Royal College of Nursing

Guidance for mentors of student nurses and midwives

An RCN toolkit

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Joan Abbott, RCN North West Region Education Adviser

Brian Burke, Professional Development Adviser, Sheffield Teaching Hospitals

Julie Chapman, Clinical Placement Facilitator, Chorlton Health Centre

Moira Davies, Admissions Tutor, University of Glamorgan

Steve Dunham, Practice Placement Facilitator, Lincolnshire Partnership NHS Trust

Mary Dunning, Senior Nurse/Practice Placement Facilitator, Tees & North East Yorkshire NHS Trust

Dr Colette Ferguson, Programme Director, NHS Education for Scotland

Janice Gosby, Professional Officer, Nursing and Midwifery Council

Jo Guy, Practice Placement Manager, Birmingham Children's Hospital NHS Trust

Christine Hibbert, Lecturer, University of Sheffield

Cate Johnson, Lecturer, University of Sheffield

Lisa Johnson, Clinical Practice Facilitator, Ipswich Hospital NHS Trust

Lynn Kenyon, Lecturer, University of Sheffield

Professor Betty Kershaw DBE, Dean, School of Nursing and Midwifery, University of Sheffield

Irene Lavery, Practice Development Facilitator, Lothian University Hospital Trust, Edinburgh

Kimberley Leigh, Clinical Placement Development Lead, Greater Manchester Strategic Health Authority

Carol Levery, Lecturer, University of Sheffield

Louise May, Senior Lecturer, Edge Hill College

Paul McCreary, Clinical Placement Manager, Central and North West London Mental Health NHS Trust

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Jenny Spouse, Associate Dean for Practice Education, St Bartholomew School of Nursing and Midwifery, City University

CC Stuart, Lecturer, University of Sheffield

Michelle Vance, Practice Placement Manager, Royal Orthopaedic Hospital NHS Trust, Birmingham

Susan Watt, RCN Scotland Education and Clinical Effectiveness Adviser and Focus group at RCN Scotland

Sue West, Mentorship Co-ordinator Canterbury Christ Church University College

Janette Whalley, Practice Placement Facilitator, Scarborough & North East Yorkshire Healthcare NHS Trust

Janet Wood, Professional Development Adviser, Sheffield Teaching Hospitals

Susan Hopkins (project lead)
RCN Practice Education/VQ Adviser

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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 reality of what is learned in the classroom. 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 per cent practice and 50 per cent 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.

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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.

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.

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, 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 students other than nursing, newly qualified, internationally recruited and unqualified staff. This toolkit is designed to assist you in your role of working with pre-registration students, however, much of the information is readily transferable into the support you may have to give to others.

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Your role as mentor

"A mentor is a nurse, midwife or specialist community public health nurse who facilitates learning and supervises and assesses students in a practice setting." (NMC, 2005a)

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 who will 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 decisions made about students in practice.

As 50 per cent 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 part in quality assurance by contributing to the educational audit of placements.

Your responsibilities as a mentor include ensuring 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 students' 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 (e.g. for PREP)
- engage in clinical supervision and reflection in relation to this role.

Accountability

The NMC's *Code of professional conduct* (2004a, section 6.4) 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 person who undertakes the work is able to do so and that they are given appropriate support and supervision.

Stuart (2002) outlines the areas a mentor is accountable for with regard to supervision and assessment, which include:

- 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. This mentor will support learning and assessment in practice, and make judgements on fitness for practice to enter the register. Mentors are accountable to the NMC for such judgements, but must inform HEI staff of any concerns regarding performance or progress. Mentors should be formally prepared for their roles and meet the minimum requirements set by the NMC.

The NMC standard for supporting learning and assessment in practice (2005a) 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. This framework replaces the previous *Standards for the preparation of teachers of nursing and midwifery* (NMC, 2002b).

Qualifications

To perform the role of mentor you must have undertaken an approved mentorship preparation programme or equivalent, and have met the NMC (2004b) defined standards. You should also attend and record an annual mentor update. Nurses and midwives must be registered for at least one year before taking on this role.

