturer and Learning Environment Manager will audit the placement area before first use for student placements, using the audit system agreed by the School of Nursing and Midwifery. The original audit documents will be kept in the School Placement Department in order to enable placement officers to make informed and appropriate student placement

decisions. The Link Lecturer and the placement Learning Environment Manager will retain copies of the audit documents.

- The Link Lecturer and Learning Environment Manager will update the audit of the placement area on a regular basis, as determined by School of Nursing and Midwifery policy, guided by professional standards for the approval of student placement areas. The original audit documents will be kept in the School Placement Department in order to enable placement officers to make informed and appropriate student placement decisions. The Link Lecturer and the placement Learning Environment Manager will retain copies of the audit documents.
- The Link Lecturer will liaise with the placement area on a regular basis, according to contact arrangements negotiated and agreed with the Learning Environment Manager. The frequency and mode of contact between Link Lecturer and placement area will be recorded with the Head of Department, to facilitate equitable management of the Link Lecturer role.
- The Link Lecturer will contribute to the maintenance of links between the School and placement providers in accordance with agreed local arrangements.
- The Link Lecturer will monitor the dissemination of general information (e.g. *The Assessor*) on developments in the School of Nursing and Midwifery and its programmes, pertinent to student placements, to the placement area.
- The Link Lecturer will provide additional information to the placement area on developments in the School of Nursing and Midwifery and its programmes, as requested by the School of Nursing and Midwifery or the placement area.
- The Link Lecturer will act as an information link from the placement area to the School of Nursing and Midwifery, where developments in the placement area are likely to affect the placement experience for students.
- The Link Lecturer will provide advice to placement mentors and assessors, supplementary to any formal mentor/assessor preparation, from time to time as required to ensure that student learning and assessment on the placement is facilitated.
- The Link Lecturer will act as a source of advice and assistance to the Learning Environment Manager in the development of resource materials for the support of student learning in the clinical placement area e.g. 'Welcome packs', 'placement learning opportunities'.
- The Link Lecturer will assist placement staff in interpreting and implementing the School's agreed student assessment strategies.
- The Link Lecturer will assist students and placement providers to resolve problems in student progress through contributing to the early identification of concerns, the agreement of action plans to address concerns, and the monitoring of progress on agreed target dates.
- The Link Lecturer will inform the programme leader/group leader and personal tutor, where indicated, on issues affecting individual student progress.

- The Link Lecturer will assist placement staff in monitoring student sickness/absence while on placement, ensuring that the School of Nursing and Midwifery is informed promptly of any concerns over student absence.
- Confidentiality of student information, where requested, will be respected in all but exceptional circumstances and in accordance with the Nursing and Midwifery Council (2002) *Code of Professional Conduct*.
- Link Lecturers will provide placement areas with information regarding their availability, location, contact number, and the name and contact number of their Head of Department.
- Link Lecturers will provide contact details of an individual to contact, in case of emergency, during periods of annual leave (not exceeding three weeks).
- During short periods of sickness/absence (not exceeding three weeks) the placement area should be advised seek the support of the Head of Department.
- The Head of Department will arrange for another tutor to act as support during periods of prolonged sickness/absence (exceeding three weeks) and will inform the placement area of the named individual and a contact number.

#### *Notes*

The precise mechanism by which the role is defined, and allocation of Link Lecturer occurs, will be dependent upon the nature and requirements of the placement area and policy of the lecturer's 'home' Department.

#### ACKNOWLEDGEMENT

The structure and content of this paper draws on work done by Sue Hopkins (*Placement Charter*) and by Julie Chapman (*Standards for the Personal Tutor Role*).

J Redman/May 2002

School Teaching Committee Chair's Action – August 2002



### **Activity 14**

In collaboration with the mentor team, make an arrangement to have a meeting with your link lecturer. At this meeting, explore how you can work together so that both you and your students receive the support you require.

