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MENTORS’ HANDBOOK Supporting Students in Practice 2 nd Edition 1

The mentoring and support of students within ahealthcare setting are consi dered to be fundamental in their development andeducationNMC (2008 a); Gopee (2011) with the purpose of achieving a fit for practice and fit for purpose workforce (Duffy 2003). The practice experience is one of the most important aspects in preparing stud ents for registered status with a professional body such as theNursingand Midwifery Council (NMC) who set out standards of proficiency in nursing education (NMC 2004/2010) to ensure pre-registration students are deemed fit for practice both at the point of registration and beyond.

Mentoring is enshrined in the Nursing and Midwifery Council (NMC) Code (2008b) which emphasises that mentoring students of health care is a seriousresponsibilityand that mentors are accountable for every decision and action made (NMC 2010). It is expected that qualified mentors are equipped to develop and train students of health care as the practice placement is the best place to develop nursing knowledge, skills and professional attitudes (Levett-Jones & Lathlean 2008).

Nurses and midwives can become a qualified mentor when they have successfully completed the Preparation for Mentorship module and all of the outcomes of stage 2. This qualification is then recorded on the local register of mentors within the trust. Mentors therefore need to ensure they continue to meet and maintain the stage 2 outcomes for the Mentor Domains. Students on NMC approved pre -registration midwifery programmes, leading to registration on the midwives part of the register, must also be supported and assessed by mentors.

All midwifery mentors will have met the additional criteria to be a sign off mentor as part of their preparation programme. For midwifery students from September 2007, sign-off mentors must make the final assessment of practice and confirm to the NMC that the required proficiencies for entry to the register have been achieved. In September 2011, the University of Hertfordshire commences the new curricu lum for the next five years. This curriculum was developed in response to the Nursing and Midwifery Council (NMC, 2010) Standards for pre-registration nursing education.

All students entering the pre-registration nursing programme at the University of Hertfordshire from September 2011 will follow this „ all graduate? route. 5 The programme has been validated against the NMC (2010) Standards. For each field of nursing (adult, learning disability, child and mental health) there are a number of generic and field specific competency outcomes based on 4 key domains that must be achieved to qualify and register. The 4 domains are: ? ? ? ? Professional valuesCommunicationand interpersonal skills Nursing practice and decision making

Leadership, management and team working Associated with these standards are the Essential Skills Clusters (ESCs) and progression criteria that also direct the nature of the skills and achievements the student nurse should complete throughout the programme. As a Higher Education Institution (HEI) approved to deliver the programme, the University of Hertfordshire and its partner providers must also satisfy the ten educational standards as determined by the NMC. From year 1 the students follow their chosen field of nursing i. e. adult, learning disability, child or mental health.

There is no longer a Common Foundation Programme (CFP) although in each year there are generic modules that ALL students will complete. The modules for each field and each year have been developed to reflect the professional demands of the NMC (2010) standards and the expectations of other key stakeholders including service users, their carers? , local Trust partners and those from other health and social care sectors. See appendix for tables that outline the modular structure for each field across the three years. You will find that some students are still on the „ old? programme, and some are on the „ new?.

All students commencing the nursing degree programme from September 2011 will be on the „ new? curriculum. Therefore, there will be a new set of student documentation for you to familiarise yourself with, ideally before the student commences your placement. It is the responsibility of your link lecturer to ensure that all mentors within your placement are updated on the content of the new curriculum. Please feel free to contact them at the earliest opportuni ty to get this done so you will feel confident when your student arrives. 6 This mentor handbook has been produced for all mentors in any placement area.

The aim of this handbook is to provide clear information to enable you to support, supervise and assess student nurses and midwives in your place of work. The handbook aims to offer ideas and suggestions on issues that are relevant to your role such as supporting and managing challenging or failing students as well as who to contact should you require additional support. Furthermore, this handbook will provide guidance to help you with your continuing professional development as a mentor such as the criteria that you will need to work towards your triennial review.

It is not intended that you read this handbook from cover to cover, rather than to use as a point of reference and a resource to aid you in your role as a mentor to students from the University of Hertfordshire. The term Mentor is used as a generic term, and is intended to be inclusive of all ro les involved in the direct development, support and assessment of pre -registration students in practice. This handbook will be made available to all link areas via your link lecturer, and will be updated biannually. If you have any suggestions regarding ad ditional information you would like to see in this handbook, then please contact:

Louise Lawson Senior Lecturer School of Nursing, Midwifery & Social Work University of Hertfordshire Hatfield Herts. AL 10 9AB Tel: 01707 285939/07930561975 E mail: l.[email protected]ac. uk 7 Section 1- Mentoring 1. 1 NMC documents that you will need to be familiar with. All these can be found on the Nursing & Midwifery Council web site on www. nmc-uk. org ? Nursing and Midwifery Council (2008), Standards to support learning and assessment in practice. NMC standards for mentors, practice teachers and teachers. ? Nursing and Midwifery Council (2010), Standards for pre-registration nursing. ncluding the NMC Essential Skills Clusters (2010) http://standards. nmcuk. org/Pages/Downloads. aspx ? Nursing and Midwifery Council. (2008). The code: standards of conduct, performance and ethics for nurses and midwives. London. NMC. ? Administration of Medicines (NMC 2010) ? Guidance on professional conduct for nursing and midwifery students ( NMC 2011) ? Raising and escalating concerns: Guidance for nurses and midwives ( NMC 2010) The NMC is the regulator for nurses and their main purpose is to protect the public.

