



Faculty of Health and Life Sciences

Mentor Information Pack

For placement staff mentoring students
undertaking pre-registration nursing programmes

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Key contacts for ongoing support:

Link Lecturer

Tel _____ email _____

Placement Facilitator

Tel **email**

Introduction

This information pack is designed to give you an overview of your role as Mentor to pre-registration nursing students. New standards required for mentorship by the Nursing and Midwifery Council (NMC), the requirement to incorporate Essential Skills Clusters for nursing (NMC 2007) and the new pre-registration curricula have determined that this information pack is necessary.

The relationship between mentors and students makes a significant difference to students' experience in practice settings. Fifty percent of a student's assessment takes place in practice and you are responsible for ensuring that the assessment is fair and reliable. Indeed, you are directly responsible to the NMC for the standard of practice-based assessment. This information pack will help you to understand the programme your students are studying and the part that you play in their successful completion of that programme. It will also help the development of critical reflective thinking to assist you in developing your skills as a mentor.

The following points may be helpful:

Mentor support will be supplemented by:

- a. This detailed information pack
- b. Support from your Link Lecturer
- c. Support from Placement Facilitators

Overview of the Nursing Programmes

These programmes are part of the undergraduate provision of the School of Nursing and Midwifery, within the Faculty of Health and Life Sciences of De Montfort University, Leicester.

The Dip HE Nursing Programme aims to:

- Produce professionally competent students, equipped with the knowledge and skills required to practice in a variety of health care settings in the context of health care in the 21st century
- Produce knowledgeable students fully equipped to work alongside multi-professional groups engaged in the provision of health care in a variety of health care settings
- Produce knowledgeable students with the necessary skills required to acquire a knowledge of research underpinning the evidence base for health care practice
- Provide students with the opportunity to participate in e-learning and to equip them with the necessary knowledge and skills to utilise information technology
- Enable students to fulfil the requirements for professional practice leading to registration with the Nursing and Midwifery Council

In addition:

The BSc (Hons) Programme aims to:

- Produce knowledgeable students with the necessary skills required to critically evaluate research underpinning the evidence base for health care practice and to recognise the implications for future health care delivery
- Provide students with the opportunity to participate in e learning and to equip them with the necessary knowledge and skills to utilise health informatics

Nursing Educational Philosophy

The programmes' philosophy incorporates the key beliefs about nursing and nursing education and leads to the key characteristics as follows:-

Nursing is underpinned by a value system that recognises that society is complex, multi-faceted and constantly changing. The pre-registration programmes recognise that whilst the nurse as one caring professional may not always agree with the values, attitudes and beliefs of the one cared for, the one cared for has the absolute right to hold those values, attitudes and beliefs. In this spirit of mutual respect, nursing can flourish as both art and science. The pre-registration nursing programmes aim to emphasise the importance of the individual, be it patient, client, service user, learner or teacher. Each individual is viewed as a stakeholder in the curriculum and, as such, is valued and respected.

Nursing is recognised as complex and is undertaken in a variety of contemporary health care settings. Consistent with this is the need for nurses to be able to respond to the changing needs of patients/clients in a variety of settings and the need to have a multi-dimensional focus. In responding to the changing health care agenda and the shift towards a primary care led service, the emphasis taken by the curriculum development team is one of public health and primary care

Registered nurses need to be prepared to meet the needs of patients to levels expected by the public in an inter-professional and rapidly changing health and social care context. Inter-professional education is seen as key to making sure nurses are able to respond to the challenges and to meet the demand for care delivery in a modern NHS. In recognising the shift in the balance of power towards a more primary care led service and a model of increased partnership, the pre-registration curricula are characterised in theory and practice by their recognition of the importance of multi-professional education and training.

In order to prepare nurses to deliver appropriate patient/client centred care in the 21st century, pre-registration programmes aim to provide the student with the opportunity to learn alongside other professional groups, in an environment supported by 21st century technology in terms of e-learning and clinical skills teaching. As such, the pre-registration programmes are characterised by their emphasis on the teaching of clinical skills in a safe and supported environment and the development of e-learning to support traditional methods of learning and teaching.

Pre-registration programmes recognise practice as the defining aspect and primary focus for learning. In recognition of this concept, collaboration with practice colleagues underpins the curricula. Key to this is a commitment to academic personal tutoring and mentorship in practice centred on the development of the Professional Portfolio.

The need for nursing knowledge to be underpinned by the supporting sciences is recognised as fundamental to nursing education. The pre-registration curricula aim to take a balanced view to the learning and teaching of appropriate sciences to ensure that programmes reflect the application of theory to nursing practice.

The philosophy incorporates the key beliefs about nursing education as follows:

- Nursing education is preparation for life long learning. The emphasis is on learning rather than teaching
- Students are encouraged to develop their study skills to become inquisitive learners
- The partnership between lecturers and students creates an environment in which students value education
- Partnerships between students' lecturers and practitioners will provide a vision of professional practice and personal development
- The individual support offered to students will facilitate a sense of uniqueness and belonging
- The flexibility of education provides a culture that is responsive to the needs of students, lecturers, mentors and others
- The partnership between education and practice will encourage attitudes and attributes considered paramount within the profession of nursing, such as self-awareness, honesty, integrity and respect for one's self and others
- The development of appropriate interpersonal and inter-professional relationships, required for professional practice during and beyond registration, will be promoted
- The joint responsibility of lecturers and mentors will focus on students developing a skill base developed along a continuum, enabling students to progress from dependence on their lecturers and mentors to independence in practice
- In order to meet the individual needs of people in society, students will acknowledge the value of all humans, upholding human dignity, freedom and privacy regardless of a person's origin, social class, race, colour, gender, sexual orientation, religious, political or other beliefs
- Human rights and values apply equally whether the person is a student, lecturer, mentor, client, client's family or others
- The caring role will be developed through the recognition of the importance of daily living skills to higher-level skills based on research and evidence

- Through high quality education the art of appropriate communication, managing information and empowering others will be perceived as a vital part of the nurse's role in today's modern and changing society

Programme Structure

Common Foundation Programme

A number of key concepts underpin the Common Foundation Programme (CFP). Firstly, it recognises the importance of a multi-professional approach to care delivery and a multi-educational approach to learning and teaching. A commitment to Inter-professional learning and shared learning will ensure that on completion of the CFP, students are prepared for study in their chosen branch with knowledge of the roles of professions allied to medicine and the interdisciplinary team. Where appropriate, expertise will be drawn from the wider faculty to enhance a shared approach to learning and teaching. This notion of inter-professional learning will continue into the branch programmes.

