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Mentor in a community hospital

Within a community hospital for the older person the students who have a placement with us can develop a wealth of learning.

Along with our community Woodlands Rehabilitation Team we have recently been awarded Practice Development status. That journey ensured the team developed ones knowledge and understanding of up to date learning within practice.

As mentors we can introduce our students into a patient's journey from hospital to home and the

students can met the support services along the way. The first year students that we usual have on placement can take this wealth of knowledge into their second year when they under take their community placement.

Hopefully when the students come to us they have looked at the web and researched a bit about their placement.

Our patients maybe elderly but they have a wealth of positive life long learning experience to share. I hope our student's past, present and in the future continue to feel valued and as mentors we are ticking all their boxes about what a mentor should be like. In the future when they themselves become mentors I hope they will reflect back on their experience from us and relate some of our mentoring within their own practice.

Ann Sibley

Senior Staff Nurse - Guernsey Ward
Woodlands Intermediate Care Rehabilitation Unit
Alderney Hospital

Editorial

Welcome to another exciting edition of *The Mentor* which contains a wide range of articles from practice staff, lecturer practitioners, researchers and academics.



Change is among us and this edition shows clear examples of how we can enable students to work through those changes and challenges with as little anxiety and apprehension as possible. Ann Sibley highlights the advantages of a community hospital placement, whilst Gareth Wyn Pritchard explores the much necessary changes to the community learning disability placement. Lucy Stainer and Patricia Ware's article focuses upon how we can embrace learners with additional learning needs and challenge and change our practice to support them accordingly. The Clinical Skills team opened their doors over the summer to show how the simulation laboratories are changing to meet needs of students in the 21st century. Gill Jordan's article gives a comprehensive overview of the way mentorship and supporting learning and assessment in practice is changing which as it

is an NMC requirement is very pertinent to us all. The article about the assessment of practice is so key to changes that you have all been involved with regarding helping students to meet the NMC proficiencies. The research demonstrates a clear commitment to ensure we are listening to our students and affording change accordingly.

So how are you changing? Are you expecting students to understand the complexities of your professional role from the outset? Are they expected to fit in with the traditions of nursing or challenge it? Are you feeling vulnerable when a student challenges your practice or practice area and how are you changing to accommodate this? Let me know, write a short piece for the next edition of *The Mentor* and let us share good practice. Tell me how your practice area has changed to accommodate students. Let me

know of any service provision changes which have ensured that our clients' needs are being met. Let me know how you have individually changed to meet health service and educational challenges. The next edition aims to be out to you all by Easter so you have a good few months now to write a short piece, send it to me (address below) and get your name in print in 2007.

Happy reading and happy mentoring, and as always very many thanks for all your dedication and work in supporting undergraduate nursing students

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'mentors who sign-off all, or part, of a programme leading to registration are accountable to the Council for their decision that the students are fit for practice and that they have the necessary knowledge, skills and competence to take on the role of a registered nurse' (NMC 2006)

NMC Standards to support learning and assessment in practice (2006)

The NMC issued new standards to support learning and assessment in practice during the summer, and these supercede the UKCC's standards for preparation of teachers of nursing, midwifery and specialist community public health nursing, which were originally published in 1999. The new standards include outcomes for mentors, practice teachers and teachers, the standards for mentors being effective from September 2007. Some outcomes are not too different from before, but others have implications for those of you mentoring students, particularly if you have students on their final placement.

In the standards the NMC (2006) re-iterate that mentors are responsible for:

- Organising and co-ordinating student learning activities in practice
- Supervising students in learning situations and providing them with constructive feedback on their achievements
- Setting and monitoring achievement of realistic learning objectives
- Assessing total performance - including skills, attitudes and behaviours
- Providing evidence as required by programme providers of student achievement or lack of achievement
- Liaising with others (e.g. mentors, sign-off mentors, practice facilitators, practice teachers, personal tutors, programme leaders) to provide feedback, identify any concerns about the student's performance and agree action as appropriate
- Providing evidence for, or acting as, sign-off mentors with regard to making decisions about achievement of proficiency at the end of a programme

