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The Assessor

The newsletter for clinical assessors and mentors of nursing and midwifery students



THANK YOU

The contributions of mentors to the success of pre-registration nursing and midwifery education are immeasurable. As we end 2005 I would like to take this opportunity to thank all the clinicians who make it possible for the continued high quality support and supervision enjoyed by the nursing and midwifery students of The University of Sheffield.

We look forward to a continuing successful partnership as we work together to prepare the nurse and midwife of the future.

My very best wishes for a Happy Christmas and the New Year.

Professor Betty Kershaw DBE, FRCN, RN, RNT
Dean, School of Nursing and Midwifery, December 2005

CONSULTATION ON PROPOSALS ARISING FROM A REVIEW OF FITNESS FOR PRACTICE AT THE POINT OF REGISTRATION

The NMC is aware that the level of competence of newly-qualified nurses and midwives can vary considerably depending upon the opportunities they have in training. Council is sufficiently concerned about this and has decided to review the underpinning principles that ensure fitness for practice at the point of registration as they apply to programmes that lead to registration for nurses, midwives and specialist community public health nurses.

Under the Nursing and Midwifery Order 2001, it is a requirement that before the NMC establishes any standards or guidance, it must consult widely with the public, employers, practitioners, and those involved in the education and training of registrants and prospective registrants. This consultation is about how we might better ensure that student nurses and midwives are able to practise safely and effectively before they become registered. The NMC is seeking views that relate to:

- Identification and assessment of certain essential skills
- Strengthened arrangements for assessing competence, with confirmation required at certain points during training
- Who should confirm a student's competence and fitness for practice and when this should take place
- Whether more guidance is needed to strengthen support for newly qualified registrants and
- How quality assurance arrangements might be strengthened.

The closing date for the consultation is 5pm Friday 2 December 2005. Some more information about the consultation can be found on the NMC website at <http://www.nmc-uk.org>

How to contact your Clinical Link Lecturer

The following placement officers in the School of Nursing and Midwifery will be able to let you know who your clinical link lecturer is and the contact details.

Placement Staff Details

Helen Escott, Senior Placement Officer – 0114 222 9841

Email: H.Escott@sheffield.ac.uk

- Midwifery Placements
Works Mondays, Wednesdays, Thursdays and Fridays

Nicola Kahler-Lee, Placement Officer – 0114 222 9840

Email: N.Kahler-Lee@sheffield.ac.uk

- Responsible for Child Placements – All sites
Works Mondays, Tuesdays and Wednesdays

Joanna Adhikari, Placement Officer – 0114 222 9842

Email: J.Adhikari@sheffield.ac.uk

- Responsible for Mental Health Placements – All sites

Rebecca Nelson, Placement Officer – 0114 222 9843

Email: R.S.Nelson@sheffield.ac.uk

- Responsible for Adult and Community placements in Sheffield and Barnsley for ADNS, Postgraduate and Sheffield Hallam students

Jill Adamson, Placement Officer – 0114 222 9839

Email: J.Adamson@sheffield.ac.uk

- Responsible for Adult and Community Placements for ADNS in Chesterfield, Bassetlaw, Rotherham and Doncaster sites
- Learning Disabilities – All sites

Helping you to prepare for m

The dates for the Major Review have now been confirmed as 1st, 2nd, 14th, 15th, and 29th March 2006. The Reviewers are likely to be in practice areas on the 2nd and 14th March 2006. As yet we do not know where they will be visiting but will advise both the Clinical Link Lecturers and the Placement areas as soon as we have the information. It is also worth noting that the Reviewers can ask to visit additional areas at short notice if they wish to pursue a line of enquiry. In order to help you prepare for the Review we have

developed a check list of items that you will need to be aware of. A similar check list has gone to Clinical Link Lecturers so that they may support you with your preparation. If you do not have any of the information you need please contact your Link Lecturer or if you are unable to contact them please feel free to contact one of the following:

Joanne Chilvers – j.r.chilvers@sheffield.ac.uk
Tel. 0114 222 9767

Shirley Cutts – s.a.cutts@sheffield.ac.uk
Tel. 0114 222 9837

Reviewers may ask:

General matters in relation to quality and standards

- How are student and employer views sought?
- Are students and employers represented on committees? If so, what is their role?
- To what extent are student and employer views influential? Can the participants provide examples?
- What contribution did students and employers make to the SED?

