Royal College of Nursing

Guidance for mentors of nursing students and midwives

An RCN toolkit

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Acknowledgements

This toolkit has been produced and revised by the RCN Practice Education Forum.

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Contents

Foreword

Your role as a mentor is critical in helping to facilitate the development of future generations of nurses and midwives. As a mentor you have the privilege and responsibility of helping students translate theory into practice, and making what is learned in the classroom a reality. It is a role that you are entrusted with by students, colleagues and most importantly, patients. Passing on your knowledge and skills is one of the most essential roles you can undertake, and it can be very rewarding.

The Nursing and Midwifery Council (NMC) requires pre-registration programmes to be 50% practice and 50% theory. This toolkit will support you as you help students to get the most from their practice experience. Designed for a mentor, or an associate mentor who is new to the role, the toolkit is also a valuable prompt and update for the more experienced mentor.

The layout and fonts used in this publication are not standard RCN style. The RCN Communication Team is trialling different fonts and font sizes to make the information more accessible. If you have any feed back on this, your comments are most welcome. Please contact publications.feedback@rcn.org.uk .

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Introduction

This Royal College of Nursing (RCN) publication is designed to assist you in your role as a mentor to pre-registration nursing and midwifery students. It outlines your responsibilities alongside those of the student, higher education institutions (HEIs) and placement providers. Those responsible for the mentoring of post-registration students may also find this guidance of value.

The importance of the role of the mentor and the quality of the mentorship offered in practice cannot be over-emphasised; learning experienced in the clinical setting ensures that the nurses and midwives of the future are fit for practice and purpose. The mentor is a key support to students in practice; this is where students apply their knowledge, learn key skills and achieve the required competence for registration.

As a registered nurse or midwife it is likely that you will act as mentor and/or preceptor to a number of other students – including newly qualified, internationally recruited and unqualified staff – and while this toolkit has been designed to assist you in your role of working with pre-registration students, much of the information is readily transferable into the support you may have to give to other members of staff.

Aims of this toolkit

This toolkit is designed to enable you to:

- recognise and value the importance of the mentorship role, and its contribution to a student's practice experience
- identify the key responsibilities of the role
- optimise the support you provide as a mentor
- raise awareness of your accountability, in the context of mentorship
- recognise the support available for you in this role
- contribute to your professional development, as an ongoing monitoring tool guided by key skills framework outlines
- comply with NMC requirements to undertake this role
- serve as a guide to mentorship
- be compliant with NMC requirements for appraisals of mentorship competencies every three years.

The NMC mentor standard

According to the NMC a mentor is "*a mandatory requirement for pre-registration nursing and midwifery students*" (NMC, 2006a). Mentors are accountable to the NMC for their decision that students are fit for practice and that they have the necessary knowledge, skills and competence to take on the role of registered nurse or midwife. From September 2007, all new entrants to mentor and practice teacher preparation programmes must meet the requirements outlined in the NMC's *Standards to support learning and assessment in practice* (NMC, 2006a). In addition, from September 2007 only 'sign-off' mentors (NMC, 2006a) can make the final assessment of practice and confirm to the NMC that students have met the relevant standards of proficiency leading to NMC registration (NMC, 2004b and 2004c).

The NMC standard defines a mentor as being a registrant who has successfully completed an accredited mentor preparation programme from an approved HEI. The NMC standard also states that registrants holding a teaching or comparable qualification – for example, NVQ assessor – can be considered as mentors or

practice teachers, but should map their qualifications or experience against the new NMC standard and meet outstanding outcomes through continuing professional development, or undertake any further education as required by programme providers to ensure they meet the standard.

A mentor is therefore an individual who has achieved the knowledge, skills and competence required to meet the defined outcomes of stage 2 of the developmental framework to support learning and assessment in practice (NMC, 2006a). Mentors must be on the same part, or sub-part, of the register as the student they are to assess and must be registered for at least one year before taking on this role.

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The role of mentor

As a mentor you are required to offer the student support and guidance in the practice area. Your role is to enable the student to make sense of their practice through:

- the application of theory
- assessing, evaluating and giving constructive feedback
- facilitating reflection on practice, performance and experiences.

All mentors, and others involved in supporting students gain registration, have a responsibility to ensure that they are fit:

- for purpose – can function effectively in practice
- for practice – can fulfil the needs of registration
- for award – have the depth and breadth of learning to be awarded a diploma or degree/higher degree.

A mentor is a positive role model. Knowledgeable and skilled, the effective mentor:

- helps students develop skills and confidence
- promotes a professional relationship with students
- provides the appropriate level of supervision
- assists with planned learning experiences
- offers honest and constructive feedback

Why is this role important?

Your role as a registered nurse or midwife is ultimately about protecting the public. As a mentor supporting students, you undertake the responsibility of assessing competence/incompetence and should be able to defend assessment decisions made about students in practice.