## THE PLACEMENT CHARTER: A GUIDE FOR STUDENTS, CLINICAL AND TEACHING STAFF

### Philosophy underpinning the Charter

The clinical education of student nurses and midwives is a partnership between the student, clinical staff and the two universities in Sheffield. The Placement Charter clarifies the expectations and responsibilities of all those involved to ensure that clinical experience is as fulfilling as possible for all. The goal of clinical experience, therefore, is to ensure that students are prepared to be fit for practice and purpose as registered nurses and midwives in order to give effective care to patients/clients and their carers.

The ultimate aim of the Charter is to provide patients/clients and their carers with the best possible care by registered nurses and midwives by ensuring that students of the future are ‘fit for purpose’.

### Additional aims:

- To provide clear guidance and standards relating to practice placements
- To focus on common expectations for all parties concerned
- To support the best use of placements and enhance or maintain quality
- To clarify roles and responsibilities
- To demonstrate a partnership approach to clinical placements by clinical staff, students and university staff

### What is the Placement Charter?

The Charter comprises:

1. A philosophy
2. Three sections that state the rights of:
  - students
  - clinical staff
  - university staff
3. A space for contact details

The Charter takes the format of A3 posters and leaflets. The posters have been placed in strategic places and copies of the leaflets are available to all stakeholders.

Below are some examples of Standards in the Charter:

### Students have the right to expect:

- *Courtesy and respect, and to be treated as a valued member of the multi-disciplinary team.*

- *Mentors and Learning Environment Managers who offer them regular contact time to reflect together on practice, progress: to identify areas for development, and complete the assessment documentation.*
- *An environment that is conducive to meeting identified individual student learning needs commensurate with their competency level and clinical practice needs.*

**Clinical Staff have the right to expect:**

- *Courtesy and respect from students towards patients/clients/carers and the multi-disciplinary team.*
- *Students to make an appropriate contribution to patient/client care while flexibility is ensured to meet negotiated individual learning needs.*
- *Students to be flexible in using available learning opportunities to experience twenty four hour care and care pathways.*

**The University and Lecturers have the right to expect:**

- *Courtesy and respect from clinical staff and students on clinical placement areas.*
- *Clinical staff to notify Personal Tutors as soon as there is concern about a student's progress*



### Activity 15

And now ... , take a 'walkabout' in your clinical area. Can you find the laminated A2 poster of the Charter? When you find it, do take time to read the Standards and reflect upon how you can contribute to the fulfilment of these standards.

If you work in the community setting, do you have your personal copy of the Charter? This is in the form of a 'leaflet'. Contact your link lecturer to obtain a copy if you do not have one.

The Placement Charter is also available on:

<http://www.shef.ac.uk/uni/academic/N-Q/nm/mentorship/mentorship.htm>

## **THE ADVANCED DIPLOMA IN NURSING STUDIES (ADNS) – SEPTEMBER 2000 CURRICULUM**

Find and read the orange *Assessor Pack* which offers detailed guidelines on the above programme for mentors. There should be a copy of this in your clinical area. This pack is also available from: <http://www.shef.ac.uk/uni/academic/N-Q/nm/mentorship/mentorship.htm>, the education department in your Trust, or your link lecturer.

## **THE PRE-REGISTRATION POSTGRADUATE DIPLOMA IN HEALTH CARE STUDIES WITH PROFESSIONAL REGISTRATION IN NURSING**

Currently, the guidelines for the assessment of these students are the same as those for students on the ADNS programme.

*Note: From September 2004 onwards, please check with your link teacher whether these guidelines have changed.*

## **THE ADVANCED DIPLOMA IN MIDWIFERY STUDIES (ADMS) – SEPTEMBER 2001 CURRICULUM**

## **THE BACHELOR OF MEDICAL SCIENCE (HONOURS) DEGREE IN MIDWIFERY STUDIES (BMEDSCI) – SEPTEMBER 2002 CURRICULUM**

Find and read the *Guidelines For The Supervision And Assessment Of Student Midwives During Clinical Practice* which offers detailed guidelines for mentors on these two midwifery programmes. There should be a copy of this in your clinical area. This booklet is also available at <http://www.shef.ac.uk/uni/academic/N-Q/nm/mentorship/mentorship.htm>, or your link lecturer.