Criteria of mentors:

Additionally, the NMC state the criteria for mentors:

- Be registered in the same part or sub-part of the register as the student they are to assess and for the nurses' part of the register be in the same field of practice (adult, mental health, learning disability or children's)
- Have developed their own knowledge, skills and competence beyond registration i.e. been registered for at least one year
- Have successfully completed an NMC approved mentor preparation programme (or a comparable programme which has been accredited by an AEI as meeting the NMC mentor requirements)
- Have the ability to select, support and assess a range of learning opportunities in their area of practice for students undertaking NMC approved programmes

- Be able to support learning in an interprofessional environment - selecting and supporting a range of learning opportunities for students from other professions
- Have the ability to contribute to the assessment of other professionals under the supervision of an experienced assessor from that profession
- Be able to make judgements about competence/proficiency of NMC students on the same part of the register, and in the same field of practice, and be accountable for such decisions
- Be able to support other registrants in meeting CPD needs in accordance with The NMC code of professional conduct: standards for conduct, ethics and performance

The main difference here is that 'mentors' in professions other than nursing can sign off competencies for student nurses if their placement is with them. Equally, you as nurses will be expected to mentor students from other professions.

Sign-off mentors

Whilst you, as mentors, sign (in their practice profiles) to say that students are competent in various aspects of care throughout their training, the NMC have now identified that the signing-off on the students' final placement must be undertaken by a 'sign-off' mentor. The sign-off mentor will not only be endorsing that various competencies have been met during the placement and checking that competencies have been achieved in placement during the previous two years, but also that students are proficient to practice as a registered nurse:

'Sign-off mentors are confirming to the Council that the student has met defined NMC standards for proficiency for their profession and is capable of safe and effective practice...

... mentors who sign-off all, or part, of a programme leading to registration are accountable to the Council for their decision that the students are fit for practice and that they have the necessary knowledge, skills and competence to take on the role of a registered nurse' (NMC 2006)

Sign-off mentors will be identified by their employers as meeting the criteria for this role, and will be identified as such on a data base held by the employer.

The criteria for a sign-off mentor is that of an ordinary mentor PLUS:

- Clinical currency and capability in the field of practice in which the student is being assessed
- Met the NMC requirements to remain on the local register
- Been supervised on at least three occasions for signing off proficiency at the end of a final placement by an existing sign-off mentor or practice teacher

- A working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing
- An understanding of the NMC registration requirements and the contribution they make to meeting these requirements
- An in-depth understanding of their accountability to the NMC for the decision they make to pass or fail a student when assessing proficiency requirements at the end of a programme

As you can see the standards are a little different from the UKCC's 1999 version. The current Learning & Assessing in Practice and Learning and Assessing in the Practice Environment units will have to be approved by the NMC, but we don't envisage having to make many changes as we currently cover all the topics the NMC require. Additional in-house 'top-ups' will be needed for those of you who wish to become sign-off mentors, but these will take the form of 'mentor updates'.

The other main component of the standards is the maintenance of a mentor data base which will now be held by the employer as opposed to the university which is what has happened up until now. As mentors this shouldn't concern you, but to maintain your position as a mentor or sign-off mentor (and therefore remain on the data base) the NMC require you to undergo a triennial review linked with appraisal where you must have evidence of having:

- Mentored at least two students within the three year period
- Participated in annual updating - to include an opportunity to meet and explore assessment and supervision issues with other mentors
- Explored as a group activity the validity and reliability of judgements made when assessing practice in challenging circumstances
- Mapped ongoing development in their role against the current NMC mentor standards
- Been deemed to have met all requirements needed to be maintained on the local register as a mentor, sign-off mentor or practice teacher.

This applies to all mentors, not just sign-off mentors.

One final consideration the NMC has given is for those of you who are NVQ assessors, but don't hold a mentorship qualification for nursing. There will now be a system whereby you can 'top-up' your NVQ assessor's qualification to enable you to mentor student nurses.