The curriculum and intended learning outcomes

- By what means are students and practice staff made aware of the intended learning outcomes?
- What is the match between the expectations of students, the intended learning outcomes and the curricular content?
- What are the opportunities for practice learning and vocational experience?
- How does the curricular content encourage the development of knowledge and skills?
- How relevant is the curriculum to further study and prospective employment?
- How appropriate are timetables and workloads?

Assessment

- To what extent do students and practice staff understand the criteria for assessment and the methods employed?
- In all settings, how much assessment is formative as well as summative?
- Do the participants consider the marks they receive for assessed work to be fair?
- What feedback is there? How prompt and effective is it?

Achievement

- In the experience of both students and employers, to what extent do students achieve the intended learning outcomes?
- What discussion about their achievement takes place between students and academic and practice staff and assessors?
- What skills are acquired? How do these skills enhance employability?
- What are students' further study and career aspirations and are they likely to be satisfied?

Major Review Checklist for Mentors/LEMs

	Complete
I am aware of the Major review dates and process	
I am aware of the types of questions the reviewers may ask (<i>see below</i>)	
My name is on the Live Register of mentors and I know where this is stored	
I know where the clinical audit is kept	
I know where the clinical evaluations (student feedback) are kept and I am aware of the results	
I know what learning opportunities are available for students	
I know what learning resources are available to students	
I know what the learning outcomes are for all programmes supported by the placement	
I know where I can access the learning outcomes	
I understand the assessment of practice documentation for all programmes supported by the placement	
I am aware of the <ul style="list-style-type: none"> - Mentor update resource workbook - Mentor evidence record 	
I understand the Placement Charter and know where it is displayed	
I know what to do and who to contact if I believe a student is failing to progress	
I know <ul style="list-style-type: none"> - the name of the Link Lecturer - how to contact the Link Lecturer 	
I know how to contact the student's Personal Teacher (where appropriate)	
I am aware of the Assessor newsletter	
I have been updated in the last 12 months	

Additional Checks for LEMs

	Complete
In the last 12 months I have seen all mentors who are on the live register	
I have completed the annual clinical audit with the Link Lecturer and have made staff aware of its location	
I have made staff aware of the results of student evaluation	

Major review

- Do both employers and students consider that graduating students are competent and safe to practise, and have met the pre-requisites for registration for a licence to practise where appropriate?
- Do employers and students consider that the latter are being adequately prepared for careers as competent healthcare professionals and equipped for self-critical lifelong learning?

Learning and teaching

- To what extent is the range of teaching and learning methods in practice placement and on campus appropriate for delivering the curriculum?
- How do students and employers perceive the quality of the teaching?
- What are the opportunities for independent study and how is it encouraged?
- How extensive are the opportunities for inter-professional education?