## SECTION THREE: EXPERIENCE IN PRACTICE

### MENTOR UPDATE QUIZ

#### Questions

The following questions are ones commonly asked by and sometimes of mentors. What do you think the correct answers are? Brief answers are given in Appendix 2. Students and mentors are individuals and their circumstances may require individual consideration, so if the answers given do not reflect your answer for any of the question, seek further guidance from your clinical link lecturer.

1. Why do student nurses/midwives need to be assessed in practice?
2. What is the best way of assessing clinical skills, in your experience?
3. Who should teach clinical skills?
4. Who should assess clinical skills competency?
5. Where should clinical skills be assessed?
6. How do you feel clinical staff are rewarded for this work? How could they be rewarded?
7. What other aspects of practice should be assessed?
8. Must the student 'work' with me the whole time?
9. What do I do first when the student arrives on the ward?
10. What is the role of the Link Lecturer in supporting the student and me?
11. What is the role of the Personal Tutor in supporting the student and me?
12. What do I do if the student does not co-operate with me?
13. How do I get hold of the documents on which to record the student's progress?
14. What happens to the assessment document after the student and I have filled it in?
15. How can I find out who is the Personal Tutor of a particular student?
16. How can I find out who the Link Lecturer is for the ward/department?
17. What happens if an assessment document gets lost?
18. Who has custody of the assessment document during the student's placement?
19. What do I do if the student is not performing well enough?
20. What can I do if a student is dangerous?
21. What can I do to reward the student who is exceptional?

- 22. Must students do as clinical staff tell them?
- 23. What preparation does the student have before they come on a placement?
- 24. What should I do when a student is absent or sick?
- 25. What are the most common problems encountered by students and mentors?
- 26. Can students 'work' double shifts or other unusual shift patterns?
- 27. What happens to student evaluation forms?
- 28. What if a student disagrees with my judgement?
- 29. At what stage do I involve School staff if I have concerns about a student?
- 30. What if the student wants to change their mentor?
- 31. What if a very serious matter involving a student arises when School is closed?



### Activity 16

Before you check out the responses to the above questions, you may wish to discuss the questions with your colleagues.

Our answers are in Appendix 2. How do they compare with your responses to the questions?

## MENTOR UPDATE SCENARIOS

### Scenarios

The following are examples of scenarios encountered by mentors. They are significant due to the frequency with which they arise or because of the potentially serious consequences.

1. A student who arranges lots of visits so is rarely working with her/his mentor to allow assessment.
2. A student who takes Fridays off sick/absent every week.
3. A student who takes her/his 'placement booklet' to the next placement [possible on e.g. Units 3, 4, 5 ARCCN of the Adult Branch] without having the 'intermediate interview'. This leads to progression boxes being ticked / marked completed - but not making clear by whom this has been done.
4. A student who arranges off duty around a part-time job; comes in on wrong shift or has periods of 'absence' from duty.
5. A student who goes on to do nursing care without checking with staff first – not acknowledging limitations.
6. A student who uses Moving and Handling equipment without having been properly taught.
7. Student takes the approach – 'I've been a support worker in this sort of ward so what can I learn, I've done it before'.

You may wish to try the following activity.



### Activity 17

Have you had to deal with situations similar to those posed in the scenarios above? How have you dealt with them?



Before you read the responses to the scenarios, spend some time discussing them with your fellow mentors. How would you and your colleagues manage the scenarios?

We offer some suggestions of how the assessment situations surrounding the scenarios can be managed in Appendix 3.

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## APPENDIX 1

### CHECKLIST FOR THE CLINICAL LEARNING ENVIRONMENT

The checklist below contain key questions, which address the guidance for good practice.

Those responsible for practice placements within Higher Education Institutions (HEI) and service environments should ensure that all these questions have been considered in the planning, provision and evaluation of practice placement experiences.