The CFP is underpinned by a commitment to the teaching of clinical skills. Students will have exposure to a selection of clinical skills in a safe environment prior to exposure in clinical practice. A firm foundation in clinical skills is seen as an essential building block to further and more advanced achievement as the programme progresses. Similarly, the CFP is underpinned and committed to the concept of evidence-based practice.

Students will have the opportunity to begin the process of becoming research minded critical thinkers, in preparation for further study in the branch programme and ultimately as registered practitioners. The CFP recognises the importance of e-learning in the nursing curriculum if students are to be prepared for further study and to work in a technologically advanced NHS.

Students will be allocated to a placement from their chosen branch for the first four weeks of practice followed by rotations in the other three branch placements. This is to ensure that students, no matter what branch of nursing they intend to pursue, have an experience caring for patients/clients representing the other three branches of nursing. Students will be expected to draw on these non-chosen branch experiences in order to inform care practices within their chosen branch. The final placement in the CFP will be of 11 weeks duration in their chosen branch area.

Students will be required to keep an Evidence Based Diary during the CFP, reflecting on their experience in each of their placements. Students will be required to utilise this reflection in semester three as part of the summative assessment for achievement of the outcomes for entry to the branch programme. The intention being that the experience will be far more meaningful to the student and that they will be able to relate this experience to their own area of practice. The personal tutor and practice mentor will support the student in their reflection and maintenance of the evidenced based diary that will become part of the student's portfolio. This has strengthened the role of the personal tutor, and students continue to positively evaluate this aspect of support. In addition to the Evidence Based Diary, students will also keep a clinical skills log as evidence of development of practice/clinical skills. This was introduced as a result of feedback from both students and practice staff.

Branch Programmes

Specific drivers governing each pathway have determined the philosophy underpinning each of the branch programmes. The Academic Leads in partnership with practitioners have developed integrated theory practice modules that reflect the evidence, research policies and clinical skills that students need to achieve in order to become fit to practice.

Advanced Diploma

In the first instance, the Personal Tutor will manage identification of potential students studying on the Diploma of Higher Education in Nursing or the Diploma of Higher Education in Midwifery for the Advanced Diploma. Through the mechanism of the Professional Portfolio, personal tutors will have the opportunity to monitor a student's progression and achievement in the first four semesters, with a view to identifying those students likely to meet the criteria for undertaking the Advanced Diploma. In order to take up the option of studying for the Advanced Diploma a student would normally be expected to have achieved 60% or more for all graded assessments in the level one and two modules up to and including the Progression and Award Board in semester 5. Additionally a student should successfully achieve all proficiencies in practice and have achieved sound professional conduct and attendance in both theory and practice.

The Personal Tutor is key to preparing those students who have the potential for undertaking the Advanced Diploma, to understand the nature of the programme in relation to contributing to Professional Practice through the project work, and presentation of the project to practitioners.

The provision of flexible education enables students to be proactive and innovative in responding to change by gaining awareness of political, economic, social and health care changes globally and within each Branch of nursing.

Overview of Essential Skills Clusters (ESCs)

Information and guidance for mentors and practice staff:

This information should be read in association with the NMC Circular 07/2007 that provides supporting information.

Background

The NMC requirements for pre-registration programmes are set out in the NMC *Standards of proficiency* booklets. The proficiencies are broadly defined and the NMC does not prescribe detailed programme outcomes and content. This means that skills may not be tested in all programmes. By adding detailed competencies to some proficiencies the NMC believes that it can make clearer the level of performance required for safe and effective practice, thereby enabling more consistency in assessment.

The NMC initially plans to focus on those skills that, if not performed competently, would put patients and clients at risk. Specific competencies are grouped under essential skills clusters and made profession-specific.

The NMC will keep the competencies and essential skills clusters under review in order to ensure they remain current and appropriate. It is not intended that essential skills clusters should comprehensively cover all areas of practice or all the proficiencies for a particular programme.

Key points

- **The ESC's "will be required to be in place for new students commencing programmes in September 2008" (NMC 2007). The first cohort of students to be assessed from De Montfort University using the ESC's will be nursing students commencing pre-registration training in September 2008 (08-09).**
- The ESC's relate equally to all fields of practice and are to be applied within the Common Foundation Programme (CFP) and within the context of each branch programme (adult, child, mental health and learning disability nursing)
- ESC's complement not replace the existing NMC pre-registration proficiencies as set out within the Standards of Proficiency (NMC, 2004) for pre-registration nurse education
- ESC's are intended to address some concerns raised about skill deficits as considered in the consultation document Proposals arising from a review of fitness for practice at the point of registration (NMC, 2005)

What are ESC's?

A set of skills clusters set out under a number of broad headings. ESC's do not replace the current nursing outcomes to be achieved for entry to the branch programme, nor the Standards of Proficiency for entry to the register: these remain unchanged. ESC's are not intended to set out a definitive syllabus or replace the Continuous Assessment of Practice (CAP) document.

The nursing ESC's identify skills:

- Under broad headings fundamental to best practice
- That reflect patient expectation of newly qualified nurses
- That relate to all field of practice
- That require to be demonstrated before entry to the branch programme and prior to registration
- That complement existing NMC outcomes and proficiencies
- Are required to be incorporated into all pre-registration nursing programmes
- Mapped to both the Standards of Proficiency for pre-registration nursing education and to the NMC Code of Professional Conduct.
- That will be subject to ongoing monitoring and review
- That are essential and transferable

Identified ESC's relate to the following areas:

- Care and compassion
- Communication
- Organisational aspects of care
- Infection prevention and control
- Nutrition and fluid maintenance
- Medicines management across all fields of practice. The ESC for medicines management includes indicative content and some specific assessment requirements reflecting recent developments in medicines administration and prescribing. 'Summative health related numerical assessments are required to test skills identified within the ESC that encompasses baseline assessment and calculations associated with medicines, nutrition, fluids and other areas requiring the use of numbers relevant to the field of practice'.