As 50% of pre-registration nursing and midwifery programmes are embedded in the practice setting, the role of the mentor as a teacher, supervisor and assessor has never been more important. Mentors also play a vital part in quality assurance by contributing to the educational audit of placements.

Your responsibilities as a mentor include ensuring that you:

- are prepared to undertake the role
- share your knowledge of patient care and act as a positive role model
- are familiar with the student's programme of study and practice assessment documentation
- identify specific learning opportunities and that the learning experience is a planned process
- observe students practising skills under the appropriate level of supervision
- provide time for reflection, feedback, monitoring and documenting of a student's progress
- assess competence and patient safety, in keeping with the assessment documentation
- give students constructive feedback, with suggestions on how to make improvements to promote progress
- report any untoward incidents or concerns to your senior manager and the HEI

- liaise with lecturing and practice education staff as required
- maintain your own professional knowledge, including annual mentorship updates
- record your mentoring experiences as evidence of professional development (for example, for PREP)
- engage in clinical supervision and reflection in relation to this role.

Accountability

The NMC's *Code of professional conduct* (NMC, 2004a) states that nurses and midwives on the NMC professional register:

> *"...have a duty to facilitate students of nursing and midwifery and others to develop their competence."*

If you delegate work to someone who is not registered with the NMC, your accountability is to ensure that the individual who undertakes the work is able to do so and that they are given appropriate support and supervision.

With regard to supervision and assessment, Stuart (2007) outlines the areas a mentor is accountable for, including:

- personal standards of practice
- standards of care delivery by learners
- what is taught, learned and assessed
- standards of teaching and assessing
- professional judgements about student performance.

The NMC makes it a mandatory requirement that all students on approved educational programmes have a mentor. The mentor supports learning and assessment in practice, and makes judgements relating to a student's fitness for practice and registration. Mentors are accountable to the NMC for such judgements, and are responsible for informing HEI staff of any concerns regarding student performance or progress.

Mentors should be formally prepared for their roles and must meet the minimum requirements set by the NMC. The NMC standard for supporting learning and assessment in practice (NMC, 2006a) provides a framework for preparing mentors for a qualification that is recorded on the NMC register. It also outlines associated outcomes that may be used to determine the abilities of those supporting learning and assessment in practice.

Sign-off mentors

From September 2007 a sign-off mentor, who has met additional criteria, must make the final assessment of practice and confirm to the NMC that the student has met the required proficiencies for entry to the register.

In addition, from September 2008 a sign-off mentor, who has met additional criteria, must make the final assessment of practice and confirm to the NMC that the required competencies for recording a **specialist practice qualification** on the register have been achieved.

From September 2008 support, assessment and sign-off of the **specialist practice qualification practice** must be undertaken by a **practice teacher**.

Qualifications

To perform the role of mentor you must have undertaken an approved mentorship preparation programme or equivalent, and have met the NMC defined standards (NMC, 2006a). You should also attend and record your attendance at an annual mentor update. Nurses and midwives must be registered for at least one year before taking on this role.

Associate mentors

The role of an associate mentor is not a requirement of the NMC standards (NMC, 2006a). However, it is a role that is used in many areas; for example, the role is undertaken by level 2 nurses or newly registered nurses and midwives, or those who have not yet undertaken an approved mentor preparation programme. Following a period to consolidate pre-registration learning, which should include a period of preceptorship, the new registrant is ready to take on the role of associate mentor under the supervision of an experienced mentor. Knowledge, skills and competence will normally be developed and assessed through learning in the clinical setting.

Assessment

Assessment is a critical element of the mentoring process. In her study about 'failure to fail', Duffy (2004) stated that mentors must ensure that assessment of clinical skills does occur as required. Passing a student who fails to meet required assessment standards, in the hope that they will improve, puts patients at risk.

It is essential that you:

- provide opportunities for learning and assessment
- support students to self-assess and reflect on their learning
- ensure any assessment of a student is valid and reliable, and that performance can be demonstrated consistently.

Who can supervise and assess?

In its *Standards to support learning and assessment in practice* (NMC, 2006a), the NMC states the following:

- all mentors may assess specific competencies and confirm their achievement, including those to be achieved at, or by, a progression point
- only sign-off mentors may confirm overall achievement of proficiency that demonstrates a student's fitness for practice; they determine that the student has met the relevant competencies or standards of proficiency for entry to the register
- other mentors, practice teachers, teachers or registrants from other professions may be involved in developmental (formative) assessment, where the student is gaining a breadth of experience but where their learning is not intended to demonstrate competence as a nurse, midwife or specialist community public health nurse.

Continuous assessment

Continuous assessment of the student throughout the placement period is important, providing a measure of how the student is progressing according to the level and knowledge expected at each stage of their training. The student's performance is monitored continuously when carrying out 'day-to-day' activities and there should be periodic discussions of care given, feedback and documentation throughout the placement. Assessments can be formal or informal.