#### 1. Providing practice placements

- Is there a jointly developed strategy agreed by HEI and service for the selection development and monitoring of practice placements?
- Is the strategy for the selection and monitoring of practice placements shared with other health care education providers?
- Does the strategy for the selection of practice placements enable supply to meet demand?
- Is the identification of practice placements a joint exercise between HEI and service providers?
- Does the strategy require a profile of practice placements?
- Do all placement providers have a profile which determines?
  - maximum number and type of students at any time in a placement
  - the skills required by the student before beginning the practice experience
  - the learning opportunities available and the learning outcomes expected from the placement?
- Have practitioners working in practice areas received preparation for their role in teaching, supporting and supervising students?
- Do the arrangements for practice placements enable students to have equity of opportunity for their learning experiences?
- Do programme planners take account of any special needs students may have?
- Does the totality of the practice experience enable the student to meet all statutory/professional requirements of the programme?
- Do students and mentors/assessors know what is expected of them through specified practice outcomes?
- Are placement areas designed to enable students to experience the full 24 hours a day, seven day per week nature of health care where necessary?
- Are practice placements introduced at an early stage in the programme so students can see the relevance of related theory?

- Are placements of sufficient length to enable students to achieve the stated learning outcomes?
- Do all students have a period of practice experience to support and consolidate their transition to registered practitioner?
- Does practice experience outside the United Kingdom meet the requirements of the statutory/professional body?
- Are all placement areas audited in line with the requirements of the statutory/professional body as to their continuing suitability for students' practice experience?
- Is the quality of practice placements monitored jointly by service providers and HEIs and is feedback provided to all participants?
- Is good practice disseminated following audit and monitoring and does joint action planning address areas of concern or needing enhancement?

## 2. Practice learning environment

- Does the practice area have a stated philosophy of care which is reflected in practice and supports curriculum aims?
- Does the practice provision reflect respect for the rights of health service users and their carers?
- Does the provision of care reflect respect for the privacy, dignity and religious and cultural beliefs and practices of patients and clients?
- Is care provision based on relevant research-based and evidence-based findings where available?
- Does care provision involve different models of care commensurate with current practice and encompassing local and national initiatives?
- Are interpersonal and practice skills fostered through a range of teaching/learning methods?
- Does the practice experience enable students to experience the role of the registered practitioner in a range of contexts?
- Do all placements have an infrastructure to support continuing professional development opportunities for practitioners?
- Do students gain experience as part of a multi-professional team?
- Does the sequencing and balance between university and practice-based study promote the integration of knowledge, attitudes and skills?
- Is a learning resources area available in the practice environment?
- Does student feedback contribute to the ongoing evaluation of the learning environment and the student experience and are all stakeholders aware of the feedback?

### 3. Student Support

- Are students given comprehensive programme information and information about their particular placements?
- Do students receive adequate and appropriate preparation for the practice placements?
- Does this preparation include practice in a skills laboratory?
- Do students receive a comprehensive orientation to each of their placements and is the orientation jointly agreed between mentors/assessors and programme teachers?
- Are students given an initial interview during the first week of the placement, to agree the learning outcomes and ways of achieving them, taking into account their prior knowledge and experience?
- Are students' learning needs, achievements and opportunities reviewed regularly?
- Do students receive agreed written learning outcomes for each placement?
- Do practice placements facilitate progression in terms of the learning experience available?
- Does the experience available among clinical staff support the student's achievement of the learning outcomes of the educational programme at the appropriate level?
- Do students receive consistent supervision and support during all practice placements?
- Is there a named mentor-assessor with qualifications and experience commensurate with the context of care delivery and the requirements of the appropriate professional/statutory bodies, which supervises and guides students in all practice placements?
- Are students supported at the appropriate level in successive practice placements?
- Do practice staff have dedicated time in educational activities to ensure they are competent in teaching and mentoring/assessing roles?
- Do lecturers have dedicated time in practice to ensure they are competent in the practice environment?
- Are lecturers involved in supporting student learning in practice areas?
- Are students assisted in linking theory and practice and using a research base for practice, by lecturers and practitioners?