ESC assessment

All ESC's that require numerical and or summative assessment will be included in the student's professional portfolio, alongside the Ongoing Achievement Record (OAR) in a section which may be termed 'NMC professional requirements' (working title). This will enable students to provide evidence of their achievement of the skills by using the supportive evidence from other practice based documentation e.g. module cap books, evidence based diary, clinical skills log and portfolio personal development plans. It will also enable mentors to assess student progress in achieving the ESC's. The first cohort of students to undergo assessment in ESC's will be pre-registration nursing students commencing the programme in September 2008 (0809). Details to be included in programme guide. It is envisaged that Personal tutors will monitor progress in both the OAR and ESC documents.

Successful achievement of all CFP ESC's is required for entry to the branch programme and successful completion of all branch ESC's is required for entry to the register.

Summative health related numerical assessments are required to test skills identified within ESC's that encompass baseline assessment and calculations associated with medicines, nutrition, fluids and other areas requiring the use of numbers relevant to the field of practice:

For entry to the branch (during CFP)

There are 7 ESC's required to be achieved for entry to the branch. The NMC state that the assessment of these skills can occur either through clinical practice or through simulated practice. Nursing students will be able to achieve competence in simulated practice for all of the CFP skills through opportunities during the NRMW 1001 clinical skill sessions or through practice. Achievement of competence can be 'signed off' either in practice by mentors/practice staff or following successful completion of the relevant clinical skill session by the facilitating lecturer. For any students failing to gain achievement of any ESC's during the CFP – the 12 week NMC rule will apply. Non-completion of any ESC after this time frame will result in the student being unable to progress to the branch programme.

For entry to the register (during branch programmes), all assessment must take place in the practice setting and a 100% pass mark is required (with the exception of no. 42 ii. And iii. this is achievable through simulation and course work

The Ongoing Achievement Record

The purpose of this document is to provide future Mentors and the University with information on a student's progress. This allows you, as a mentor, to specifically target any developmental areas identified in previous placements with the student. It is a bound document that the student takes with them from placement to placement. Any areas highlighted for development that can be achieved in your area should be incorporated into the practice action plan within the CAP book.

When the student has completed their placement, please indicate any areas for their development of skills and competencies for future placements in the OAR. Evidence for your decisions should be signposted to the appropriate CAP book. The Sign Off Mentor will use this document alongside other evidence to confirm proficiency in practice in the student's last placement in semester 9.

Points to consider when completing your summary:

- Professional Conduct
- Time Management
- Interaction with patients, families and members of the Multi-Disciplinary Team
- Clinical Skill Development
- Awareness of own limitations and abilities
- Personal Development
- Professional Development

You should ensure that you complete and sign:

- Practice details on pages 6 and 7
- Placement Record Sheet with comments, ensure module title and code are correct according to the front of the students CAP book, this will direct the Sign Off Mentor when they are seeking additional evidence.

Ensure that the student identification number is at the top of each page.

For the 'Sign-Off' Mentor:

The purpose of this document is to enable you to view a summary of the assessment of clinical practice. It is to be used alongside additional evidence from CAP booklets as requested, student portfolios, training days or any other sources deemed appropriate. It will allow you to 'sign off' the student's practice and to inform the University's Assessment Board of the student's proficiency in practice, thereby, together with outcomes from the academic assessment, enable them to recommend registration on the appropriate part of the NMC Professional Register. As a 'sign-off' mentor you are accountable to the NMC for that decision. To help in your decision making it is made clear throughout the document which CAP book to refer to for additional evidence. Continuation sheets have been supplied at the back of this document; if you do not use them make certain you strike through to ensure nothing extra can be added at the end.

You should ensure that:

- The document is complete
- All outcomes have been achieved and professional conduct has been satisfactory
- Any outstanding developmental needs identified on the OAR sheets have been addressed and achieved in other placements and that evidence exists within CAP books.
- The student identification number is at the top of each page.
- You have completed the 'Final Placement Sign Off Sheet' identifying evidence within the student's CAP books.
- As a sign off mentor, it is expected that you will have protected time to review the evidence.

Principles of NMC Standards for Mentorship

Qualifications

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

Differences between Registrant, Mentor and Sign Off Mentor

Registrant

Nurses, midwives and specialist community public health nurses currently entered in the NMC register. Registrants will not have completed an NMC approved mentor preparation programme, or comparable preparation that has been accredited by an Approved Educational Institution (AEI) as meeting the NMC mentor requirements. Registrants can supervise and comment on students' abilities and development in formative placements and when students are visiting for brief experiences for example during a two week CFP experience. Registrants are expected to contribute to the overall assessment made by NMC trained Mentors.

Mentor

An NMC Mentor is a Registrant who has successfully completed an NMC approved mentor preparation programme - or comparable preparation that has been accredited by an AEI as meeting the NMC mentor requirements. The mentor has achieved the knowledge, skills and competence required to meet the outcomes laid down by the NMC and facilitates learning, supervises and assesses students in the practice setting (*Standards to support learning and assessment in practice – NMC standards for mentors, practice teachers and teacher. Section 2.1.2*)

This qualification is recorded on the local register held by placement providers and as such is subject to triennial reviews. Mentors summatively assess students' skills and attitudes that are required for module learning outcomes. Mentors' assessments are entered into the Evidence-based Diary in the CFP and the Continuous Assessment of Practice documents within the Branch. They will be used by Sign Off Mentors during semester 9.

Sign – Off Mentor

This is a mentor who has met additional criteria for this role and who must be able to make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice leading to registration or qualification that is recordable on the NMC register. This assessment takes place within the final module prior to completing the course. 'Sign-off' mentors must be registered on the same part or sub-part of the register to that of the qualifying student and working in the same field of practice.