As well as reviewing both knowledge and understanding, and the ability to apply theory to practice and skills, professional behaviour should also be assessed – including attitude, team work, caring skills, appearance and motivation. Evidence that learning has taken place should match the student's learning objectives, as well as any action plan. All assessments must be recorded appropriately in the student's practice documentation.

If there is a need to be critical of a student's performance, be objective and give suggestions on how they can improve. Ensure the student has a full understanding of what the problem is, and ensure you inform a student of any failure to perform immediately you become aware of the situation. In addition, HEI staff should be advised as soon as there are concerns about performance.

It is useful to network in order to share experiences of mentoring and assessment.

Assessment validity

Validity of assessment ensures that a test measures what it was designed to measure (Stuart, 2007). Two key issues are important: *how* and *what we measure*. This means you should use appropriate methods, depending upon what is being assessed. For example, you would not assess performance of aseptic technique by verbal questioning alone; you would need to observe the skill being performed. However, using both methods to test theory and practice of technique capability will enhance validity. You also have to be clear about what you want to assess, bearing in mind that what you set out to measure must be that of "the ability to actually care for patients" (Gerrish et al., 1997).

Reliability

An assessment is said to be reliable if it gives similar results when used on separate occasions, and with different assessors. Stuart (2007) identifies three key issues:

- consistency of student performance – how consistent is the student's performance across different care giving situations?
- consistency of interpretation – would I interpret the student's performance of a particular skill in the same way if I saw it again?
- consistency between assessors – would other assessors agree with my interpretations of the student's performance?

Methods and strategies of assessment

The NMC (NMC, 2006a) advises that the total assessment strategy should include assessment through direct care, simulation, objective structured clinical examinations (OSCEs) and other strategies:

- observation – the NMC requires most assessment of competence to be undertaken through direct observation in practice
- simulation – summative assessment, using simulation, may occur where opportunities to demonstrate competence in practice are limited (NMC, 2006a)
- OSCEs
- testimony of others
- student self-assessment
- written portfolio evidence
- active participation
- interactive reflective discussion
- learning contracts
- guided study
- interviews
- patient comments
- peer evaluation
- collection of data
- case studies
- team mentorship.

Giving effective feedback

To ensure feedback helps support and promote student learning, the following suggestions will be valuable in assisting you to provide effective feedback sessions:

- ensure feedback is delivered during, or as soon as possible after, the event
- make time, give full attention and ensure privacy
- support the student to self-assess
- written feedback is useful
- be constructive; negative comments should be learning points
- be objective
- be specific
- use open-ended questions and give reasons for your comments
- clarify any problems
- ensure the student understands what is expected of them
- inform the student that other staff may need to be involved
- develop an agreed action plan if necessary.

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Effective practice placements

Students' practice experience is widely acknowledged as being one of the most important parts of their educational preparation to become health care professionals.

In its report *Making a Difference, the Department of Health* (1999) stated that:

> 4.11 Provision of practice placements is a vital part of the education process. Every practitioner shares responsibility to support and teach the next generation of nurses and midwives.
>
> 4.12 It is important that, as with medical education, nurses [and midwives] are taught by those with practical and recent experience of nursing [and midwifery].

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

- providing practice placements
- practice learning environment
- student support
- assessment of practice.

The guidance is offered as a framework for institutions to use according to their needs. Full details of these four key aspects are available in the document.

Effective practice placements promote learning and should help students to:

- meet the statutory and regulatory requirements and, where applicable, European directives
- achieve the required learning outcomes and competencies according to regulatory body requirements for pre-registration
- observe and participate in a full range of nursing and midwifery care to patients
- work alongside mentors who are appropriately prepared, creating a partnership with them
- identify appropriate learning opportunities to meet their learning needs
- use time effectively, creating opportunities to enable the application of theory to practice and vice versa
- work within a wide range of rapidly changing health and social services that recognise the continuing nature of care
- demonstrate an appreciation of the multi-professional approach to care
- maintain their supernumerary status.

Placements are monitored for quality by the Quality Assurance Agency for Higher Education (QAA), the NMC, and external examiners via the HEIs. The learning environment in practice is therefore as important for effective learning as the university campus.

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Helping students get the best from practice placements

Good mentoring depends on well-planned learning opportunities and the provision of support and coaching for students, which should also incorporate an appropriate level of supervision (RCN, 2007a). This will be dependent upon a student's experience and what is required of them during their placement in order to meet their learning outcomes and achieve set competencies. The NMC (NMC, 2006a) requires students to be supervised, directly or indirectly, at all times in the practice setting.

Prior to placement

Named mentor(s) should be allocated to each student by the placement area for the total duration of the placement. Off-duty rotas should be planned so that the mentor has the opportunity to work with the student for a minimum of 40% of the student's time.

Induction to the practice placement

Before commencing a placement, students must have received an annual training session on moving and handling, basic life support, and fire, health and safety (this will be required at each placement area). Attendance is mandatory and should be recorded in the student's portfolio. Some HEIs require attendance at sessions on data protection and confidentiality and personal safety. On the student's first working day, all these training areas should be discussed with the student in relationship to the requirements and policy of your clinical area and organisation.