This is achieved by keeping a register of all nurses and by setting standards for their education, training, conduct, performance and ethics (NMC 2008). ‘ The purpose of the standards to support learning and assessment in practice is to assure the Council that those who make judgements of students have been appropriately prepared to assess performance against relevant NMC standards of proficiency. Achievement of relevant standards leads to registration or a qualification that is recorded on the register’ (NMC 2008). 1. 2 Role & Responsibilities of a mentor

The NMC (2008) has defined standards for mentors that must be achieved to support and assess students undertaking NMC approved pre-registration nursing programmes. ? Students on NMC approved pre-registration nursing education programmes. Leading to registration on the nurses? part of the register, must be supported and assessed by mentors (pre-registration nursing mentors who assess NMC competence must have a mark on the register appropriate to the branch programme the student is undertaking). 8 ? All mentors are entered on a live register of assessors (maintained by the placement providers).

Further information about this is given in Section 3. 1. 3. If you are not entered on the live register of assessors you should only undertake student assessment under the guidance of someone who is appropriately qualified. ? Whilst giving direct care in the practice setting at LEAST 40% of a student? s time must be spent being supervised (directly or indirectly) by a Mentor. The NMC requires all qualified mentors to maintain and develop their knowledge, skills and competence through regular updating. As of 2010 – when in a final placement the 40% of the student? time is in addition to the protected time (one hour per week) to be spent with a sign off Mentor. There is a single developmental framework to support learning and assessment in practice. It defines and describes the knowledge and skills registrants need to ap ply in practice when they support and assess students undertaking NMC approved programmes that lead to registration. There are eight domains in the framework (each with identified outcomes at the four developmental stages). ? ? ? ? ? ? ? ? Establishing effective working relationships Facilitation of learning

Assessment andaccountabilityEvaluation of learning Creating anenvironmentfor learning Context of practice Evidence-based practice Leadership 1. 2. 1 The mentor should: ? Ensure all students are allocated a Mentor at least one week prior to the commencement of a placement to allow both to prepare for the experience, (NMC 2008). ? Ensure that the student is welcomed and appropriately orientated to the clinical area. As a minimum this includes health and safety requirem ents and reference to specific policies/protocols which are indicated in the student? s assessment document. ?

Take responsibility for the continuous assessment of the student? s practical performance throughout the placement period. 9 ? Carry out and co-ordinate the teaching and supervision of students whilst in clinical practice. ? Provide inter-professional learning opportunities. ? Act as a direct support for the student in the achievement of their learning outcomes. ? Ensure that students are given every opportunity to learn the skills and knowledge required to achieve the learning outcomes for the placement. ? Provide feedback to the student regarding levels of individual achievement. Assess the student on either a formative or summative basis a minimum of 3 times during all placement experiences (preliminary/intermediate and final interviews/OAR). ? Attend an annual mentor update and register this in the practice areas audit documentation/register of assessors. ? Map competencies against the 8 domains in preparation for the triennial review. 1. 3 What is the Register of Assessors? The Register of Assessors register has details of individuals who have undertaken a Preparation for Mentorship course by an Approved Higher Education Institution.

The NMC require such registers to be maintained locally by the placement providers. In small Independent Sector areas this is maintained by the University. You will not be entered onto the register of assessors until you receive notification that you have the completed all the requirements of the course. However, you can still contribute to student assessment and might undertake formative assessments under the supervision of a recognised Mentor until you get your letter of results from the university. 1. 4 Team Mentoring and Interprofessional learning

In order for students to gain wide experiences, a team approach may sometimes be used for Mentoring. However, for assessment purposes, the issue of “ due regard”, with reference to nurses and midwives, and the need for Mentors to be “ appropria tely qualified”, with regard to other professions, means that named Mentors must ensure compliance with the appropriate professional standards and requirements. Due regard means that the Mentor is on the same professional register, or sub part of a registe r, as the student they are mentoring, and have overall responsibility for the student's placement learning experiences.