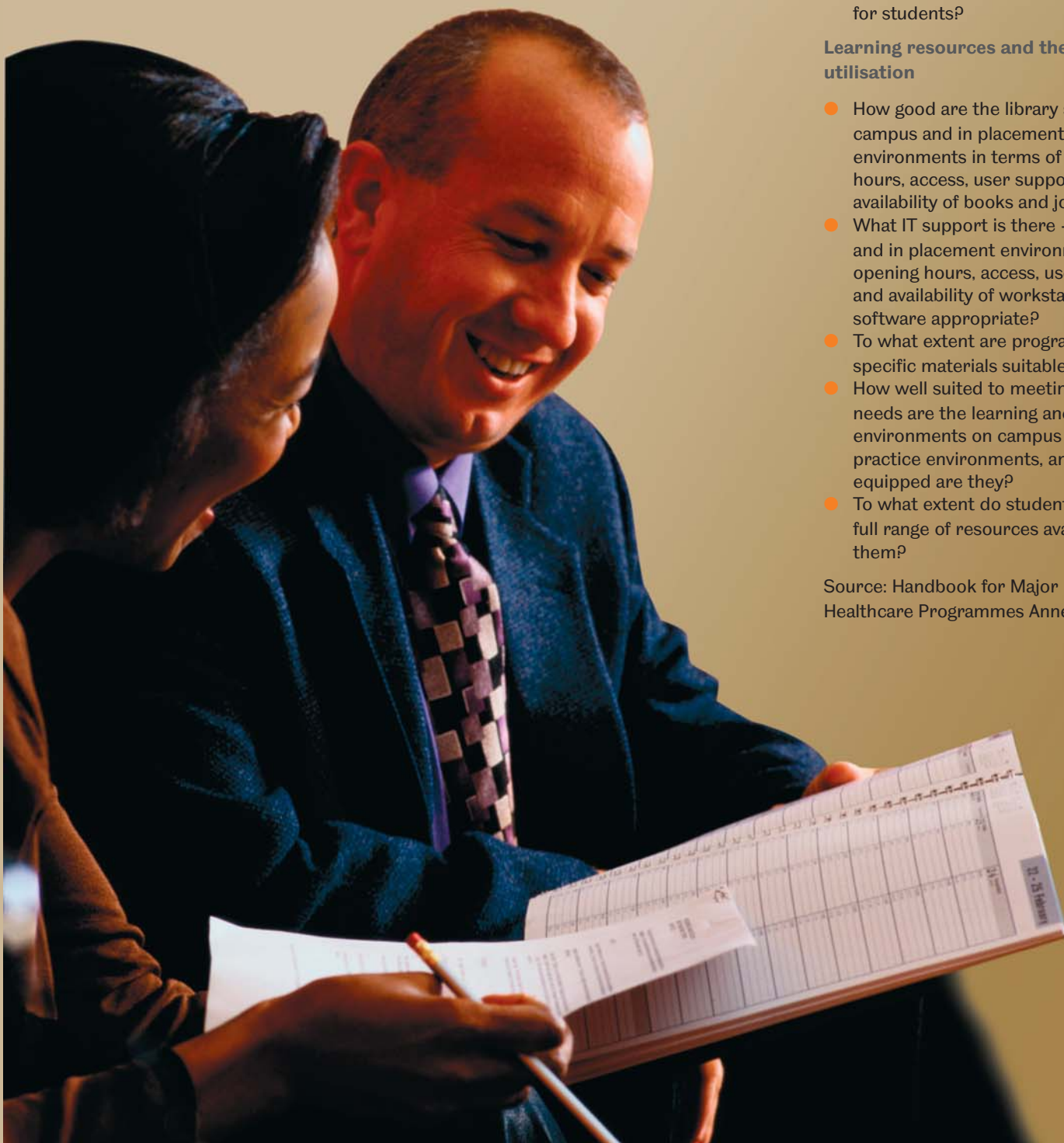
Student progression and support

- What admission and induction procedures did students experience?
- What are the arrangements for academic support? How accessible are tutors?
- Do these arrangements extend to practice learning, work experience, study abroad and other off-site experiences?
- How are assessors prepared for their role? Are assessors able to engage effectively in the role?
- How effective is the support provided for students during practice learning?
- Overall, how effective is the support for students?

Learning resources and their effective utilisation

- How good are the library services on campus and in placement environments in terms of opening hours, access, user support, availability of books and journals?
- What IT support is there - on campus and in placement environments? Are opening hours, access, user support and availability of workstations and software appropriate?
- To what extent are programme-specific materials suitable?
- How well suited to meeting student needs are the learning and teaching environments on campus and in practice environments, and how well equipped are they?
- To what extent do students use the full range of resources available to them?

Source: Handbook for Major Review of Healthcare Programmes Annex H



What should I do if a student is not progressing?

Supporting students who are not progressing is a challenge of your mentoring skills! The following suggestions are made to assist you with the management of these difficult situations.