Potential 'Sign-off' mentors will be identified on the register of mentors held within each Trust when they meet the requirements for this role.

www.nmc-uk.org (Standards to support learning and assessment in practice – NMC standards for mentors, practice teachers and teacher. 2006)

Competence and outcomes for a mentor

All mentors should be able to achieve the NMC mentor requirements. In 2004, the NMC published standards for mentors (NMC 2004b). In the new NMC 2006 standards, mentors now have 8 domains to achieve as part of their mentorship practice.

- Establish effective working relationships
- Facilitation of learning
- Assessment and accountability
- Evaluation of Learning
- Creating an environment for learning
- Context of practice
- Evidence-based practice
- Leadership

It is important that as a mentor you reflect and record as evidence the ways you can achieve these domains.

The Function of a Mentor

Mentors will:

1. Take ultimate responsibility for the supervision and assessment of their named students
2. Identify, brief and co-ordinate Mentors/supervisors to undertake the day to day supervision of their named students
3. Receive formative feedback from colleagues regarding student performance
4. In collaboration with the Visiting Tutor, develop and implement an action plan that should address issues of poor performance

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

Accountability

The NMC's Code of professional conduct (2004b, 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.

Mentors are accountable to the NMC for such judgements, but should inform De Montfort University (Visiting Tutor) of any concerns regarding poor performance of a student or lack of progress **as soon as possible**.

Assessment in Placements

Steinaker and Bell's Taxonomy

The criteria by which practice is assessed are based on those defined by **Steinaker and Bell (1979)**:

- ***Exposure***
- ***Participation***
- ***Identification***
- ***Internalisation***
- ***Dissemination***

Exposure

To achieve this level the student must have had the opportunity to be exposed to a situation that reflects the identified learning outcomes. **This is not a passive state** and the student must be able to actively show how participation in a given situation could be achieved and apply their mentor's practice to their own understanding. For example, when observing a patient's admission, the student would be expected to observe the mentor and understand the rationale behind the process of admission.

Participation

The student moves from being an observer to actively participating in the experience. The mentor will decide when the student is ready and will choose appropriate opportunities through discussion with the student. For example, the student will begin to develop the skills of assessing patients and participate in undertaking aspects of care with support from their mentor. Exposure and Participation would be expected from students during their **first year**.

Identification

At this level, the student becomes able to take more responsibility for their participation by initiating appropriate action. The student will be able to provide a rationale for their action and begin to evaluate consequences. For example, the student will be able to undertake on-going assessment of patients on their own initiative.

Internalisation

The student will act as an autonomous practitioner within the context of safe practice. The student must be able to make informed decisions based on a range of information available. For example, the student will be able to initiate the necessary actions if patient observations demonstrate deterioration of their clinical condition. Identification and Internalisation would be expected from students during their **second and third years**.

Dissemination

Students will be expected to share their knowledge with others and to critically analyse their own performance. For example, the student will be able to explain the rationale for their care practices to junior students. Dissemination would be expected from students during their **third year**.

It is important when assessing a student that the mentor clearly identifies the particular programme that the student is taking, the stage within the programme and the specific learning outcomes for the module during each placement.

Behavioural criteria at each level of the experiential taxonomy:

EXPOSURE Years 1,2,3	PARTICIPATION Years 1,2,3	IDENTIFICATION Years 2,3	INTERNALISATION Years 2,3	DISSEMINATION Year 3
Mentors Actions				
Demonstrating Explaining Providing a role model Providing learning opportunities Motivating the student Selecting learning opportunities	Giving instructions Correcting Reinforcing Identifying links with theory Questioning the student Guiding and prompting	Observing Providing feedback Supporting	Supervising from a distance	Supervising from a distance
Students Actions				
Watching Listening Observing Asking questions	Taking part in activities Following instructions Helping carry out nursing actions Practising skills under supervision Identifying care needs when prompted Answering questions	Applying theory to practice Carrying out work under supervision Promoting own learning Selecting learning opportunities Selecting appropriate methods of negotiation with mentor	Acting on own initiative Working semi-autonomously Choosing approaches based on knowledge of patient need and nursing-related theory Giving rationale for own work Evaluating own work Reporting back to mentor Adopting approaches to individual patient needs Independent identification of needs and issues Independent problem solving	Acting on own initiative Working autonomously Choosing approaches based on knowledge of patient need and nursing-related theory Giving rationale for own work Critical evaluation Reporting back to mentor Creatively adopting approaches to individual patient needs Independent identification of needs and issues Independent problem solving Teaching others

Process for the assessment of clinical practice:

First week of placement – the initial interview

Mentor and student meet to carry out a learning needs assessment. This will include discussion of the previous mentor's comments (except for the first four-week placement). This should be documented and a personal development plan to meet learning needs is discussed and documented.

Midpoint of placement

Mentor and student meet to review progress. The student should provide evidence of their reflections to support development in practice. It is imperative that this meeting is documented and any learning needs or areas for improvement are clearly documented and articulated to the student. It may be necessary to revise the initial personal development plan to meet new learning needs and involve the student's Personal Tutor or Visiting Tutor as appropriate. The requirements for professional behaviour and conduct should be reviewed at this time.

End of placement

Mentor meets with the student to discuss the summative assessment of practice. Strengths and weaknesses are discussed and the action plan is finalised. The purpose of the meeting is to review progress to date and to confirm achievement of the learning outcomes for this stage of the programme. The requirements for professional behaviour and conduct must be confirmed.

Review the student's development in relation to:

- Skills development via skills log
- Ability to reflect on practice
- Progress towards achievement of NMC proficiencies
- Sickness and absence time

Complete a continuing personal development plan in order to take forward learning needs to the next placement.

The ongoing achievement record

The NMC requires that "An ongoing achievement record (student passport) including comments from mentors, must be passed from one placement to the next to enable judgements to be made on the student's progress" (NMC 2006 p 30). If students do not consent to sharing this information, then this would not be compatible with ensuring their fitness for practice and would mean that they cannot complete the programme. It is expected that this record will point mentors in the direction of further evidence that will support the assessment process. The records will be given to all students who have commenced the programme since September 2007 and will be used by Sign Off Mentors to make "judgements about the students' practice proficiency as capable of safe and effective practice at the end of the programme to achieve NMC Registrant status" NMC (2006). The document will be completed by all mentors from Semester 3 onward and will summarise the students' progress.