Students need to develop the knowledge, skills, values, and attitudes needed to work as a team with other health and social care professionals for the best interests of patients / users. Though this process can be 10 supported at University, the best place for students to develop inter-professional skills is in practice. We need to ensure that students have the opportunity to participate in i nterprofessional and multi-agency approaches to health and social care, whilst recognising individual scopes of professional practice, and toencourage students to learnfrom this experience.

Mentors play an important part in modelling this approach to le arning and practice. 1. 5 What is a Stage 1 Mentor? When nurses qualify after a three year pre registration programme, they automatically assume the role of stage 1 mentor, so are expected to facilitate students and others to develop their competence’ as a registered nurse (NMC 2008). A Stage 1 mentor indicates that this is a qualified nurse or midwife currently entered on the NMC register and is an introduction to the roles and responsibilities of being a mentor (Kinnell & Hughes (2010).

The NMC stipulate that a newly qualified nurse cannot undergo formal preparation for mentorship training to become a qualified mentor (stage 2) until the nurse has been qualified for a minimum of one year. Stage 1 specifies that all registrants must meet the requirement of The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC 2008b p5) in that each registrant is required to „ facilitate students and others to develop their competence? . A stage 1 mentor is able to support, supervise and teach students, however, this must be under the supervision of a qualified mentor who is accountable for that student? assessment. Furthermore, the stage 1 mentor can contribute towards the assessment process in consultation with the primary stage 2 Mentor, for example, clinical skills and formative assessment. Stage 1 mentors should view development and progression to stage 2 as part of their continuing professional development, thus meeting the requirements of the second gateway within the NHS Knowledge and Skills Framework (Royal College of Nursing 2007) and working within their preceptorship programme to meet the requirements for their Knowledge and Skills Framework Portfolio (Department of Health 2004). . 6 Roles & Responsibilities of the Stage 2 Mentor Nurses and midwives can become a stage 2 mentor when they have been registered for a minimum of one year and successfully completed a Mentorship module/course meeting all the outcomes of stage 2 (NMC 2008a: 16). This also applies to those who have not recently attended any specific mentor preparation module at a University as 11 utlined by the NMC -“ The NMC does not expect mentors, practice teachers and teachers who have undertaken a preparation programme previously approved by one of the National Boards, or since April 2002 undertaken preparation approved by programme providers to have to repeat such preparation” (NMC 2008). This qualification is then recorded on the local register of mentors within the trusts, so mentors therefore need to ensure they continue to meet and maintain the stage 2 outcomes for the Mentor Domains.

Stage 2 Mentors must demonstrate their knowledge, skills and competence on an ongoing basis that must be reviewed and verified triennially (every three years). This ensures that only those who continue to meet these requirements remain on the local register. All stage 2 mentors must facilitate teaching, learning and assessment in practice, so have a duty to provide the student with a variety of learning opportunities to enable them to achieve the ir relevant learning outcomes.

The responsibility for the summative assessment of a student lies ultimately with a stage 2 named mentor who has successfully completed an approved mentor preparation programme and who is also familiar with the individual pro gramme requirements that the student is undertaking. 1. 7 Application of Mentoring to the 8 domains 1. 7. 1. Establishing effective working relationships Mentors will have effective professional and inter professional working relationships to support learning for students whose name will be entered on to a professional register or where placement learning is part of anacademicprogramme.

A mentor will be able to: ? Organise and coordinate students? day to day learning opportunities and activities in practice. ? Have knowledge and understanding of factors that influence how students integrate into practice settings, and provide ongoing and constructive support to facilitate transition from one learning environment to another. ? Supervise students in learning situations and provide them with constructive feedback on their achievements. ? Engage with students to apply and monitor the learning outcomes provided to the particular practice setting. Assess a student? s total performance – including skills, knowledge applied to practice, values, attitudes and behaviours relevant to the stage of the programme. 12 ? Liaise with others where relevant (e. g. mentors, sign-off mentors, practice education facilitators, practice teachers, link lecturers or personal tutors to provide feedbac k, identify any concerns about a student? s performance and implement an agreed action plan as appropriate. 1. 7. 2 Facilitation of learning Mentors will facilitate students’ learning in practice by: ?

Using their knowledge of the student? s stage of learning to select appropriate learning opportunities to meet their individual needs. ? Facilitating the selection of appropriate learning strategies to integrate learning from practice and academic experiences. ? Supporting students in critically reflecting upon their learning experiences in order to enhance future learning. 1. 7. 3 Assessment and Accountability Mentors will undertake assessment of students? practice and be accountable for the decisions made by: ?