### 4. Assessment of practice

- Are the periods of practice experience used for summative assessment of sufficient length to enable the agreed learning outcomes to be achieved?
- Is there a named mentor with the appropriate qualifications and experience to assess students in practice placements?
- Are the assessment methods used rigorous, valid and reliable?

- Are there enough mentors/assessors to assess the student's developing competence and to observe the student's achievement of the intended learning outcomes over a suitable period of time?
- Does the student's demonstration of competence involve the achievement of learning outcomes in both theory and practice?
- Is a portfolio of practice experience included in the assessment of the student's fitness for practice?
- Is the student's practice assessed in the context of a multi-professional team?
- Does the assessment strategy reflect progression, integration and coherence?

Reference:

ENB and DoH (2001b) *Placements in Focus*. London, The English National Board for Nursing, Midwifery and Health Visiting and The Department of Health.

## APPENDIX 2

### ANSWERS TO MENTOR UPDATE QUIZ

#### 1. Why do student nurses/midwives need to be assessed in practice?

*To ascertain if they are competent to do the things that Registered Nurses do.* It is clear that not everyone is competent to do these things. They are not just 'common-sense' or acquired by accidental exposure. Competence in doing them is the result of aptitude, thought, training under supervision, diligent study, and practise. Patients and all others involved in the care process, as well as those who manage and pay for the nurse's work, deserve and require the assurance that the work is being carried out by a competent practitioner. The nurse themselves benefits in a similar way by being accorded the recognition that they have achieved competence by their efforts and by being rewarded for what they do. Students are required to become competent by the time they complete the course, hence periodic assessment is necessary to ascertain if they are progressing satisfactorily.

#### 2. What is the best way of assessing clinical skills, in your experience?

*Measurement of the student's performance in actual practice against a set of criteria.* Some believe that 'set piece' assessments are preferable. These may take place in clinical areas or academic settings such as 'clinical learning laboratories / practical rooms'. They are particularly suited to testing in detail those procedures that do not often occur during clinical practice, arenas and those which may prove a trial for patients, or a serious risk if not performed correctly e.g. moving and handling, CPR, handling IV drugs. OSCEs [observed structured clinical examinations] is one way of assessing specific clinical skills. In the past a variety of methods have been used, each of which has proved suitable for a time, and has had to be superseded by another method more acceptable in the prevailing climate. Amongst the many factors to be taken into account in selecting a method are reliability, validity, practicality, cost, fairness, acceptability. Rigorous testing regimes as used in training some other professionals involve a combination of methods.

#### 3. Who should teach clinical skills?

*Practising Registered Nurses with whom the student spends time under direct supervision.* An alternative would be for nurse lecturers to teach all clinical skills. This would require the lecturers to maintain clinical competence and familiarity to an extent acceptable to all parties concerned. It would require a shift in the role of the lecturers and possibly a large increase in their numbers dependant upon the actual assessment system chosen. The teaching would have to take place in clinical areas as simulated environments in university would not be large enough to cope with the numbers or range of things the student needs to learn. This means that the lecturers would have to be as acceptable to 'placement providers' – usually NHS Trusts – as their own staff. Perhaps a combination of these arrangements would be the optimum.

#### **4. Who should assess clinical skills competency?**

*Practising Registered Nurses with whom the student spends time under direct supervision.* There are alternatives. One such is assessment by nurse lecturers and some favour this arrangement. A drawback is the difficulty of ensuring that lecturers as clinical mentors are ‘up-to-date’ with for instance contemporary nursing techniques and local clinical practices.

#### **5. Where should clinical skills be assessed?**

In clinical arenas. This includes all areas where nursing care is given e.g. patients’ homes where students gain experience under supervision, and in academic settings such as ‘clinical skills laboratories’.