It should include any action plans for the future and areas of development, mentors should ask to see this document during the first interview in Branch placements and will need to complete it at the end of the placement when they are completing the final interview. The most important aspect is to direct the Sign Off Mentor towards evidence. Therefore, page numbers should be clear within the CAP book being referred to. It is the students' responsibility to retain the document and produce it when required, failure to maintain it properly will be considered as unprofessional behaviour. As a mentor, you need to make sure you are familiar with this document and ask to see it.

Semester 9 (Year 3)

During Semester 9 each student will require a Sign-Off Mentor; this person will be responsible for declaring to the NMC that, from a practice perspective, the student is fit to enter the register. As a Sign-Off Mentor, it will be your responsibility to review the Ongoing Achievement Record document and seek any evidence from CAP books, which may support your final decision, the location of such evidence, will be clear from the document.

Completion of Continuous Assessment of Practice Documentation:

In the Common Foundation Programme (CFP), the evidence of students' learning (reflections) are written in the Evidence Based Diary and will be assessed using the same outcomes in *all practice placements* and for the first four rotations through adult, children's, learning disability and mental health nursing, the assessment will be **formative** within the Evidence Based Diary. During the last placement of the CFP (the student's selected branch), the reflections within the Evidence Based Diary are referred to and can be added to by the student. Mentors use this evidence and their own observations to make **summative** assessment of abilities. The assessment is written in the CAP book. During the Branch Programme, students will have one CAP book per placement, specific to the module, and **all outcomes will be summatively assessed**.

Please note:

The record of attendance is placed in the back of the Evidence Based Diary and the CAP book. The student is responsible for submitting the completed forms to the University. It is the responsibility of the mentor to ensure that when a student is off sick or absent; these hours are recorded in the CAP book as sickness or absence and signed. **Please can we remind you of how important this record is (for statutory reasons) and request that you take every care to complete it (including your printed name) and sign it. It is the Mentor's responsibility to ensure that it is possible for students to work the required number of hours (37.5 per week on average in the CFP).**

Working Bank Holidays whilst on placement

As part of the Nursing and Midwifery (NMC) Standards of Proficiency for pre-registration nursing education (NMC 2004a) and midwifery education (NMC 2004c) the NMC states that the programme should provide the opportunity for a student to

experience 24 hour/ 7 day care. This facilitates an understanding of users' experiences of health care.

Therefore:

- All students are encouraged to work bank holidays
- Some students will be unable to work bank holidays if the placement is closed
- Students do not have the right to refuse to work bank holidays, refusal may be regarded as a breach of professional conduct
- Mentors should only sign for the shifts students have worked
- Mentors should not sign for a bank holiday that has not been worked

What to assess and how:

What is assessed?

- Practical skills (clinical skills booklet)
- Intellectual skills
- Interpersonal skills
- Ability to work within a team
- Ability to relate to patients and their families

Giving Effective Feedback

- 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 and record in the CAP book
- Written feedback is essential
- Be constructive; negative comments should be learning points
- Complement the student on their strengths
- Be objective
- Be specific and give reasons for your comments
- Clarify any problems, use open ended questions
- Form an agreed action plan if necessary
- Ensure the student understands what is expected of them

Unsafe Practice

Guidelines Indicating An Automatic Failure For Unsafe Practice In Both Practice And Academic Assessment

Rationale for the Guideline

All students (pre and post-registration) are expected to be familiar with the principles of safe practice and are expected to perform in accordance with these requirements. Whilst it is usually the case that students recognise safe practice issues in placement experiences this is not always reflected in academic work. Feedback from external

examiners indicates that there are variations in the application of judgements regarding the demonstration of unsafe practice in assessments.

It is important to ensure, as far as is possible, equity of decision making in respect of assessments. Thus, this guideline will apply to assessments in practice as well as for academic assessments.

This guideline is intended as a supplement to and not a replacement for the University's marking criteria. It is not possible to construct strict rules regarding what constitutes unsafe practice in all circumstances and professional judgement still has a role to play. The guideline is aimed at assisting in making judgements and providing a basis for resolving cases where a difference of opinion might occur.

Definition of Unsafe Practice

Unsafe practice is described as a "... behaviour that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behaviour involving unacceptable risk" (Scanlan et al 2001 p1).

Unsafe practice includes:

- An act or behaviour of the type which violates the Nursing and Midwifery Council's Code of Professional Conduct (NMC 2004b) or the Health Professions Council's Standards of Conduct, Performance and Ethics (2003);
- An act or behaviour which threatens or has the potential to threaten the physical, emotional, mental or environmental safety of the client, a family member, or substitute familial person, another student, a university member or other health care provider;
- An act or behaviour (commission or omission) which constitutes practice for which a student is not authorised or educated at the time of the incident.

In addition in respect of academic assessments, unsafe practice includes:

- Expressing practice that if acted on would constitute unsafe practice as identified above.
- Omission of an essential element of care in an academic piece of work that if the omission occurred in practice would constitute unsafe practice as identified above.
- Failure to recognise or acknowledge an act or behaviour that has been recounted in an academic assessment constitutes unsafe practice.

Consequences of the Demonstration of Unsafe Practice in Assessments

Any student judged to have demonstrated unsafe practice in an assessment will be judged to have failed that complete assessment.

Thus where, for example, an unseen written examination has a requirement for several questions to be answered the **demonstration of unsafe practice in a single question will result in a fail for the whole examination**. Where a student is judged

to have demonstrated unsafe practice for a single outcome in a practice assessment a fail is recorded for the practice element of the module. The student will consequently be required to retrieve the failed outcome in a subsequent placement.