Progress interviews

Set dates and times should be agreed with the student for the initial, intermediate and final interviews.

Placement interviews: some dos and don'ts

Initial interview

DO find out about the student's stage of training.

DO help the student to form achievable objectives.

DO ask if they have any assignments or assessments.

DO introduce them to the placement learning opportunities.

DO find out if they have any specific anxieties.

DO encourage them to self-assess at every stage.

DO ask if they need any additional support.

Intermediate interview

DO ask for wider appraisal from other staff.

DO encourage students to assess themselves.

DO clarify any points made.

DO give advice for improvements.

DO record points made by the student.

DO recognise progress made.

DO encourage the student to ask questions.

Placement checklist for mentors

Responsibilities

Preparation for placement	Yes	No	Action to be taken	Timescale
A mentor is allocated prior to placement				
Allocate a back-up				
Check that the student has received the required mandatory training/updates				
Orientation to the placement				
Induction pack: • staff profile • contact details • type of placement • learning opportunities • specialist information • resource list • recommended reading				
Introduce to the placement team				
Plan a meeting between student and mentor in the first week				
Agree a timetable for working together and for assessment meetings				
Establish roles, responsibilities and expectations in terms of standards and attitudes				
Know the programme and the student's level of training				
Be aware of the student's required learning outcomes				
Be aware of the assessment requirements				
Ensure that the student knows who will be supervising them in the absence of the mentor				
During the placement				
Give the opportunity to work at least 40% of the time with their mentor				
During the final placement, ensure that the student spends an additional one hour per week with a sign-off mentor				
Ensure that supervision is given by a registered nurse or midwife (as applicable) when undertaking clinical skills				
Enquire about any additional support needs				
Agree achievable time frames for meeting learning outcomes				
Offer constructive feedback on progress at regular intervals				
Contact the HEI link if the student is not achieving				
Complete the practice assessment documentation in the final week				
Ensure that the evaluation forms are completed				

DO ensure privacy for the interview.

DO contact the HEI if there are concerns.

DON'T spring any surprises on the student.

DON'T ever rely solely on your own opinion.

Final interview

DO ask the student to self-assess again.

DO contact the HEI or other relevant staff as necessary.

DON'T be afraid to say that the student has failed if that is the case.

Evaluation

Students must evaluate their placement as part of the educational audit process. Mentors should also be invited to evaluate their experience of facilitating the learning experience for students. This should be linked into local quality and governance monitoring.

The student who is not progressing or who is failing

Any student that is either not progressing, or failing to meet the required standard, needs early identification so that opportunities can be provided for the student to improve. The following list of behaviours (Maloney et al., 1997) may assist you in identifying students that:

- are inconsistent in clinical performance
- do not respond appropriately to constructive feedback
- appear unable to make changes in response to constructive feedback – therefore clinical skills do not improve
- exhibit poor preparation and organisational skills
- have limited interactions or poor communication skills
- experience continual poor health; feel depressed, angry, uncommitted, withdrawn, sad, or are emotionally unstable, tired or listless.

It will be necessary to provide extra support and supervision when a student fails to progress or meet the necessary competencies. In this scenario you should:

- meet with the student as soon as possible to discuss this issue and ensure the student knows the reason for the meeting
- consider and discuss the evidence which has led to concern; give honest unambiguous feedback
- make sure the student understands the nature of the problem (for example, has the student heard accurately what you are saying?); a difficult scenario is when a student is not succeeding, but fails to recognise this
- facilitate student self-assessment by helping them identify what they already know and what they need to focus on in order to learn and overcome their weaknesses; identify resources they can utilise to improve knowledge and skills
- discuss the situation with your clinical placement/practice facilitator and inform the link person at the HEI; in these situations, support from the HEI is essential and it is important to establish clear and open communication between the student, mentor and the HEI
- clarify the area of improvement needed and advise how to progress
- work closely with the student
- make provision for any extra support or opportunities to improve within the practice area that the student may require
- jointly draw up a targeted detailed action

plan containing a clear and unambiguous assessment plan with set deadlines; make sure the student understands these

- arrange for the student to work with other mentors so that testimonies can be provided; this will increase the validity and reliability of the assessment
- conduct a progress review in one 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
- weekly progress reviews are advisable for the duration of the student's difficulties
- keep detailed notes of all discussions; there may come a time when you have to use these as evidence that you have frequently identified issues or that the student has repeatedly failed to meet the goals you set
- document all concerns 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 together with actions taken.