Having an in-depth knowledge and understanding of their accountability at every stage of a student? s programme of learning. Be accountable to the Professional Body for the decision they must make to pass or fail a student when assessing proficiency / standards / competency requirements. ? Fostering professional growth, personal development and accountability through support of students in practice. ? Demonstrating a breadth of understanding of assessment strategies and the ability to contribute to the total assessment process as part of the learning and teaching team. Ensuring they meet with students as defined in the students? practice learning documents, which may be initial, midway and final assessments. ? Providing constructive feedback to students and assist them in identifying future learning needs and actions. ? Managing failing students according to due process (which may include collaborative action planning with other team members) so that they may enhance their performance and capabilities for safe and effective practice or be able to understand theirfailureand the implications of this for their future practice. 13 ?

Being accountable for confirming that students have met, or not met, the professional body standards / competencies / proficiencies as required in practice. ? Maintaining up to date/factual records of each student? s achievements in practice and signing their practice assessment / attendance to indicate that they have met the programme and professional body requirements and are fit for practice. 1. 7. 4 Evaluation of learning Mentors will be able to: ? Contribute to the evaluation of student learning and assessment experiences – proposing any aspects for change resulting from the evaluation. Participate inself evaluationto facilitate their personal development, and contribute to the development of peers. 1. 7. 5 Creating an environment for learning Mentors have a responsibility to ensure that the environment in which you work is conducive to learning. A mentor will be able to: ? Support students to identify both learning needs and experiences that are appropriate to their level of learning. ? Use a range of learning experiences, involving patients, clients and carers and the professional team, to meet defined learning needs. Identify aspects of the learning environment which could be enhanced – negotiating with others to make appropriate changes. ? Act as a resource to facilitate personal and professional development of others. 1. 7. 6 Context of practice In order for students to gain a breadth of experience whilst in practice, identified learning opportunities outside the immediate placement are encouraged so they may gain valuable insights into different aspects of voluntary, statutory and regulatory work as well as inter-professional learning opportunities.

The facilitation of such learning opportunities will be the responsibility of the mentor, observing due regard where required. To achieve this, mentors will be able to: ? Contribute to the development of a safe environment in which efficient care is achieved, an effective learning environment is maintained, and effective pr actice is fostered, implemented, evaluated and disseminated. 14 ? Set and maintain professional boundaries that are sufficiently flexible to enable inter professional care and pathways. Support students in identifying ways in which policy and legislation impacts upon practice. ? Cases of students reporting, or being reported for, sub-standard practice will be dealt with through the appropriate placement and University procedures. Mentors should be supportive of students throughout the process. 1. 7. 7 Evidence-based practice To contribute to the establishment and maintenance of evidence -based practice in the practice placement area, mentors will be able to: ? Identify and apply research and evidence-based practice to their area of practice. Contribute to strategies to increase or review the evidence-base used to support practice. ? Support students in applying and using an evidence base to their own practice. 1. 7. 8 Leadership In order to demonstrate that leadership is applied to mentoring, a mentor will be able to: ? Plan a series of learning experiences that will meet students defined learning needs. ? Be an advocate for students to support those accessing learning opportunities that meet their individual needs – involving a range of other professionals, patients, clients and carers. ?

Prioritise work to accommodate support of students within their practice roles. ? Provide feedback about the effectiveness of learning and assessment in practice. 1. 8 The three Interviews As with previous documentation there are important records to document the student? s orientation to the area and to ensure that local health and safety and policy issues are discussed. For each experience there is also a practice learning agreement (this includes the preliminary, intermediate and final On -going Record of Achievement interviews) alongside action planning records.

Students MUST be orientated to the practice environment within the first 24 hour of commencing the practice experience. Ensure that the documentation is complete in the students? booklet when this is done. 15 1. 8. 1 The PreliminaryInterviewThe preliminary interview MUST be completed within the first 2 – 5 days of the practice experience. This is your opportunity as a mentor to outline your expectations to the student, for example, uniform, punctuality, student documentation, mobile phone, breaks etc.

Furthermore, this is the time to discuss learning objectives, set action plans and dates for the next two interviews. It is advisable that you allow at least one hour for the preliminary interview as this will give you both an opportunity to establish an effective working relationship and make the student feel welcome and at ease. It is a mandatory requirement (NMC 2007) that students give you their practice documents (Ongoing Achievement Record) (OAR) or Practice Assessment Document (PAD) from previous placements so you can develop actions plans based on comments from previous placements.

The preliminary interview involves: ? What does the student want to learn? (the student? s agenda) - Discussion of the student? s perceived developmental needs ? What does the student need to learn? (the university agenda – skills and learning outcomes) ? What do you want the student to learn (the mentor? s agenda) - Discussion of placement learning opportunities specific to your area. ? Essential information about the placement ? Any health and safety requirements and emergency procedures. 1. 8. 2 The Intermediate Interview This MUST be completed mid-way through the practice experience.

This is an opportunity for you and the student to provide a formative occasion to review progress of learning outcomes/standards of proficiency, identify any areas of concern and update action plans. It should include an exploration of what has been learnt, what still needs to be learnt, guidance on gathering evidence and the quality of the evidence of achievement the student has collected. 16 This includes: ? Student Self-assessment/reflection ? An opportunity for the student to give YOU some feedback on their learning experiences so far. ?