Guidelines Indicating an Automatic Failure for Unsafe Practice in Both Practice and Academic Assessment

KEY		Shaded boxes indicate that the unsafe practice behaviour is covered elsewhere e.g. within the CAP book for pre-registration	
UNSAFE BEHAVIOURS	PRE-REGISTRATION YEAR 1	PRE-REGISTRATION YEAR 2 & 3	POST-REGISTRATION
LACK OF ACCOUNTABILITY, UNPROFESSIONAL PRACTICE	Deliberately covers up errors	Does not admit mistakes, deliberately covers up errors	Does not accept responsibility for own actions, does not admit mistakes, covers up errors
	Is dishonest	Is dishonest	Is dishonest
	Does not recognise potential for doing harm, lack of insight ACTION PLAN REQUIRED	Does not recognise potential for doing harm, lack of insight.	Does not recognise potential for doing harm, lack of insight.
	Breaks confidentiality i.e. identifies a patient/client/woman/staff member, and/or names the placement or place of work ACTION PLAN REQUIRED	Breaks confidentiality i.e. identifies a patient/client/woman/staff member, and/or names the placement or place of work	Breaks confidentiality i.e. identifies a patient/client/woman/staff member, and/or names the placement or place of work
INCONSISTENT COMMUNICATION AND LACK OF RESPECT	Aggressive with clients and/or staff	Aggressive with clients and/or staff	Aggressive with clients and/or staff
LACK OF JUDGEMENT	Evidence of misuse of drugs and/or alcohol	Evidence of misuse of drugs and/or alcohol	Evidence of misuse of drugs and/or alcohol
PROFESSIONAL MISCONDUCT			Evidence of breaking the Code of Professional Conduct e.g. NMC or HPC

Fitness to Practice Procedure

The University expects students enrolled on courses leading directly to a professional qualification or the right to practise a particular profession, to demonstrate high standards of behaviour in their professional and student lives. Course handbooks and professional bodies provide information about the standards of behaviour expected of students training for a particular profession or calling. It is the student's responsibility to familiarise him/herself with the provisions and requirements of the relevant professional bodies.

Students on courses in the School of Nursing and Midwifery leading to registration with the Nursing and Midwifery Council (NMC) must comply with the NMC's requirements for registration. The NMC requires all trainees to demonstrate that they have good health and good character "sufficient for safe and effective practice as a nurse or midwife" before they begin and during any programme which leads to registration with the NMC. Anybody entering the NMC register for the first time is required to declare that they are of good health and good character. This self-declaration must be supported by the registered nurse responsible for the programme that is the programme leader for Nursing students and the lead midwife for Midwifery students. The School of Nursing and Midwifery therefore needs to ensure that all such students are fit to practice in terms of good health and good character and that any concerns about fitness to practice are addressed in a timely and appropriate manner.

Concerns about a student's fitness to practice may be raised from any source, including any member of staff, fellow student, placement partner, member of the public or other agencies such as the Police, Social Services or Occupational Health Service.

These may include concerns about a student's

- health or well-being
- attitude or behaviour in either practice or theory
- poor or non-attendance in either practice or theory
- bad time-keeping
- breaking the University's disciplinary code
- behaviour outside the University which might render them unfit to practice
- offending background

This list provides examples and is not exhaustive.

On receipt of a written statement of concern the Head of School will discuss the matter with the relevant programme leader to find out whether they are aware of the concerns and, if so, whether any attempt has been made to resolve the matter informally. If not, the programme leader will normally be asked to try to resolve the matter and will report the outcome to the Head of School. If the matter cannot be resolved informally, the Head of School will appoint an investigator, normally the relevant programme leader or provost.

The Head of School will inform the student in writing:

- of the concerns raised about him/her

- that an investigation is to be conducted under this procedure
- the identity of the investigator
- whether the student is required not to attend practice pending the outcome of the procedure (after consultation with the appropriate professional or practice partner)¹
- whether he/she will be recommending that the student should be suspended from the University pending the outcome of the procedure
- of their right to be represented by a person as defined in the Glossary to the University's Regulations

Frequently Asked Questions

My student has failed to inform of their absence or to arrive for their allocated shift, what should I do?

Ensure that it is clearly documented on the off duty that the student is absent, when the student returns to work this must be detailed within the Evidence Based Diary or CAP book even if they offer to make the time back. Inform the university of the student's absence at the earliest opportunity either via the Visiting Tutor, Personal Tutor or Module Leader. Within UHL you can also contact the Clinical Placement Facilitator, who will inform the university. The student should be made aware of their responsibilities as a professional to ensure all sickness and absence is reported to the placement. Unexplained absences will be challenged and may be a cause for failing the assessment of their professional conduct.

Who can sign the CAP book?

The assessment of a student's competence can only be made by a mentor as identified on the local register, each student will have an identified mentor for each placement. It is recognised that students will work with a number of different professionals and registered nurses who are not yet mentors, they are able to offer written comments (they should be accompanied by the writer's signature) on performance and sign for the hours worked but not for assessment of outcomes. The student should reflect on their experiences within the Evidence-based Diary and CAP book and discuss this with their mentor. Anyone signing comments or attendance or non-attendance within the documents should ensure they complete the signatory page.

My student has informed me they are changing their arranged holiday, what should I do?

There is a process by which students can request a change of annual leave from that which is detailed in the training plan. They should first approach their Personal Tutor and explain why they would like to change their holiday. Only their Programme Leader can sanction a change. Their Programme Leader will then discuss it with the Module Leader and the allocations office who will liaise with placement areas, within UHL the Clinical Placement Facilitator will discuss possibilities with practice to ensure the change can be accommodated.

¹ Note that any suspension from practice must be reviewed and confirmed by the senior member of staff designated to deal with such matters under the University's General Regulations and Procedures Affecting Students.

At this point a letter will be sent to the placement confirming all of the above, students will be recorded as absent for this period and will make their time up during the normal holiday time, the authorization of the changes made will be reflected within the student's reference.

My student wishes to observe their cultural beliefs, is this permissible during practice time?