- Arrange to have a meeting with the student as soon as possible. Explain the reason for the meeting to the student.
- Consider and discuss the evidence which has led to concern. Give honest unambiguous feedback. Maloney et al (1997:204) found that some students reacted positively and were relieved when their shortcomings were openly discussed with them, saying: 'It's so good not to pretend, now I feel I can say I don't know and extend my learning and increase my clinical skills'.
- Make sure the student understands the nature of the problems – has the student heard accurately what you are saying? The most difficult cases are those students who are clearly not succeeding but do not recognize this. Duffy (2004) found that many students who were failing lacked insight of their weak areas of practice and therefore, did not perceive any necessity for extra support. Supportive measures were then ineffective as they were not recognised as such. Students should thus be provided with the opportunity to give their own perception of their performance. Help students identify what they already know and what they need to focus on in order to learn and overcome their weaknesses. Help students identify resources they can utilize to improve knowledge and skills.
- Jointly, draw up a targeted detailed action plan. Where action plans were negotiated and monitored through reviews, Gleason (1984 in Ilott and Murphy 1999) found that 70% of students improved their grades. The good, honest, clear formative assessment motivated the students.
 1. Provide a clear and unambiguous assessment plan to retrieve the situation
 2. Set deadlines and make sure the student understands these
 3. Make arrangements to work closely with the student
 4. Arrangements should also be made for the student to work with other assessors so that testimonies can be provided: this will increase the validity and reliability of the assessment. Furthermore, students have the right to be protected from unfair or biased assessment and should not be failed until they are judged by another assessor (Gomez et al 1998).
- Make arrangements to conduct a progress review in 1 week. If, despite remedial action, there is little or no improvement, make arrangements for the clinical link lecturer to be present at a tripartite meeting to discuss the situation and develop another action plan.
- A weekly progress review is advisable for as long as the student's difficulties persist.
- Concern is documented in the assessment forms at an early stage, and certainly no later than the point at which formative mid-placement assessment takes place. The nature of the



problem should be carefully, clearly and explicitly documented. The written word gives a visual record of problems and actions taken.

- Discuss the situation with your learning environment manager. Following this, inform the student's personal teacher and/or the clinical link lecturer. Support from the higher education institution is essential in these situations. It is important to establish clear and open communication between the student, assessor and the higher education institution.

Make sure you keep careful notes of all discussions: there may come a time when you have to use these as evidence that you may have pointed out the same things again and again and that the student has repeatedly failed to meet the goals you have set.

Some more information on how to manage these situations and that of the student who is 'failing' can be found in the following text: *Assessment, Supervision and Support in Clinical Practice* by Stuart CC (2003). Please get in touch if you wish to discuss any aspect of how to manage these situations.

Ci Ci Stuart

References

Maloney D, Carmody D and Nemeth E (1997) Students experiencing problems learning in the clinical setting. In McAllister L, Lincoln M, McLeod S and Maloney D (eds) *Facilitating Learning in Clinical Settings*, pp 185–213. Cheltenham: Stanley Thornes (Publishers).

Duffy K (2004) *Failing Students Report*. London: Nursing and Midwifery Council.

Available at http://www.nmc-uk.org/nmc/main/publications/mentor_study.pdf

Illott I and Murphy R (1999) *Success and Failure in Professional Education: Assessing the Evidence*. London: Whurr Publishers.

Gomez DA, Lobodzinski S and Hartwell West CD (1998) Evaluating clinical performance. In Billings DM and Halstead JA (eds) *Teaching in Nursing: A Guide for Faculty*, pp 407–422. Philadelphia: WB Saunders.

Student Representation in the School of Nursing and Midwifery

Who are Student Representatives?

Every intake of nursing and midwifery students elect student representatives to represent their views about their educational experiences. Their views are represented in the School and the University. These student reps are officially elected by their group and are trained for this role. Student representatives are expected to work in partnership with the School to bring about the best possible experience for all students. In order to achieve this, student reps attend a wide variety of meetings in order to voice the student perspective. They are expected to attend meetings throughout their course. This includes the periods when they are on clinical placement. An awareness of the duties of student reps will assist clinical staff in supporting these students in their role as student representatives.

What meetings are they expected to attend?