Constructive and developmental feedback in relation to punctuality, interpersonal skills, professionalism, attitude and behaviours. ? Documentation in the student record of their strengths and areas that still require development. ? Discussion of the student? s performance/progress – modification of the action plan if required ? Review of the learning outcomes achieved and those yet to be achieved ? Review of skills achieved and those yet to be achieved. ? Referral to your link lecturer should a referral be imminent. 1. 8. 3 Final Interview This MUST be completed after the student has completed 150 hours.

If your student has not achieved 150 hours by the end of the placement due to sickness or absence, then please contact your link lecturer at the earliest opportunity for support. Ideally, the final interview should be done in the final week of the placement experience and not left until their last day. In order to complete the final interview, you should encourage your student to utilise their own enquiry based learning skills to gather evidence such as reflections on care interventions, notes on supervision sessions, and the application of protocols, policies and procedures to patient care.

All this can be supported by sources of evidence such as reference to relevant literature to demonstrate evidence of achievement of practice learning outcomes and standards of proficiency (NMC 2004/2010). The final interview should include: ? Student self-assessment – ask the student to reflect on their learning. ? Discussion/review of the student? s achievements to date ? Assessment of the learning outcomes (signature/date required) - Not Applicable (N/A) for any learning outcome is NOT appropriate ? Specific detail/comments MUST be given for any Referral/Fail and the Link Lecturer informed.

Evidence of action plans and tripartite meetings (mentor, student & link lecturer) will need to be included in the event of failure to achieve the outcomes for the placement. 17 1. 9 Roles & Responsibilities of the Stage 3 Mentor/PracticeTeacherAn NMC practice teacher is a registrant who normally will have previously fulfilled the NMC requirements to become a stage 2 mentor, and who has received further preparation to achieve the knowledge, skills and competence required to meet the NMC defined outcomes for a practice teacher (the practice teacher preparation programme).

This qualification is then recorded on the local register of practice teachers withi n the trust and is subject to triennial review. The NMC requires all nurses undertaking a programme leading to registration as a specialist community public health nurse (SCPHN) to be supervised and assessed by a named practice teacher who has met the NMC requirements defined in this standard. Practice teachers therefore need to ensure they continue to meet and maintain the stage 3 outcomes within the Mentor Domains. A practice teacher will be a sign off mentor. 1. 10 Role of the Sign-Off Mentor

A sign off mentor is a qualified nurse or midwife who has met the specified criteria in order to be able to sign-off a student? s practice proficiency at the end of an NMC approved programme. For nurses a Sign-off Mentor is only required for Year Three final placement pre registration students at Degree or Diploma level. Practice and Specialist Nurses and Return to Practice candidates also need to be signed-off at the end of their courses. It is mandatory for Midwives to have sign off status as all student midwifery placements are sign-off placements. 1. 10. 1 Criteria for sign-off mentors: (NMC 2008a) Identified on the local register of live assessors as a sign-off mentor (maintained by the placement providers). ? Registered on the same part of the register. ? Working in the same field of practice as that in which the student intends to qualify. ? Have clinical currency and capability in the field of practice in which the student is being assessed. ? Meet the NMC requirements to remain on the local register of live assessors. ? Have 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. 18 Have a working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing. ? Have 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 the programme. 1. 11 Mentor Preparation The Preparation for Mentorship module runs from September to January and Ja nuary to May as a taught module and is also offered as a blended/distance learning option all year round with a credit rating of 15.

The module is relevant to health care professionals, but consists of mainly Nurses, Midwives and Operating Department Practitioners. The university recruits approximately 300 -350 students per annum, and is delivered at levels 6 and 7 and can be undertaken as part of the MA/Bsc Hons in Contemporary Nursing programmes or as a standalone module. The taught module consists of an induction/enrolment half day, 5 full taught days on pertinent topics that are aligned with the 8 domains outlined in the Standards to Support Learning and Assessment in Practice (NMC 2008).

Finally, students attend a two hour session at the end of the module that includes submission of assignment and discussion of the stage 2 mentor domains, the triennial review, annual updating and their Continuing Professional Development as a qualified mentor. You can also study the module via our distance/blended learning option; however, you will still be required to attend the university for tutorials and enrolment. Student mentors are required to identify a „ critical friend? at the beginning of the module who can support and mentor them whilst studying on the module.