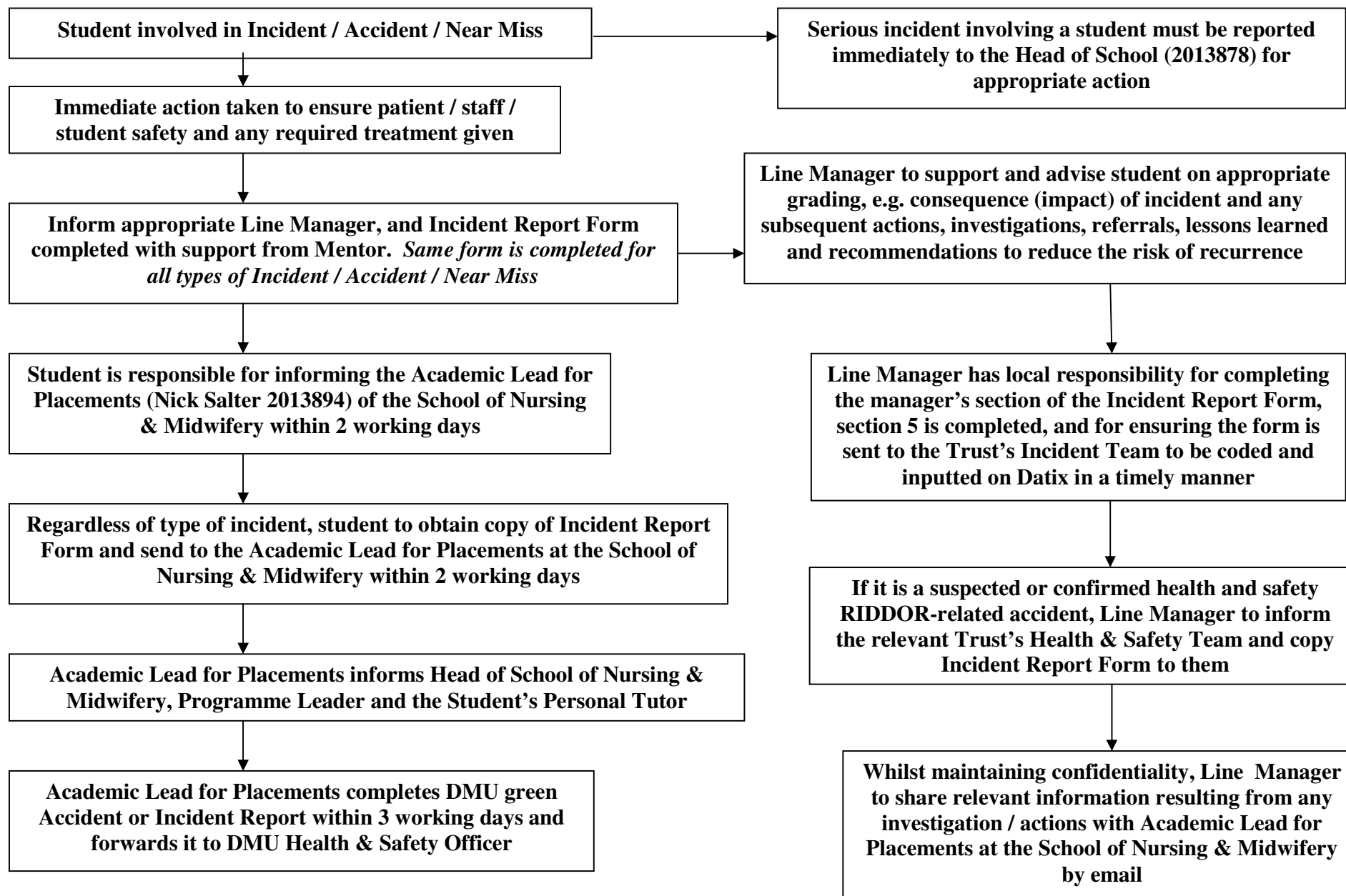
As with all staff, students have the right to observe their cultural beliefs such as time to pray. However, this must not be allowed to impact on the standard of care delivery. When entering the nursing profession students are made aware that they will be expected to care for patients when this may not necessarily be reflective of their own beliefs, any action taken or the refusal to care for a patient when this is the case should be considered carefully against the student's professional conduct.

Ensure all discussions are documented fully within the student's Evidence Based Diary or CAP book. Where a student feels unable to continue within the area they should be referred back to their Programme Leader and their Personal Tutor.

I have grave concerns about my student's performance and believe they could be behaving unprofessionally within this clinical area, what should I do?

All concerns should be raised as early as possible with the student and action planned; details should be recorded within the Evidence Based Diary or CAP book. The Visiting Tutor should be made aware (Personal Tutor visits their students during the CFP). Within UHL, the Clinical Placement Facilitator (CPF) should be informed of your concerns in order to support you with this process. On the very rare occasions when a student acts in a way that is considered dangerous and between yourself and the placement manager you feel no longer able to offer support, there is a Fitness to Practice Policy within DMU which facilitates the investigation into this type of conduct. Initially all concerns should be made verbally so there is no delay and then in writing to the Head of School, or the Programme Leader detailing all actions taken and what attempts have been made to rectify the situation. The placement manager or relevant Head of Nursing must include whether the action taken includes the exclusion of the student from placement until an investigation has taken place. The University may decide to suspend the student from practice. Within UHL the CPFs will be able to assist with this process and should be contacted in any event where there are concerns relating to the student's performance.

PROCESS FOR REPORTING INCIDENT / ACCIDENT / NEAR MISS INVOLVING A STUDENT WHILST ON PLACEMENT



Portfolio

The student portfolio is integral to the programmes and is a live working document. Artists, models or architects, are examples of professionals who maintain and develop a portfolio to demonstrate the breadth and wealth of their experience and competence. Maintaining and developing a student portfolio in this instance is part of the wider recognition of the significance and implications of personal, professional, and academic development through experience and study. It places a value on what the student nurse encounters as an individual; it is an acknowledgement of personal experience.

This student portfolio is intended to document the journey throughout a programme. It is the beginning of what will become a lifelong journey and as such, the portfolio will be a progressive record of achievements and developments. The student is responsible for maintaining and updating the portfolio however, the Personal Tutor will continue to review and monitor its development.

Organisation of the student portfolio:

The student portfolio is broadly divided into Common Foundation Programme and Branch sections and is organised as follows:

Section A – Common Foundation Programme Theory

Comprises a **collection of evidence** of all common foundation programme related theory. This can include; workbooks, assignments and associated feedback, seminars, presentations and any theoretical work related to placements. Evidence such as this **will not** be further assessed in the portfolio as a whole, but should be included as these are important for the integration of theory and practice as well as being a useful tool for the Personal Tutor to refer to in facilitating the formulation of Personal Development Plans with the student.