Plans to implement these conditions are underway, and we will keep you informed as we go along. Even though the NMC state the standards for mentorship must be in place by September 2007, pre-registration students will not require a sign-off mentor until 2010. However, if you have nurses undertaking Return to Practice or Overseas Nurse programmes they will be needed much sooner.

Gill Jordan

'Sign-off mentors are confirming to the Council that the student has met defined NMC standards for proficiency for their profession and is capable of safe and effective practice...' (NMC 2006)

Did you come to see us?

Each laboratory was set up to emulate a range of clinical settings utilising equipment likely to found within an acute care environment and a community environment.



Community care laboratory

Did you come to see us?

For two days in June, the clinical skills team opened up their laboratories, based in Studland House Lansdowne campus, to offer practice staff, mentors, colleagues from IHCS and teaching staff from neighbouring establishments the opportunity to come and see how we approach facilitating clinical skills in a simulated environment.

The days were each conducted in two sessions, commencing with a short presentation of how clinical skills are incorporated within the nursing curriculum. Following this a guided tour of the laboratories was undertaken by a member of the clinical skills team with ample time to view the equipment and the opportunity to discuss issues with the staff member.

Each laboratory was set up to emulate a range of clinical settings utilising equipment likely to found within an acute care environment and a community environment.

Feedback on the days came in the form of written comments, giving a general consensus that the days were: informative, both in current clinical procedures, teaching methods and for mentors updating their knowledge of what the students cover in skills sessions. Several visitors commented on the facilities, stating that they considered them to be a good environment for the exploration of practice skills and perfectly well equipped in line with what is utilised in practice. The recorded assessment was described as "interesting". Increased collaboration between the university and practice placements came across very strongly, with many saying that they would adopt some of the practices they had witnessed in their own work based learning environments, thereby sharing best practice. Feedback also came from ex students - now qualified who saw a vast improvement in the skills facilities over the past two years and who commented on the benefits of the skills



Acute care laboratory

facilities in relation to learning, as student nurses. Finally, the skills team were described as friendly, knowledgeable, enthusiastic and accommodating, and all visitors requested that the open days be repeated next year.

Refreshments for both days were provided by Convatec, and a representative was on hand from the company to discuss wound care products. Several of our visitors took advantage of updating their knowledge of the latest products available from this company.

It is the intention of the skills team to carry out further open days especially in the light of new facilities being built over the summer of 2006. Watch this space for details in the next issue of The Mentor.

Thank you to all who attended and making it such a worthwhile event for us to run, it was a pleasure to meet you all, and we hope to see you again in the future.

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Lecturer Practice Skills

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Numeric representation of grades

- 0 is a fail;
- 1 is equivalent to 20% and is a fail;
- 2 is equivalent to 40% and a pass;
- 3 is equivalent to 60% a good pass;
- 4 is equivalent to 80% a very good pass;
- 5 is equivalent to 100% perfection

Evaluation of assessment of practice within undergraduate nursing programmes

Authors: The main aim of the project was:

Diana Halliwell
Academic Head of Acute and Continuing Nursing

Janet Scammell
Head of Learning and Teaching

Christine Partlow
Researcher

Karen Cooper
Assessment in Practice Unit Leader

To evaluate the introduction of the graded practice profiles from the perspectives of students, mentors and educators.

Background:

In the past, students' abilities in practice were not adequately recognised or rewarded so students who were weaker academically but strong in practice were unfairly penalised. The new graded practice profiles (NMC 2004) aim to redress the balance between theory and practice. Nursing is a practice discipline and so not awarding a grade to practice is 'somehow to devalue it' (Glover et al. 1997, 111).

Data collection:

This project started in November 2005 and data were collected between March and July 2006. Nine audio-recorded focus groups were held in different locations across Dorset, Somerset and Wiltshire. Three focus groups were held for students, four for mentors and two for educators. Approximately 70 students, 10 mentors and 20 educators participated in the study.

Results:

Grading was favourably received but there were difficulties associated with using the practice profiles. The issues raised are being addressed and a full report will be available.