Site Student Representative Group meeting

Each month all student representatives are expected to attend their teaching site student representative meeting which is held at their teaching base at lunchtime. These meetings generally last between one and two hours depending on the business to be discussed. This group is chaired by one of the student reps.

Cross Site Representative Group meeting

Every other month student reps from all three teaching sites meet for an entire morning or afternoon to discuss student issues and decide the best ways of dealing with them. This meeting rotates between sites and students are expected to travel significant distances to meetings on occasions. This group is chaired by one of the student reps.

Other Committees

All Boards and Committees and most working groups have places for student representatives. These range from School Board, Staff/Student Committee, Learning and Teaching Committee, Boards of Studies and working groups. Students with places on these committees are smaller in number: there are probably around 40 who contribute in this way at any given time.

Are they allowed time off?

Student reps are allowed time off from both taught academic sessions and clinical placement to attend these meetings. This is a long-standing agreement between the School and all its placements providers. Student reps do not have to make this time up as student representation is recognised as a learning experience. Recently, the School has identified NMC standards of proficiency that can be achieved through student representation.

If you have any questions about student representation, please contact myself or Aiton Marr, Deputy Dean of School. Here are our contact details:

Aiton Marr, Deputy Dean of School.

Tel: 0114 222 9702 Email: a.m.marr@sheffield.ac.uk

Lindsay Smith, Nursing and Midwifery Student Project Officer.

Tel: 0114 222 8596. Email: l.j.smith@sheffield.ac.uk



New standard for learning and assessment in practice

The NMC consulted on developing a standard for learning and assessment in practice in mid-2004. As a result of this consultation, some further work and redrafting was needed. Council received a new version of the standard for their consideration at the September meeting.

One key issue that needs further work concerns the amount of time that mentors will be expected to spend with students. This issue has strong links to the NMC's current consultation on fitness for practice at the point of registration. The NMC's consultation on this issue is whether Council should set a minimum time required to support student learning and assessment in practice. The NMC proposes that at least 40% of a student's time should be spent being supervised by their mentor. The NMC is awaiting the outcome of this consultation before making the final decision on the new standard for learning and assessment in practice.



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Being a Mentor

A mentor is an experienced professional friend, charged with the teaching, guidance and assessment of learners in practice.

Table 1 provides a list of some of the important work and skills undertaken by practice-based mentors. Consider how confident or experienced you feel about each of these. Score three if you think you have mastered that work or skill, two if you have modest confidence, one if you are uncertain, and zero if you feel you still have to learn it all. It would be surprising to score three in every box in practice: even experienced mentors feel that they have something more to achieve.

The rewards of mentoring

A glance at Table 1 highlights just how responsible the mentor role is. It takes time, effort, imagination and patience to mentor well. Rewards are important and come from different sources. For example:

- Students applaud the mentor's teaching and support. They emulate your professional practice.
- Colleagues comment on your expertise. It is more than practice intuition; you know how to help others learn.

- Your senior colleagues reward your achievements. This may not be in pecuniary terms. It may be by making opportunities for you to develop your skills, for example through courses or conferences, or to contribute experience associated with the support of learning, such as in practice development groups.

Conclusion

No other teacher in nurse education has the power to shape student practice, knowledge and thinking as mentors do. You stand at the crossroads where theory is translated into practice and students meet the public. The lessons students learn in your company will seem more real than the most erudite lecture!

Reference: Price B (2004) Mentoring: the key to clinical learning. *Nursing Standard*, September 8, 18(52), Number 1.

Table 1 – the work and skills of a mentor

Work and Skills	Score
Demonstrating genuine interest in learning	
Demonstrating genuine regard in learners	
Creating and updating the practice setting as a learning environment	
Appreciating learner needs and anxieties	
Setting goals with learners	
Socialising learners to the practice team	
Explaining practice to others	
Talking aloud the rationale for care	
Demonstrating practice techniques	
Helping students to reason or adjust	
Supporting students to proceed	
Managing practice and educational work	
Liaising with tutors or university staff	
Assessing students and their progress	
Helping students to evaluate learning	
Remaining an active learner	