Failing a student

Duffy (2004) outlines why good assessment is an essential part of a mentor's role:

> *"Potentially clinical assessment of student nurses can safeguard professional standards, patients and the general public. It is inevitable that some students will not be able to meet the required level of practice and it is essential that mentors do not avoid the difficult issue of having to fail these students."*

You will require courage and confidence to fail a student; however you are not alone and must make sure that you ask for help from the HEI as soon as possible. There is a great deal of support available to you and the decision will not be entirely yours. You will be able to make a 'fail decision' with more confidence if you have followed the plan of action outlined above for supporting any student who is not progressing or who is failing. Failure will then not come as a surprise to the student, and the assessment decision will also be evidence-based.

As the named mentor, you are responsible for making the final assessment decision and are accountable for passing or failing the student. The grade you award should reflect the student's standard of practice in the latter part of the placement. The NMC standards state that mentors must keep sufficient records to support and justify their decisions on whether a student is or is not proficient.

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Support for mentors

Higher education institutions (HEIs)

Higher education has a responsibility to ensure support is put in place for the student, learning environment and mentor through allocated roles such as link lecturers and personal tutors. These personnel will:

- work collaboratively to support clinical staff
- support mentors and students with regular contact
- ensure a communication system is in place to deal with issues or questions
- communicate any changes to the programme or assessment in a timely manner to placement staff
- put an effective evaluation system in place.

Placement providers

Placement providers have a responsibility to:

- ensure that mentors are prepared appropriately for the role
- allow time for mentors to meet with their students to undertake and record assessment activities and outcomes; the NMC (NMC, 2006a) stipulates that sign-off mentors "must have time allocated to reflect, give feedback and keep records of student achievement...This will be the equivalent of an hour per student per week."
- ensure that mentors have appropriate and ongoing support in practice
- work collaboratively with HEIs
- provide learning opportunities for students that reflect the nature of the 24-hour service
- acknowledge the complexity of the role of the mentor
- recognise and support the additional needs of a mentor, where a student is not progressing
- ensure that the mentor has supervision
- provide and maintain an effective learning environment
- maintain an overview of students' progress.

The NMC recommends that mentors should not normally support more than three students, from any discipline, at any point in time (NMC, 2006a).

Link roles

Link roles – for example, the clinical placement or practice facilitator or the link lecturer – can provide support for both mentors and students by:

- working collaboratively and effectively with staff in the practice setting
- ensuring that placement staff have contact details
- communicating between the HEI and placement provider
- providing a network of support for mentors and staff in practice
- offering advice, guidance and support as required.

Clinical supervision

The mentor should be able to choose an appropriate supervisor and should be given time, during work hours, to reflect on their role as a mentor.

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Responsibilities of the student

Students have a responsibility to:

- read the HEI charter and student handbooks
- familiarise themselves with handbooks related to their specific programme of study (these are correlated to practice placements and will include assessment of practice documentation)
- recognise the purpose of the placement experience and ensure that they are clear about the expectations of the placement provider
- ensure that they have some theoretical knowledge relating to the placement
- contact the placement and mentor prior to starting
- highlight any support needs to the mentor
- act professionally with regard to punctuality, attitude and image, and dress according to uniform policy
- maintain confidentiality
- maintain effective communication with patients, mentors, and link personnel from both the placement and HEI
- adhere to the NMC *Guide for students of nursing and midwifery* (2006b).

It is important to understand that students have a central role in maximising their learning experience during placement, taking responsibility in directing their own education through interaction with relevant staff and the creation of learning experiences.

The NMC provides the following guidance for students working in practice:

- understand your responsibility and accountability; always work under the supervision of a registered nurse or midwife
- respect the wishes of patients at all times
- identify yourself as a student to the patient at the first opportunity
- uphold patient confidentiality in accordance with the NMC's *Code of Professional Conduct* (2004a)
- do not participate in procedures for which you have not been fully prepared or in which you are not adequately supervised.

The full NMC *Guide for students of nursing and midwifery* (2006b) is available from the NMC website at www.nmc-uk.org

Supernumerary status

All students undertaking pre-registration nursing and midwifery programmes have supernumerary status while on practice placements. This means that they are additional to the workforce requirement and staffing figures.

The student is present in the placement setting as a learner and not as a member of staff. However, they must make an active contribution to the work of the practice area to enable them to learn how to care for patients (RCN, 2007a).

"Supernumerary status means that the student shall not, as part of their programme of preparation, be employed by any person or body under a contract to provide nursing/midwifery care." (NMC, 2004b; NMC, 2004c)

As a mentor, you should be aware of the following regarding supernumerary status:

- all pre-registration students have supernumerary status
- all student experiences should be educationally led
- you are accountable for any decision to delegate work to students and for that work being undertaken
- students should be allowed to experience a range of relevant educational activities during the placement
- the student's contribution to care should be commensurate with their level of training
- students should adhere to the shift patterns of the placement and should attempt to work as many shifts with their mentor as possible
- the supernumerary status of the student should be respected by all members of staff in the placement setting.