#### **6. What other aspects of practice should be assessed?**

The assessment of practice strategy is designed to reflect training requirements set by the Nursing and Midwifery Council so that contemporary clinical practice is supported. Within these training requirements are the competencies set by the UKCC in 2000 for pre-registration nursing and midwifery programmes (endorsed by the NMC). Amongst other requirements, these competencies require students to be assessed in a range of practical skills to demonstrate competent practice. For nursing students, a booklet called the *Clinical Skills Map* gives a checklist of those clinical skills that students should have experience of. Midwifery students use a similar checklist in a booklet titled *Clinical Skills Inventory*. The clinical skills in these checklists are assessed formatively. For more information ask a Course Leader or Link Lecturer.

#### **7. How do you feel clinical staff are rewarded for this work? How could they be rewarded?**

Currently by the esteem accorded them for performing this responsible and essential activity – on behalf of all who are engaged in giving and receiving nursing care. By raising the recognition they get for what they do; by taking it into account in appraisals etc. In some circumstances by making a payment for the work involved.

#### **8. Must the student ‘work’ with me the whole time?**

No. They can spend time with others with the agreement of their supervisors. What is important is that the ‘testimony of these others’ is used when making assessment decisions about the student.

#### **9. What do I do first when the student arrives on the ward?**

Greet them. Find out who they are and what name they wish to be called by, make them feel welcome, show them some consideration, explain where they can safely put their belongings, give them a brief orientation to the place, introduce them to key staff, make them feel they belong.

**10. What is the role of the Link Lecturer in supporting the student and me?**

*Primarily to support the clinical staff in their dealings with the student. Secondly to support the student in their dealings with the clinical staff and with their studies. See the ‘Standards for the Link Lecturer Role’.*

**11. What is the role of the Personal Tutor in supporting the student and me?**

*Primarily to support the student in their studies. No particular role in the clinical area.*

**12. What do I do if the student does not co-operate with me?**

*Initially make the student aware of your observation, and of your right to have their co-operation, attempt to resolve the matter between you. If this action does not rectify the situation and you are relatively new to the role of mentor, confer with and seek guidance from a more experienced mentor in the immediate clinical area e.g. the Learning Environment Manager or Ward Manager. If that does not lead to a resolution, or even if it does and you still wish to share what has happened for some reason, then contact the Link Lecturer and share your views and seek guidance. If the Link Lecturer is not available then contact the student’s Personal Tutor, and if they are not available their Course Leader, and failing that any member of School staff and ask them to put you in contact with the most senior member of academic staff available. If there is a student support person/team in your organisation, they can also assist you with this.*

**13. How do I get hold of the documents on which to record the students’ progress?**

The student will bring the blank document with them when they start the placement.

**14. What happens to the assessment document after the student and I have filled it in?**

*It is taken back to the School by the student. However, should you have any cause for concern about the suitability of that arrangement in respect of a particular student – hold on to the document and pass it to the Link Lecturer without delay.*

**15. How can I find out who is the Personal Tutor of a particular student?**

*Contact the Academic site of the School where the student is based. The General Office / Reception there will be able to give you this information. The telephone numbers are: Samuel Fox House – 0114 271 4068; Winter Street – 0114 222 9711; Humphry Davy House – 0114 222 9600.*

**16. How can I find out who is the Link Teacher for the ward?**

*A list is maintained by the Placement Department at Bartolomé House, Winter Street. Contact them and ask. The telephone number is: 0114 222 9711, and ask for the Placement Department.*

### **17. What happens if an assessment document gets lost?**

*A replacement document will be issued by School.* The student must report the loss to School before they can be issued with a replacement and the loss must be recorded in the student's records/personal file. If the original document turns up it must be handed to School. The student is referred to their Personal Tutor. Evidence must be gathered again from the mentor. Personal Tutors should confer with mentors if a document is partially/fully completed. The security of the booklet is the student's responsibility not the mentors.' Lost documents must be accounted for. Replacements will be issued by School only after investigation of the loss.