Dissemination of results:

Participants asked for more guidance. In response to that request, a summary (based on the issues raised) is provided. Also, by December 2006, an essential guide for mentors that answers frequently asked questions will be available, free of charge, through 'Blackboard', via some NHS Trust intranet systems, and from practice educators or learning facilitators. If not available from those sources, please contact Karen Cooper, Assessment in Practice Unit Leader, by email: kcooper@bournemouth.ac.uk or telephone: (01202) 967288 and she will send a copy to you. In addition, one paper has already been presented. It is anticipated that other presentations and publications will follow.

The future:

It is proposed that a survey be conducted in Year 2 to reach students, mentors and educators from all branch programmes. A further study in Year 3 may be possible.

Summary:

This summary aims to provide guidance as requested by focus group participants.

Grades are given for practice and mean that, using descriptors (NMC 2004), students have met the stated criteria. Discussions with students should clarify why they did what they did and professional colleagues may also be consulted.

Presented below are checklists for students, mentors and educators to help clarify points raised, as requested by participants.

Students:

Many students successfully managed their own learning but they may find it useful to consider the following points:

- Students may proactively arrange semi-formal meetings with mentors during placements;
- Negotiate with mentors to identify what can be achieved and how it can be achieved (using descriptors found in the front of practice profiles) and how activities will be recorded;
- Aim to complete about 10 outcomes or proficiencies in each of the first two placements. The third placement should be used for resubmissions (after exam boards) and consolidation of practice. It is essential to complete within the time frame or the year will have to be repeated;
- Give outcomes to mentors in 2s and 3s not all at once or mentors may refuse to mark them;

- Students must be prepared to give their practice profiles to mentors at appropriate times so they can complete the relevant pages;
- Students are advised to keep in touch with personal tutors;
- If students need advice and/or support they should make this known;
- Students are required to record their attendance and inform placements or education areas if they are not reporting for work or study for any reason;
- Students are required to monitor their own absence and sickness and are advised to (urgently) make up time. (Practice hours and education hours are determined by NMC and are a requirement for graduation).

Mentors:

Mentors are the gatekeepers of standards and they determine the quality of the future workforce. Mentors must take responsibility for:

- Keeping their own knowledge and skills up to date;
- Mentors should use assessment descriptors to help with the grading process. They should negotiate expectations with students so both know what is being assessed and recorded;
- Mentors should provide students with feedback and guidance at the beginning, middle and end of placements;
- Mentors are not expected to mark more than 2 or 3 outcomes at a time (at your discretion);
- Second marking is a desirable component to increase fairness and reduce bias (as a quality control or moderation mechanism employing the same systems as used for written work) and may be done following discussion with another mentor (students do not have to repeat the activity);
- Mentors must take responsibility for the marks they give. This applies when marking their own students, when marking for colleagues and when second marking;
- If student performance is borderline, issues of patient safety must be considered. Mentors have a professional responsibility to uphold patient safety;
- Mentors must fail students who do not meet practice or professional standards;
- Exit marks given must match verbal feedback so students can learn how to improve;
- If mentors have concerns at any time about student behaviour, attitude, attendance or progress, they should contact educators and personal tutors for help and support.



Practice educators and learning facilitators: These individuals hold important education roles and provide valuable links between practice and the university. They are:

- First points of contact for mentors and students;
- Provide fast response and expert help;
- Often able to resolve issues locally;
- Provide guidance and education.

This role is changing. It is expected that cover should be improved but there are concerns that reduced numbers of educators may restrict what can be achieved. Educators expressed anxiety that relative isolation could occur in some areas.

Personal tutors:

Personal tutors work in a variety of ways. However, the following points have been raised as issues to be considered:

- Closer monitoring of student progress, for example, completion of outcomes or proficiencies and that students make up hours lost through sickness in a prompt manner;
- Increased pastoral care and student support (to support care currently given by educators in practice);
- Continue to support mentors with student problems.

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Acknowledgements:

The authors would like to thank the focus group participants for their thoughtful and generous contribution to the focus group discussions. In addition, steering group members are thanked for monitoring progress and ensuring that the interests of the different groups were represented as far as possible within the confines of the project design.