The role of an associate mentor 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, as Duffy (2004) explains:

"Mentors must ensure that assessment of clinical skills does occur as required. Passing students who should have failed or in the hope that they will improve later puts patients at risk."

It is essential that you:

- provide opportunities for learning and assessment
- encourage students to self-assess and reflect on their learning
- ensure any assessment of a student's skills are valid and reliable, and that the level of skill can be consistently demonstrated.

In its guidelines, the NMC (2005a) provides a clear definition with relation to who should undertake assessments:

"Formative assessment is developmental and summative assessment is judgemental. Registrants from any profession may be involved in formative assessment. Only NMC registrants from the part or sub-part of the register that the student will apply to enter should make summative judgements on achievement of competence for safe and effective practice."

Continuous assessment of the student throughout the placement period is important, providing a measure of how the student is performing according to the level and knowledge expected at each stage of their training. Assessments can be formal or informal and should include the application of theory to practice.

As well as reviewing the knowledge and skills of the student, 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 appropriately recorded 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 that the student has a full understanding of what the problem is and ensure you inform a student of 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.

You may need to network to share experiences of assessment.

Assessment validity

Validity of assessment ensures that a test measures what it was designed to measure (Stuart, 2002). 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 will enhance validity.

Reliability

An assessment is said to be reliable if it gives similar results when used on separate occasions and with different assessors. Stuart (2002) identifies three key issues:

- consistency of student performance
- consistency of interpretation
- consistency between assessors.

Methods of assessment

Assessment can be achieved using the following methods:

- the observation and demonstration of practical skills
- student self-assessment
- written portfolio evidence
- active participation
- interactive discussion
- learning contracts
- guided study
- reflection
- testimony of others
- 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 are valuable guides to providing effective feedback sessions:

- ensure feedback is delivered during or as soon as possible after the event
- make time, give full attention and ensure privacy
- ask 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
- form an agreed action plan if necessary.

3 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.

The Department of Health (1999) report *Making a difference*, states 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 nurse/midwives 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* (2001a) 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 is available from the Department of Health website **www.dh.gov.uk**

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 equally as important for effective learning as the university campus.

Helping students get the best from practice placements

Good mentoring depends upon well-planned learning opportunities and the provision of support and coaching for students which should also incorporate an appropriate level of supervision (RCN, 2002). This will be dependent upon their experience and what is required of them during their placement in order to meet their learning outcomes and achieve set competencies.

Placement checklist for mentors

Responsibilities	Yes	No	Action to be taken	Timescale
Preparation for placement				
A mentor is allocated prior to placement				
Allocate a back-up or associate mentor				
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 for the first week				
Agree a timetable for working together and 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 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 three out of five shifts with their 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				

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 whenever possible the mentor has an opportunity to work with the student for a minimum of three out of five shifts (RCN, 2002).

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. Attendance is mandatory and should be recorded in the student's portfolio.

Progress interviews

Set 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.

Intermediate interview

DO ask for wider appraisal from other staff.

DO encourage student 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.

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 the students. This should be linked into local quality and governance monitoring.

Supporting a failing student

It may be necessary to fail a student because he or she does not 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
- inform the HEI contact person, associate mentor and clinical placement/practice facilitator so that both you (the mentor) and the student have independent support available
- clarify the area of weakness and advise how to progress
- form a realistic action plan to address the issues, and set deadlines
- work closely with the student
- arrange for the student to work with other assessors to ensure fairness
- make provision for any extra support or opportunities to improve within the practice area that the student may require
- keep careful notes of all discussions and incidents.

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Support for mentors

Failing a student

Duffy (2004) outlines why 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 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 alone.

Higher education institutes/universities (HEIs)

Higher education has a responsibility to ensure support for the students, learning environment and mentors through allocated roles e.g. link lecturers/personal tutors, by:

- working collaboratively to support the clinical staff
- supporting mentors and students with regular contact
- ensuring that a communication system is in place to deal with issues or questions
- ensuring that any changes to the programme or assessment are communicated in a timely manner to the placement staff
- having 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
- ensure there is an agreed number of students per mentor, to ensure quality support and placement experience
- 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.