### **18. Who has custody of the assessment document during the student's placement?**

The student. Do not make the mistake of taking the document into your custody then restricting access to it.

### **19. What do I do if the student is not performing well enough?**

*Initially make the student aware of your observation, and of your concern.* Attempt to resolve the matter between you. Arrange a progress review with the student. Discuss and give clear and detailed feedback so that your student knows exactly those areas that require improvement. Encourage your student to evaluate her/his performance as the student may be unaware of those areas that require to be improved. Jointly draw up and document a detailed action plan that will provide the learning opportunities to enable the student to learn and improve. Make sure the student has appropriate supervision and support. Arrange to have another progress review in one to two weeks' time.

If the above action has not rectified the situation, and if you are relatively new to the role of mentor, confer with and seek guidance from a more experienced mentor in the immediate clinical area e.g. the Learning Environment Manager or Ward Manager. If that does not lead to a resolution, or even if it does and you still wish to share what has happened for some reason, then contact the Link Lecturer and share your views and seek guidance. If the Link Lecturer is not available then contact the student's Personal Tutor, and if they are not available their Course Leader, and failing that any member of School staff and ask them to put you in contact with the most senior member of academic staff available. If you have a student support person/team in your organisation, they will be able to assist you.

### **20. What can I do if a student is dangerous?**

See 19 above. A dangerous person in a clinical area is a serious matter, be sure you make the situation clear to School.

### **21. What can I do to reward the student who is exceptional?**

*Overt praise and recognition are the best rewards.* Be sure to record it in the student's assessment document and if appropriate give them a 'testimonial' – a statement to put in their portfolio. You can also bring their achievements to the attention of School staff who can ensure that their success is recorded and brought to the attention of others through references etc.

**22. Must students do as they are told by clinical staff?**

*Yes. Unless they have good reason not to.* Situations occasionally occur in which the student's knowledge or judgement warrants them questioning an instruction. When this happens they must make their case known in an appropriate manner, and it is important your response reflects that. These can be emotionally charged situations and it is easy for a conflict to arise and escalate or for one party or both to feel discomfort and even be hurt by the associated anxiety.

**23. What preparation does the student have before they come on a placement?**

*They are required to attend a timetabled session in School at which placements for the Unit they are undertaking are discussed in a general way.* Occasionally placement specific information is available and disseminated by School staff at that time. Often the 'student grapevine' tells them things about the placement that may be real or less so. What the School intends the student to achieve by the placement is discussed with them and any particular matters are explained e.g. the assessment requirements and safety considerations. Students may also have an induction day provided by the Trust as they start their first placement.

**24. What should I do when a student is absent or sick?**

Inform the School. By telephone when the period of sickness starts and ends, and record this information in the appropriate place in the student's assessment document.

**25. What are the most common problems encountered by students and mentors?**

The range of problems and challenges that may arise is vast. *The most common ones are those dealt with by this series of questions – and the scenarios that follow.*

**26. Can students 'work' double shifts or other unusual shift patterns?**

No. Unless a specific case has been made to the School and approval gained. There is a wide variation of shift patterns worked by the various clinical staff who may become mentors. Generally a student can 'work' the same pattern as their mentor, this includes '12 hour' shifts. Health and Safety issues are a major consideration in determining what is appropriate.

**27. What happens to student placement evaluation forms?**

The forms are returned to School and fed into a system operated by the School Placements Department. The system causes them to be considered by key parties who are able to influence the quality of placements. Under current arrangements these are Learning Environment Managers and Link Lecturers – and their respective managers if necessary.

**28. What if a student disagrees with my judgement?**

Attempt to resolve the matter between you. During the discussion encourage the student to 'self-assess' as she/he may be unaware of any shortfalls in performance. You should also consider whether

your judgements have been made fairly and without biases. After this action, if you still think that your judgement is correct, and seek guidance from a more experienced mentor in the immediate clinical area e.g. the Learning Environment Manager or Ward Sister, especially if you are relatively new to the mentoring role. If that does not lead to a resolution, or even if it does and you still wish to share what has happened for some reason, then contact the Link Lecturer and share your views and seek guidance. If the Link Lecturer is not available then contact the student's Personal Tutor, and if they are not available their Course Leader, and failing that any member of School staff and ask them to put you in contact with the most senior member of academic staff available.