It is advised that this person be a qualified stage 2 mentor or above to ensure quality of teaching, learning and assessment in the practice area. If you are interested in undergoing the Preparation for Mentorship module for your continuing professional development, then you will need to secure funding from your NHS Trust, or if you work within the private/independent sector, you can discuss funding with your link lecturer. Further details can be found on the University of Hertfordshire web site by typing in Preparation for Mentorship in the search bar or click on the links below: 19

For details on the taught Preparation for Mentorship module go to http://www. herts. ac. uk/courses/Preparation-for-mentorship--taught-. cfm OR for details on the distance/blended learning Preparation for Mentorship module go to http://www. herts. ac. uk/courses/Preparation-for-mentorship--distance--blended-. cfm Or contact Louise Lawson (Module Leader) for further information 1. 12 Additional Information for midwives on studying the Preparation for Mentorship module As all midwives have to be sign off mentors you will need to undertake three practical assessments in the clinical area during your course.

As early as possible during the course you should identify dates with a student that you can be assessed and contact the link lecturer as soon as possible to check her availability to facilitate this. Prior to the assessment you should have taught your student a skill in the clinical area which is appropriate to their level. For example you may negotiate with a first year that you will teach them examination of the placenta or a part of a booking history etc (using the student? s Practice Based Assessments (PBA) documents and skills books should help you formulate ideas).

Arrange a date with the link lecturer that would have enabled you to have had sufficient teaching time prior to undertaking the assessment. Be mindful that it may not always appropriate to request that the student carry out a skill with an additional observer present (eg vaginal examinations) and therefore, although you can teach the student in practice, for assessment purposes you could get them to carry out the skill in simulation. Don? t forget to sign off their skills books, which any midwife can do. Please note that midwives who are not sign off mentors CANNOT supervise tudents with drug administration. This is a recent change from the NMC that requires that students must be supervised by a sign-off mentor undertaking this skill. Please note that as part of the course you are also required to attend a Facilitating Teaching and Assessing (FTA) day at Meridian House. You will need to continue to attend these every 18 months and be “ activated” yearly with your link tutor. You should be able to book this through the person responsible for training at your Trust, otherwise please contact Linda Hearne, the course administrator (L.

[email protected]ac. uk). 20 Site Based Midwifery Link Lecturers Practice Link Lecturer Room Tel / E-Mail Maz Peace 1F300 01707 285243 / m.[email protected]ac. uk Tandy Deane-Gray F301A 01707 285246 / T.[email protected]ac. uk Cathy Hamilton 2F254 01707 285298 / C. J.[email protected]ac. uk Emma 1F300 01707 Site Barnet Dawson- 284165 / E. 1. Dawson-[email protected]ac. uk Goodey Laura Abbott 1F300 01707 284495 / l.[email protected]ac. uk Helen Blunn 1F300 01707 284396 / H. M.[email protected]ac. uk Sue Carr 1F300 01707 286334 / S. M. 1.[email protected]ac. uk Francesca Entwistle F254 01707 284693 / F.[email protected]ac. uk Lisa Nash 1F300 01707 284567/ L.[email protected]ac. uk Mary Shaw F305 01707 286074 / M. 1.[email protected]ac. uk Celia Wildeman 1F300 01707 285244 / C.[email protected]ac. uk Dee Campbell F305 01707 281104 / D.[email protected]ac. uk Lyn Dolby 1F300 01707 286353 / L.[email protected]ac. uk Sam Janda-Schwab 1F300 01707 284187 / s. b. 1.[email protected]ac. uk Lister. / QEII Watford 21 Annabel Jay F306 #5289 / A. M. 1.[email protected]ac. uk Maggie Tomlin F305 #8570 / M. D.[email protected]ac. uk Sandy Wong 1F300 #5297 / s.[email protected]ac. uk 1. 13 Mentor Updates All mentors are required to attend annual mentor updates and these are arranged by your University Link Lecturer (perhaps in conjunction with the Placement Educator). Alternatively you can attend an annual update at the U niversity of Hertfordshire. Your link lecturer will be able to provide you with dates of the UH mentor updates or call the placement office as below. To book a place on an annual mentor update, please contact: Practice Placements Office Room 1F276 W right Building University of Hertfordshire

College Lane, Hatfield. Hertfordshire, AL10 9AB. E mail: practice.[email protected]ac. uk Fax: 01707 285299 or Tel: 01707 285951 The nature and presentation of the update will vary according to the needs of individual assessors and placement areas. As a guide he/she may discuss issues that arise in relation to student clinical assessment, curriculum or assessment changes or any other issues that affect student assessment, such as managing the failing student. Updates may be arranged on an individual and informal basis or for staff in a group of clinical areas.

On completion of a mentor update you will receive a „ Certificate of Attendance? from the University for your Personal Professional Portfolio. The mentor update will also provide you with ONE of your updates towards your triennial review and ONE „ supervision? towards sign off status. 22 Section 2: The Learning Environment 2. 1 Practice Experience Practice experiences for each student are designed to allow both generic and field competences to be addressed whilst facilitating the students to recognise and respond to the essential needs of all service user groups.