7

Students with disabilities

The rights of disabled students are addressed primarily through two key acts of law; the *Disability Discrimination Act 1995* (DDA 1995) together with the significant amendments contained in the *Disability Discrimination Act 2005* (DDA 2005), and the *Special Educational Needs and Disability Act 2001* (SENDA). These acts establish that both the education and practice setting have a legal obligation to provide students with the best support they can – and this includes mentors.

What is disability?

There are two schools of thought on disability; medical and social. The medical model of disability focuses on impairment and loss of function, whereas the social model of disability asserts that it is environmental, societal and attitudinal barriers that are disabling. The RCN is committed to working within the social model and our recently published *Disability equality scheme* (2006) demonstrates our commitment to disability equality.

In addition to these models, there is also a legal definition that is important when considering the legislative framework for supporting students with disabilities. Disability legislation states that a person is disabled if:

> *"s/he has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities."*

However, as we would not want to insist that our students prove their disability by legal means, mentors are asked to be aware of the moral obligation to support learning for disabled students and for those with health problems and impairments. Many students do not see themselves as disabled or may not feel able to disclose a disability for fear of repercussion and stigma, so it is important to be sensitive to the requirements of confidentiality.

You may encounter students with a wide variety or impairments and disabilities. Some of the more common include:

- dyslexia and/or dyscalculia
- epilepsy
- hearing or visual impairments
- progressive medical conditions
- mental health conditions
- physical disability and/or restricted mobility.

The legal framework

The Disability Discrimination Act (1995)

This groundbreaking legislation outlawed discrimination against disabled people for the first time. With a primary focus on employment and access to good services, the right to expect reasonable adjustments was introduced and placed a clear obligation on organisations to consider – often for the first time – how they supported people (service users and staff alike) with disabilities.

Special Education Needs and Disability Act (2001)

This legislation brought the field of education – which had been deliberately excluded from the DDA 1995 – into the realm of disability discrimination. SENDA placed responsibilities on education providers to ensure disabled

students are not treated unfavourably and to make reasonable adjustments. This include making changes to policies and practices, course requirements or work placements and the physical features of a building, as well as the provision of interpreters or other support workers, the delivery of courses in alternative ways, or providing learning materials in other formats.

The Disability Discrimination Act (2005)

As well as making various amendments to the primary legislation (DDA 1995), this Act also introduced the requirement for all public authorities to promote disability equality, to provide a disability equality scheme and to monitor and publish progress reports.

As a result, educational establishments and institutions need to be aware of their duty to promote disability equality, both internally and externally, as service providers and as employers. All public authorities were expected to produce a *Disability equality scheme* by December 2006.

Further details of all legislation and the codes of practice that support them can be found on the Disability Rights Commission website at www.drc-gb.org and on the Directgov website at www.direct.gov.uk/en/DisabledPeople/index.htm

What is discrimination?

The Oxford English Dictionary defines discrimination as:

"To distinguish unfavourably from others."

Disability legislation (DDA, 1995) defines discrimination in two ways: direct discrimination and disability discrimination.

Direct discrimination

A person discriminates against a disabled person if, on the grounds of the disabled person's disability, the person treats the disabled person less favourably than the person treats (or would treat) a person not having that particular disability (and who has not had that particular disability) whose relevant circumstances (including his or her abilities) are the same (or not materially different from) those of a disabled person.

Disability discrimination

A person discriminates against a disabled person if, for a reason which relates to the disabled person's disability, the person treats the disabled person less favourably than the person treats (or would treat) others to whom that reason does not (or would not) apply and the person cannot show that the treatment is justified. Treatment is only justified if the reason for it is both material to the circumstance and substantial.

Therefore, the DDA 1995 makes it unlawful for individuals and organisations to treat individuals with a disability less favourably. Failure to make reasonable adjustments is discrimination.

What are reasonable adjustments?

The duty to make reasonable adjustments arises when disabled individuals encounter 'substantial disadvantage' and it refers to any actions taken to remove or reduce the disadvantage (DDA, 1995).

For example, in the practice setting, 'reasonable adjustments' for students with dyslexia may include:

- the use of coloured overlays to assist in reading text on white paper
- the use of coloured paper
- additional training and support
- giving verbal rather than written instructions
- allowing plenty of time to read and complete the task

- giving instructions one at a time, slowly and clearly, in a quiet location
- reminding the person of important deadlines and reviewing priorities regularly
- using a wall planner; create a 'to do' list
- the use of modified/specialised equipment
- provision of a quiet area to write up notes or when specific tasks require intense concentration
- flexible working hours/frequent breaks.

Factors that influence whether an adjustment is considered 'reasonable' include: practicality, effectiveness, efficiency, cost, and health and safety (of the individual and others). Above all, when considering making adjustments, it is important to be creative and commit to the outcome – not just to the process by which a task is undertaken.

Students who require learning support

As more support becomes available and students feel more confident about disclosing a learning disability, it can seem like there are increasing numbers of students requiring assistance. The two most common reasons for needing additional learning support are dyscalculia and dyslexia.