Link roles

Link roles, for example, the clinical placement or practice facilitator, 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.

6 Responsibilities of the student

Before placement, 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* (2002a).

It is important to understand that the student has 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 guidelines for students (2002a) is available 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 learning experience and not as a member of staff. However, they must make a contribution to the work of the practice area to enable them to learn how to care for patients (RCN, 2002).

"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 care." (NMC, 2004b)

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 who have special needs

The special needs of students encompass a range of issues and are addressed primarily through two key acts of law; the Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Act 2001 (SENDA).

These acts establish that both the education and practice setting have a legal, as well as moral, obligation to provide students with the best support they can – and this includes mentors.

What is disability?

It is almost impossible to categorise disability, as no two disabilities are exactly alike and no two people will experience disability in the same way. In general it is not the condition that is important, but the effect that it may have on the student. More precisely, it is how the environment and the structure of the learning and the institution or placement may enable or restrict people with particular impairments.

Some of the conditions classed as disabilities which students may present with include:

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

What is discrimination?

The Oxford English Dictionary defines discrimination as:

"To distinguish unfavourably from others."

The DDA makes it unlawful for individuals and organisations to treat individuals with a disability less favourably. This includes disabilities like physical or mental impairment or hidden impairments, such as learning disability or diabetes. An employer is deemed

to discriminate against a disabled person if, for a reason which relates to their disability, they are treated less favourably than others who do not have this disability, and also if the employer fails to make reasonable adjustments.

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 (DRC, 2005).

In the practice setting, 'reasonable adjustments' may include:

- the use of coloured overlays to assist in reading text on white paper
- the use of coloured paper
- additional training and support
- the use of modified/specialised equipment
- provision of a quiet area to write up notes
- 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).

Special learning needs

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 per cent of the population has dyslexia (BDA, 2003) so it is 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 (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
- difficulties organising work
- poor time management
- short concentration span
- confusion with right and left.

If a student presents with these difficulties, you need to discuss it with them sensitively. It may be necessary to involve the individual within the organisation who has overall responsibility for student placements and/or the university staff (with their consent) as the student may require 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 special needs advisers who can set up assessments, ensure the student has appropriate support (for example, computer, tape recorder, 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 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 known to be 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
- allow the use of a calculator if this is available and the student is confident in its use
- ask the student to write out the calculation, so you can identify the type or stage of 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.

Potential internal resources:	Possible external resources:
Occupational health services	Student's HEI – dyslexia tutor
Social inclusion officers	Disability employment advisers – Job Centres
Human resources department	British Dyslexia Association Dyslexia Institute

Further information can be found at the website for The British Dyslexia Association at **www.bda-dyslexia.org.uk** and the website for Skill, the National Bureau for Students with Disabilities, at **www.skill.co.uk**

8

Frequently asked questions

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

Students are required to become competent 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 nurse/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, e.g. patients' homes, 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 three of your shifts per week.

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.

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.

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, e.g. 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 reason not to. Situations occasionally occur in which the student's knowledge or judgement warrants them questioning an instruction. When this happens they must make their case known in an appropriate manner, and it is important your response reflects that. 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 practical skills, in order to measure the student's competence to practise those skills.

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 and midwives, or those who have not yet undertaken an approved mentor preparation programme, who provide learning and support for pre-registration students.

Clinical placement/practice facilitator
This role that 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
An individual responsible for liaising with clinical staff in monitoring the quality of practice placements and using an educational audit. Offers support to students and registered nurses/midwives. In addition, advises staff and students on educational matters.

Mentor
An appropriately qualified and experienced first level nurse, midwife or health visitor who facilitates learning and is also responsible for the supervision and assessment of students within the 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.

10

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Useful websites

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

Council of Deans and Heads of UK university faculties for nursing & health professions
www.councilofdeans.org.uk

Health Professions Wales (HPW)
www.hpw.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

The Dyslexia Institute
www.dyslexia-inst.org.uk

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