The programme team in partnership with the local health and social care sectors are continuously developing field experiences that are themed and aligned with modular outcomes . By the end of the 3 year programme the students are required to have completed 2, 300 hours (50% of the programme) in clinical practice. The NMC will allow up to 300 hours of this time to be simulation. Within the adult field-the requirements for EU directive (2005/36/EC Annex V. 2 (4. 2. 1) remains. For all fields the NMC (2010) recommends a range of community, hospital and other settings and „ wherever possible, there should e practice learning opportunities in hospital and community settings in each part (year) of the programme? (p. 77). At the end of the programme a 12 week practicelearning experiencewill take place as occurred previously. Although stage 2 mentors must assess a student at the end of each part (year) of the programme, the requirement that this stage 2 mentor is from the same field as the student is only necessary at the end of year 3. Sign off mentors are also required to verify the students? competence at the end of the programme.

These must be from the same field as that which the student wishes to enter. 2. 2 Student Roles and Responsibilities The student is not counted as part of the staff numbers for the purpose of service delivery, but has supernumery status that allows them to learn from observing and participating in giving care under supervision. There should be no reason to prevent a student from taking up a learning opportunity as it arises in practice as the student is seen as an equal partner in learning and assessment.

With your guidance he/she should be able to take responsibility for personal learning by: ? Contacting the placement and identifying their mentor/shift patterns one week prior to commencing the experience (if details are available). ? Disclosing (in confidence) any specific needs that may require reasonable adjustments to support the achievement of learning outcomes. ? Identifying specific learning needs and factors which may affect learning. 23 ? Identify particular learning opportunities as they arise. ? Participating appropriately in giving care. ?

Producing the required documents such as Record of Practice Assessment/Record of Skills and Experience and the Ongoing Achievement Record (RoPA/RoSE/OAR) at the beginning of the placement, and for those students on the new curriculum, the PAD (Practice Assessment Document). ? Undertaking self assessment where/when relevant. ? Discussing their progress with the Mentor and giving feedback about the placement and their experiences. 2. 3 Student Evaluation of Practice All students have a responsibility to complete an evaluation questionnaire on competition of each placement.

This questionnaire can be found on the University StudyNet site and is confidential to all staff except the Associate Head of School, Practice Development and Enhancement. Feedback from the questionnaire (which is essential to monitor standards) is provided to placement areas via the University Link Lecturer and other key personnel such as Directors of Nurse Education and Practice Educator Facilitators. Please encourage students to complete this questionnaire. However, you are encouraged to formulate your own evaluation form that you can provide for the student once all summative assessment is completed.

These can then be filed in the placement portfolio. 2. 4 The student experience Student nurses report how much they enjoy working with their mentors. Initial contact is very important and meeting their mentor and being made to feel welcome is hig hly valued. They often comment on mentors being their role models, as having high levels of skills and knowledge and a passion for nursing. Pre -planning is appreciated and access to a range of learning opportunities is valued. Of course students do occasionally report difficulties.

General areas for improvement in mentoring include ensuring induction happens and completing the students documentation, as well as the preliminary, intermediate and final assessments in good time as this helps students maximise their learning opportunities. When this does not happen, students can find it hard to focus on their learning and start to worry. Also raising problems with the student? s performance early in the placement and helping the student understand what 24 needs to improve and how they can demonstrate improvements in their practice helps reduce the risk of failing in practice. . 5 Shift work and night duty Ideally students need to experience the 24/7 cycle of care. All students will be required to undertake a period of night duty during their programme at some point, so the Practice Placements Office will indicate when a student should be allocated to night duty before the start of their placement. Where possible , the student should undertake night duty at the same time as his/her mentor. It is your responsibility to keep a record of when your student has worked in case you need to refer to this in the future.

You are required to document in the students file every time they are absent or sick. You and your student can negotiate planned shifts in order to work around child care or personal circumstances, however, the student must not „ dictate? to you what shift they will work, they must be negotiated so that the student works a range of shifts, including „ early? and „ late? and night duty if stated from the placement notification form. The student should work no more than 45 hours per week. 2. 6 Attendance Requirements, Hours and Sickness/Absenteeism

Nursing students have a longer academic year than nonprofessional pro grammes. This is because of the NMC has a requirement for practice and academic hours to be fulfilled. Students in full time programmes must have attended 2300 hours in practice over the three years training and completed 2300 hours of academic work. Stude nts can take up to 5 years to complete a full time programme and 7 years to complete a part time programme (NMC 2010). The programmes have minimal time built in for occasional sickness; however, students are given opportunities to make up missed hours in their holidays.

Accurate completion of the student attendance/non attendance in the practice area is the responsibility of the mentor, so that the university and NMC can be assured that registration requirements for hours have been achieved. Timekeeping and attendance records will now record overall hours for the experience and only record absence, sickness or UH study for non -attendance. It is important that both practice staff and students report any sickness or absence on the University? s 24h answer line 01707-285958. Option 1 is for students to leave a message, and Option 2 is for practice staff.