Dyscalculia

"Dyscalculia is a condition that affects the ability to acquire arithmetical skills. Dyscalculic learners may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers, and have problems learning number facts and procedures. Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence." (DfES, 2001)

Dyslexia

The term dyslexia means difficulty with words and it affects the receiving, holding, retrieving and structuring of information along with the speed at which these occur (DfES, 2004). Approximately 10% of the population has dyslexia (BDA, 2007) and between 3% and 10% of the nursing population admit to having dyslexia (Sanderson-Mann 2005, cited in RCN 2007b). It is therefore likely that you may work with someone in practice who has the condition, or indeed you may be dyslexic yourself. Dyslexia is considered to be a disability, and the literature, though limited, suggests that such individuals are generally poorly supported (RCN 2007b, Wright 2000).

Many individuals do not know they are dyslexic prior to commencing their nursing or midwifery education. It is therefore important that mentors are aware of the difficulties an individual who has dyslexia may present with, such as:

- erratic spelling
- misreading
- poor handwriting
- poor memory retention
- difficulty in organising work
- poor time management
- short concentration span
- confusion between right and left.

If a student presents with these difficulties, you need to discuss it with them sensitively. It may be necessary to involve whoever has overall responsibility for student placements in your organisation, and/or the university staff (with the student's consent) as the student may benefit from a dyslexia assessment.

As reading, writing and basic numeracy skills are essential for most learning, and nursing and midwifery requires more advanced

numeracy skills in practice, students can be disadvantaged if their needs are not met. HEIs have disability advisers who can set up assessments, ensure the student has appropriate support (for example, computer, tape recorder, or a personal scribe) and/or ensure the student can access appropriate allowances to support their disability, all as part of 'reasonable adjustments'. These actions must always be undertaken in collaboration with the student.

These reasonable adjustments may represent a challenge for health care and learning environments, as the practice placement may only be notified of a student four to six weeks prior to the placement. The stigma attached to dyslexia, like other impairments and disabilities, may lead people to cover up their disability (Illingworth, 2005) or they may never have been diagnosed. It is important to recognise that this information is confidential and is dependent on the student disclosing this condition to their mentor.

If a student discloses to you that they are dyslexic, there are a number of ways in which you can support them:

- use Comic Sans or Arial fonts for printed materials, as these are the easiest to read
- provide the student with a glossary of terms before the placement starts
- ask the student if they prefer receiving material on coloured paper (if this is not possible, the use of a coloured overlay may help)
- ask the student what their typical difficulties are and how they 'normally cope', and how you can support them
- limit written work in groups to avoid embarrassment and feelings of inadequacy
- ask questions clearly and concisely
- give instructions in sequences, and allow pauses when communicating
- offer demonstrations
- provide clear instructions and expectations and be aware of information overload
- some students may prefer to tape record information, ensuring that confidentiality is always maintained
- offer extra time if written work is required or give advance warning
- if there is a need to read information, issue in advance if possible
- when contributing to patient records, offer the student a supervised run on practice documentation before allowing entries on a legal document
- all entries in documentation should be countersigned (however, ensure you give sensitive feedback where errors are noted)
- ensure calculations are taken independently; allow time, and always double check
- permit the use of a calculator as an aide, if available, and ensure the student is confident in its use; however working outs must be shown
- ask the student to write out the calculation, so you can identify the type or stage of any error.

Advice

If a student is unsure of what, if any, adjustments they may benefit from, suggest they contact their university's student disability services for help. Adjustments need to be deemed acceptable by the person who has overall responsibility for student placements within the organisation, and must not compromise the requirements of the course of study.

Potential internal resources

These include:

- occupational health services
- social inclusion officers
- human resources department.

Potential external resources

These include:

- the student's HEI – dyslexia tutor and/or disability adviser
- Students Union – many have a disabled students officer
- disability employment advisers – Job Centres
- British Dyslexia Association
- Dyslexia Institute.

Impairment does not mean incapacity. With appropriate support, students with disabilities can work well in clinical as well as academic settings and can add value to clinical practice from their personal experiences.

Further information can be found at the following websites:

The British Dyslexia Association at www.bda-dyslexia.org.uk

Skill, the National Bureau for Students with Disabilities, at www.skill.org.uk

Disability Rights Commission at www.drc-gb.org

Royal National Institute for the Blind (RNIB) at www.rnib.org.uk

Royal National Institute for the Deaf (RNID) at www.rnid.org.uk

The following fact sheet may also be of use: www.lifelonglearning.co.uk/placements

8

Frequently asked questions

1. Why do students need to be assessed in practice?

Students are required to become proficient by the time they complete the course, so assessment at certain stages is necessary to ensure that they are progressing satisfactorily. Ultimately this is about patient safety and protecting the public.

2. If a student is due on placement and I am not familiar or up-to-date with the curriculum, assessment or documentation, what should I do?

Contact your HEI link or local clinical placement/ practice facilitator to find out how you can access an update.