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'The vast majority of people, who suffer from mental health issues, either transiently or over a period of time, will never see the insides of a Mental Health Hospital.'

The use of community placements for learning disability student nurses

Background

The 'Community Placement' has historically been the preserve of students who are in the latter stages of their training, this rings true for all branches of nursing. One can construe that the principle was born from the fact that most nursing was hospital based; only a minority of qualified nurses would find themselves working outside the bricks and mortar of the hospital environment, and even they would have had to serve an 'apprenticeship' within those walls before being let loose on the public.

There is a whiff of change in the air; the role of the adult nurse of the 21st Century is to prevent and educate as well as treat. More and more nurses will be located outside the hospital, conspicuous and available in the most unlikely of places.

The vast majority of people, who suffer from mental health issues, either transiently or over a period of time, will never see the insides of a Mental Health Hospital. A referral from a GP may result in contact with a Community Psychiatric Nurse or other services. Only when all other services have been exhausted, or a person presents a risk to their, or somebody else's, health is an admission to hospital considered. So why do mental health student nurses spend their first 2 _ years circulating the wards of these hospitals? Likewise, the sizeable majority of people who are learning disabled do not have health needs, of those that do the majority of them live at home, or in supported living schemes etc. The government has in fact made a resolution to rid the NHS of 'Institutional Residential care'. Again the same question, why do LD student nurses spend the first 2 _ years of their practical training moving from residential setting to residential setting?

Change

The LD team approached the Community Teams for People with Learning Disabilities and suggested that 1st and 2nd year student nurses should also be able to experience community nursing. We expected some resistance, after all, resistance is almost a Newtonian response to change, in equal and opposite amounts.

We did not get any, apart from some erudite and meaningful questions and comments, mainly around the different levels of learning and supervision needed by a 1st and 3rd year student.

How does it fit in with the curriculum?

Initial concerns from an academic angle were about the concordance of placement and theory. However, the learning contained within the Lifespan Unit and new Inter-professional Learning unit seems to lend itself naturally to an environment in which the role is to follow, and support, the progress of a person through their life and to do this with a multi-professional approach as a matter of course.

Benefits

It is hoped that a student who has already had previous community experience will be able to manage their 3rd year placement more effectively, thus getting more out of it. An early introduction to multi-professional working may enable the student to have a greater understanding of services available in a wider context; this in turn will change their methodology and understanding of residential settings.

There may be a reduction in drop out levels; a concern that previous students have voiced



is that the placements were too similar from year to year, offering little variety, diversity and choice.

In the long term it is hoped that the newly qualified nurse will have a better understanding of the different networks of support that are available to people with learning disabilities. They will be able to utilise these networks and be able to communicate more effectively with their fellow professionals, service users and carers.

Implementation and Review
The September 2005 cohort of LD students have already had community placements, logistically it was a bit of a nightmare because there are so many of them. An unexpected offshoot is that, due to the necessary initial input from the Learning Facilitator, issues peculiar to Community Nurse Assessors have been identified. A review of both students' and assessor's views, specific to community placements, was held in October 2006. The response was emphatic from the students; they really enjoyed the placements and found them invaluable. Community Nurses expressed some valuable learning points that will be implemented post-haste, but there was a consensus that their general concerns that 1st year students would find the work load and methodology difficult was largely unfounded.

The future

Whilst the need for residential support for people with learning disabilities will always exist, it is recognised that the provision of this support should, quite rightly, be a social rather than health issue. The role of the LD professional nurse will become more specialised within fields such as community, forensic and behavioural support.

There is a need to equip the LD nurses of the future with an understanding that one of their roles will be the correlation and delivery of support from a plethora of different professionals and providers. An early introduction into the sometimes confusing world of differing professions, with sometimes incongruent, varying rules, policies and agendas can only enable the nurse to support the service users more effectively.