**29. At what stage do I involve School staff if I have concerns about a student?**

It depends if the concern is 'minor' or 'major'. *See sections 19, 20 and 28 above. If it is 'major' contact the School immediately.*

**30. What if the student wants to change their mentor?**

Discuss the matter with them. If necessary do this together with a more experienced mentor. Involve the Link Lecturer in the discussions. Consider joint mentorship.

**31. What if a very serious matter involving a student arises when School is closed?**

*Someone in School must be contacted and informed.* Current emergency contact arrangements are always known to the University Security Service. They are available 24 hours each day through the University telephone switchboard, telephone number 0114 222 2000. Senior placement staff must be informed of the situation. Examples of matters in this category include the student being assaulted or becoming seriously ill.

## **APPENDIX 3**

### **ANSWERS TO THE MENTOR UPDATE SCENARIOS**

**A student who arranges lots of visits so is rarely working with mentor to allow assessment.**

Instruct them to stop that practice. Discuss expectations and use of opportunities with student. Look for and counter 'avoidance behaviour'. Ensure visits are negotiated with mentor and follow a 'patient journey' rather than whole day with therapist. Do not allow student to manipulate situation. Document discussions and actions.

**A student who takes Friday off sick/absent every week.**

Instruct them to stop that practice. Take time to talk to student addressing problems – explore reasons, act on findings e.g. childcare demands or poor behaviour / attendance pattern. Seek advice when problems identified, to support both student and mentor. Document discussions and actions, and report sickness/absence to School.

**A student who takes their 'placement booklet' to the next placement venue [possible on e.g. Units 3, 4, 5 ARCCN] without having the 'intermediate interview'. Thus leading to progression boxes being ticked / marked completed - but not making clear by whom this has been done.**

Instruct them to stop that practice. Contact Link Lecturer and Personal Tutor to discuss situation. Never leave the matter unresolved. Remember - students have been known to forge documents. Document all discussions and actions.

**A student who arranges off duty around part-time job; comes in on wrong shift or has periods of 'absence'.**

Instruct them to stop that practice. The ADNS is a full-time course and has set attendance requirements. Make it clear that the course commitments come first. Discuss problems openly with student and Link Lecturer. Document discussions and actions.

**A student who goes on to do nursing care without checking with staff first – not acknowledging limitations.**

Instruct them to stop that practice. Re-direct their actions to supervised practice. Discuss level of course and expectations of student participation in care. Document discussions and actions.

**A student who uses Moving and Handling equipment without having been properly taught.**

Instruct them to stop that practice. Ensure that you or the Link Lecturer train the student before further use – or arrange that training. Supervise their practice.

**Student takes the approach – ‘I’ve been a support worker in this sort of ward so what can I learn, I’ve done it before’.**

Discuss - change in role from previous occupation to that of ‘student’ – and rationale behind care being given. Together plan learning opportunities appropriate to student role and level of study. Work closely to enable explanation and understanding of the role of the Registered Nurse and the related perspective on care giving.

## **APPENDIX 4**

### **MEMBERS OF THE MENTOR UPDATE GROUP**

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- Ms Merryn Barton, Education Advisor, Chesterfield & North Derbyshire Royal Hospital NHS Trust
- Mrs Elaine Bulloss, Acting Deputy Manager, Michael Carlisle Centre, Sheffield
- Ms Theresa Daniel, Senior Nurse, Clinical Risk Management and Practice Support, Rotherham General Hospital, NHS Trust
- Ms Kathryn Deighton, Learning and Development Co-ordinator, Doncaster and South Humber NHS Trust
- Ms Jane Dennison, Clinical Placement Co-ordinator, North Derbyshire PCTs
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