The following guidelines are recommended: EU Directive on the Organisation of Working Time (No: 93/104/EC). 25 ? Students will normally work a 37. 5 hour week alongside their Mentor, following the normal patterns of working (shifts) within the area of practice. For students undertaking Learning Disability and Mental Health nursing, their period of practice in years 2 and 3 may be set at a 30 hour week, with 1 day designated for University study. In this case the period of practice will be patterned for longer periods to ensure that the requirements for the number of practice hours can be achieved. ?

Coffee/meal breaks are over and above this 37. 5 hour period and all breaks MUST be taken by students. ? 12/12. 5 hour shifts are permitted as long as the experience is meaningful, educationally sound and Mentor supervision is provided. ? Students should work no more than three 12/12. 5 hour shifts a week. ? Students should work no more than 45 hours a week (excluding meal breaks). ? Students MUST have at least one 20 minute break (normally taken away from the placement area) for every 6 hours worked. ? When working a 12/12. 5 hour shift students MUST have two 20 minute breaks OR one 40 minute break.

The students shift pattern should be negotiated but staff should be mindful of guidelines operated by the University and the programme on which the student is registered. The student should be encouraged to work the same shift pattern as you. Ho wever, if you only work one particular shift pattern, it may mean that the student does not experience a range of care demands at different times of the day. Students may need to negotiate with each other to make sure they are not all on duty at the same time without a mentor. If the student experiences difficulties with particular shifts a compromise should be discussed and achieved.

It is important that accurate records are kept or placement absence by entering this on the student? s record of attendance and notifying the placements office. Once a student has left the placement they cannot return to make up time unless this is arranged by the Practice Placements Office. 26 2. 6. 1 Can a student work Bank Holidays or weekends? If a student wishes to work a Bank Holiday or weekends, then this can be negotiated. However, it must be for educationally sound reasons and not determined by external issues such as social convenience. However, transport on a weekend or Bank Holiday may also be an issue for some students.

Some students use the University transport; therefore, their availability for shift patterns may be determined by this. Students should work shifts alongside their Mentor and this may require weekend working as appropriate. Remember to bear in mind that students do not receive extra duty payments so please do not enforce weekend or bank holiday shifts. 2. 6. 2 Can the student make up any time if they are persistently absent or sick? If the student misses a lot of time in practice, then the student should still be assessed in practice and the documents submitted to the University.

Ideally, the student should work a minimum of 150 hours before you undertake any summative final interview, so if you note that the student is low on hours, please contact you r link lecturer for further guidance. The Board of Examiners in consultation with External Examiners will consider if the student has achieved the module requirements for a pass/defer or referral in practice. 2. 6. 3 Can the student request time off for dentist/doctor’s appointments? Students are encouraged to make routine visits to the dentist/doctor outside programme hours.

There may be times when a student is required to attend the University and in such circumstances a letter of notification will be provided for the placement area. Students must also make appointments to see University staff (personal tutors/module leaders) or submit assessment in their own time. The only exception will be when students are working in areas that do not allow flexibility of shift patterns (day surgery/schools etc). In such circumstances staff can use their discretion about enabling a student to attend appointments. 2. 6. 4 Can I authorise compassionate leave? No.

The student should approach the Programme Tutor at the University for compassionate leave if needed. However, the practice staff can support the student who requires compassionate leave and discuss arrangements with the University. 27 2. 6. 5 What if the student receives unexpected or distressing news during the placement? You should use your discretion in these circumstances. Deal with the situation or support the student in the most sensitive manner possible and ensure, if appropriate, that they can get home safely. Inform the Link Lecturer/University Programme Tut or or the Practice Placements Office.

It may not be appropriate to expect the student to communicate their situation if they are distressed. 2. 6. 6 Which hours count as clinical hours? Clinical hours are those spent in practice and/or in contact with patie nts/clients. Lunch, coffee and tea breaks are not counted as clinical hours. 2. 6. 7 Can the student work bank or agency? Students may undertake bank/agency work although we remind them that they should not allow this to interfere or adversely affect their programme of study. Students are also strongly advised they MUST NOT work „ back to back? ank and student shifts as this is unsafe for patients, staff and themselves. The University also recommends that students do not work more than 12 hours bank/agency work in any week. if you are concerned that your student is working above these hours and appears „ very tired? , please discuss this with your link lecturer for further guidance. Students should not work bank or agency in the same practice area where they are undertaking a placement and they MUST NOT wear their student uniform when working bank/agency shifts. 2. 6. 8 If I have a question about the allocation of students who should I contact?

Details of student allocation are provided by the Practice Placement s Office