3. Who assesses practice competency, skills, attitude and knowledge?

Practising registered nurses/midwives with whom the student spends time under direct supervision, although other professionals can give testimonies or undertake formative assessments.

4. Where should practice be assessed?

Wherever nursing care is given, for example in the patient's home, where students gain experience under supervision, and in settings such as clinical skills laboratories.

5. Must the student 'work' with me the whole time?

No. Students can spend time with others, depending upon their learning needs and the opportunities available. However, in order for you to act as a role model and effectively teach and assess the student, they should accompany you for at least 40% of their time

6. What do I do first when the student arrives at the placement?

Greet them. Find out what name they wish to be called by, make them feel welcome, show them where they can safely put their belongings, give them a brief orientation to the place and finally introduce them to key staff. You should also discuss what you expect from them as a student and what they can expect of you as their mentor. The initial interview is an ideal opportunity to get to know the student and discuss their development needs, additional support, and to look at their portfolio for previous placement reports, identifying their strengths and challenges.

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

Initially you should attempt to resolve the matter between yourselves. Make the student aware of your thoughts, and of your right to have their co-operation. Subsequently, you may wish to contact a senior member of staff and/or lecturer or the clinical placement/practice facilitator. Always document the incident/issues as this may be required for future reference.

8. Who has custody of the assessment document during the student's placement?

The student, who should make the document available to you as required.

9. What do I do if the student is not performing well enough?

Initially make the student aware of your observation, and of your concern, and then document it. You must seek guidance from a senior colleague and/or lecturer or the clinical placement/practice facilitator.

10. What can I do if a student is unsafe in practice?

If deemed unsafe, the student should be removed from the practice area. Be sure you inform someone from the student's university, and a senior member of practice staff. It is important that you record your reasons for this action in the assessment document, and also in the placement records, for example an incident report.

11. What can I do to reward the student who is exceptional?

Overt praise and recognition are the best rewards. Be sure to record it in the student's assessment document and if appropriate give them a 'testimonial' – a statement to put in their portfolio.

12. Must students do as they are directed by practice staff?

Yes, unless they have good reasons not to. Situations occasionally occur in which the student's knowledge or judgement warrants them questioning an instruction. When this happens they must make their case known in an appropriate manner, and it is important your response reflects that. It is important that students are aware that they must always behave in a professional manner, as the public expect this of people entering into a profession.

9

Glossary of terms

Assessment

The opportunity to provide feedback, support and guidance.

Assessment in practice

This encompasses a range of methods for assessment of competence – including practical skills, knowledge and attitudes – in order to measure the student's competence to practise.

Assessment (formative)

Takes place throughout the placement and focuses on identifying student learning and progress.

Assessment (summative)

Usually takes place at the end of the placement and focuses on the whole placement. It tests how much the student has learned and to what extent the learning outcomes have been met.

Associate mentors

These are level 2 nurses or newly registered nurses or midwives, or those who have not yet undertaken an approved mentor preparation programme, who provide opportunities for learning and support for pre-registration students.

Clinical placement/Practice education facilitator

This role has a range of titles, but its aim is to support mentors and clinical staff in practice in their role of assessing students, principally in clinical areas. This role also provides a vital link between the university and placement areas.

Competence

Competence is taken to represent the overall ability of an individual to perform effectively within a role. This includes the knowledge, skills, attitudes and experience to undertake a whole role to the standard expected of like persons within a similar environment.

Competency

A competency is considered to be a single quality or characteristic of an individual and/or a single component of a whole role.

Educational audit

This involves the monitoring, measurement and evaluation of the practice placement, to ensure that the required quality standard is met.

Link lecturer

Responsible for liaising with clinical staff in monitoring the quality of practice placements and conducting the educational audit. Offers support to students and registered nurses/midwives. In addition, advises staff and students on educational matters.

Mentor

An NMC registrant who has met the outcomes of stage 2 of the mentor standard (NMC 2006a), and who facilitates learning, and supervises and assesses students in a practice setting.

Personal tutor

A lecturer who provides academic, and in some cases, pastoral support throughout the course of study. He/she will document the student's progress in theory and practice, providing written summaries as required as well as the end of programme reference.

Sign-off mentor

An appropriately qualified nurse, midwife or health visitor who signs-off students at the final assessment of practice, and confirms to the NMC that the required competencies for entry to the register have been achieved.

10

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Useful websites

British Dyslexia Association
www.bdadyslexia.org.uk

NHS Education for Scotland (NES)
www.nes.scot.nhs.uk

Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)
www.nipec.n-i.nhs.uk

Skill: National Bureau for Students with Disabilities
www.skill.org.uk

Dyslexia Action
www.dyslexiaaction.org.uk

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

Royal College of Nursing

September 2007
Second edition
Review date Sepember 2009

Published by the Royal College of Nursing
20 Cavendish Square
London
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Publication code 002 797

ISBN 978-1-904114-54-3