Appreciation must be shared amongst several parties who helped initiate and support the pilot. The managers of community services gave their agreement and support, the allocations department figured out how it would work. Most credit must go to the Community Nurses and students; their initial assent, fortitude and honest and constructive feedback has enabled a major shift in the concept of what, and when, placements should be.

Gareth Wyn Pritchard
Learning Facilitator

Learner notebook to aid practice

Following feedback on the guidelines created that focus upon 'Challenges and Strategies for Dyslexic Nursing Learners' (The Mentor Newsletter No.10 and available on <http://ihcs4u/supportinfo.asp> then click 'IHCS Study Support Resources') there was recognition that such guidelines can be of value to all nurses.

The guidelines are not only specific to students with dyslexia or other additional learning needs but are relevant to all student nurses. The reason centres upon research which acknowledges that nursing is a complex and stressful environment (McVicar 2003, Gooding 2005).

The original guidelines are lengthy, so a translating such work into a practical tool, for learners to use in practice was essential. This led to the development of a Learner Notebook to Aid Practice.

Learner notebook to aid practice

Aims: A Notebook to support nursing learners in practice to become safe and effective practitioners.

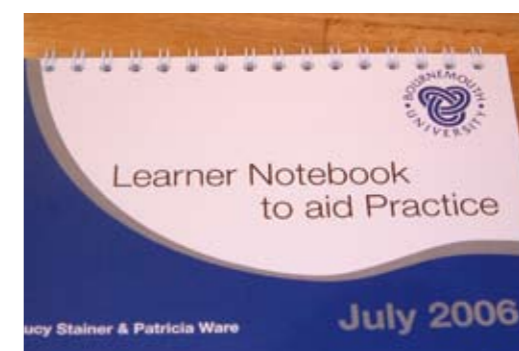
Objective: A tool to help identify and facilitate difficulties (challenges) in practice.

Utilising the notebook

This Notebook is learner owned and learner led. It empowers learners to identify their own challenges they may encounter in practice, and gives guidance to a number of appropriate strategies to overcome such challenges. Practice has been broken down into 10 specific skill areas that nurses can encounter within a shift (see fig 1).

Within each skill area, 3 columns have been created into which the learner can firstly add their comments on specific difficulties experienced and the second column provides possible coping strategies. The final column is blank which enables the mentor and learner to discuss the most effective supportive strategies. At the end of the Notebook there is a section which allows additional information to be added. Within the notebook there are also sections for practice specific information and additional note pages.

The Notebook aims to enable a learner to put into practice appropriate skills and strategies to become a 'safe and effective practitioner'. This is especially pertinent at a time when the Nursing and Midwifery Council expect newly qualified nurses to be 'fit for practice' at time of registration (NMC 2006) and to be 'fit for practice' they must be 'safe and effective practitioners'.



Through providing platforms upon which to start discussions with their mentor about challenges the Notebook aims to both empower and support the learner.

Imminent plans

A pilot study to evaluate the Notebook is presently being undertaken. This evolves both 2nd and 3rd year pre-registration students. It is anticipated that this pilot will be completed by December 2006. Following this some amendments may be made to the tool prior to the possible commencement of the main project early in 2007.

If you would like more information about this Notebook, please contact either
Lucy Stainer: lstainer@bournemouth.ac.uk or
Patricia Ware: Waretrisha9@aol.com

Figure 1: Nursing skills

Nursing skills encountered in practice

- listening and writing
- reading
- retention and recall
- handling
- left/right confusion
- pronunciation
- drug administration and documentation
- mathematic
- documentation
- handover

'The notebook aims to enable a learner to put into practice appropriate skills and strategies to become a 'safe and effective practitioner'.

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Don't forget to recycle your Mentor!

Mentor update proforma

Mentor Name:

Issue number of The Mentor: **Publication date:**

Hours spent reading the publication/discussing issues with Practice Educators and/or Link Tutors:

Key learning points from reading and discussion:

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Plan for implementation of new knowledge from reading and discussion:

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Signed: **Date:**

(this completed proforma should be included in your personal portfolio. You might also like to copy it to your Manager/Practice Educator for use during placement audits.)