Section B – Common Foundation Programme Practice

This section comprises of the formulation of Personal Development Plans in partnership with the Personal Tutor. It will also include an evidence based diary, Continuous Assessment of Practice (CAP) books, clinical skills log in relation to specific modules, attendance of health and safety workshops, for example annual updating of moving and handling and Cardio Pulmonary Resuscitation (CPR).

Section C – Branch Programme Theory

Comprises of a **collection of evidence** of all branch programme related theory. This can include; workbooks, assignments and associated feedback, seminars, presentations and any theoretical work related to branch placements. Evidence such as this **will not** be further assessed in the portfolio, but should be included as these are important for the integration of theory and practice as well as being a useful tool for the Personal Tutor to refer to in facilitating the formulation of Personal Development Plans.

Section D – Branch Programme Practice

This section comprises of the formulation of Personal Development Plans (PDP) completed in partnership with the Personal Tutor throughout the branch programme. It will also include; Continuous Assessment of Practice (CAP) books, clinical skills log, attendance of health and safety workshops, for example annual updating of moving and handling and Cardio Pulmonary Resuscitation (CPR)

Section E – Inter-Professional Education

This comprises evidence of reflections of learning, working alongside other professionals, and how knowledge skills and attitudes have developed in relation to inter-professional competence.

Section F – Personal Tutoring Information

This section relates to roles and responsibilities in relation to the Personal Tutor. This is divided into eight key areas that relates to the whole of the programme.

Evaluation of Professional Conduct

Introduction

There is an expectation that students undertaking programmes of study in nursing or midwifery demonstrate standards of behaviour compatible with the principles of the NMC's 'Code of Professional Conduct: standards for conduct, performance and ethics' (NMC 2004B). This is an essential criterion for achieving 'fitness for practice' and therefore becoming eligible to be recommended for entry to the NMC's professional register.

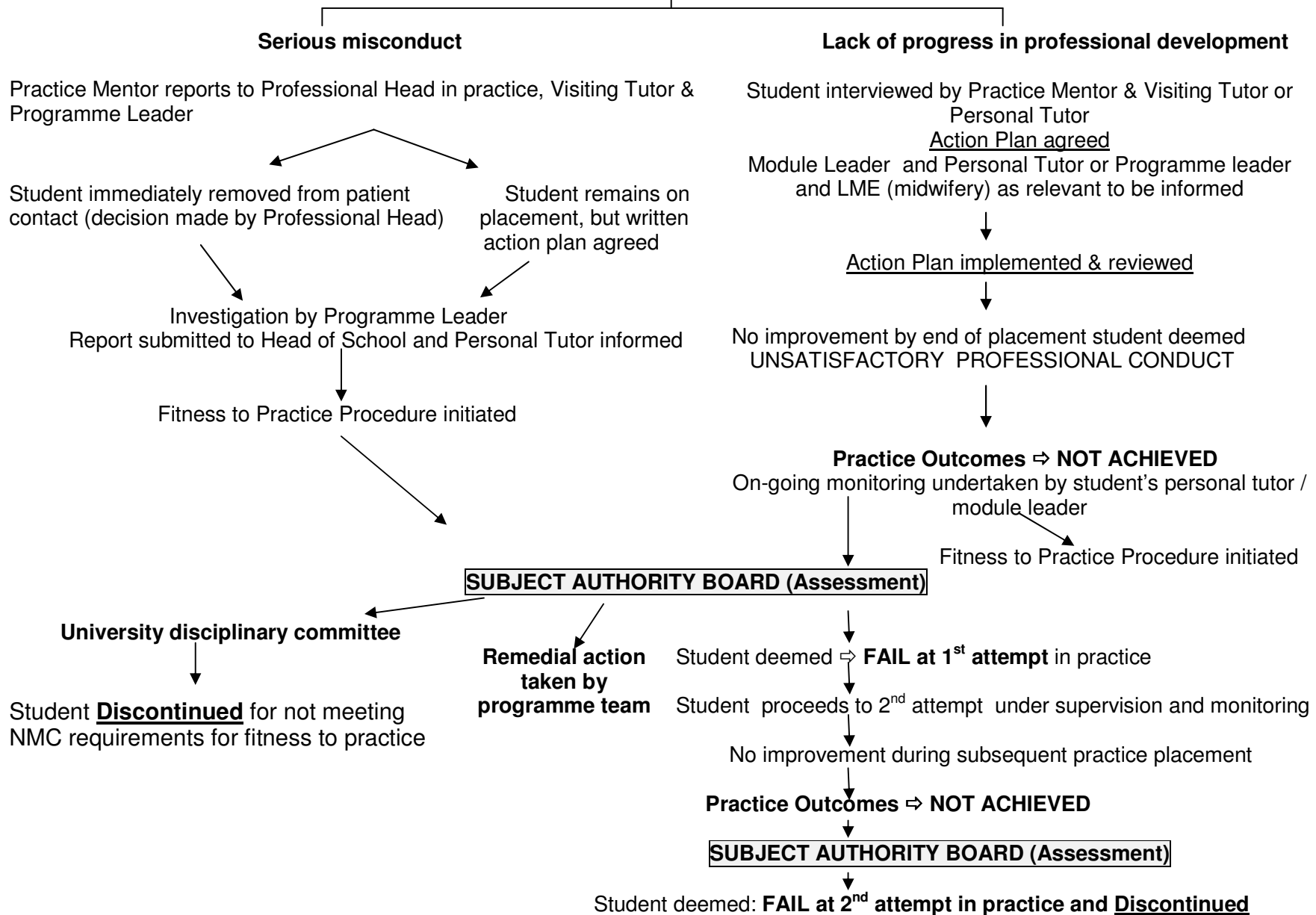
To manage this process of evaluation, a standard approach, which utilises a standard set of criteria, has been introduced to all pre-registration nursing and midwifery programmes. This facilitates equity for all students and provides a 'transparent process' to monitor, assess and summatively evaluate professional development and professional conduct.

Key points relating to the assessment of professional conduct:

- 1 Professional behaviour is an integral part of all practice assessments and is a considered component of a student's performance. This should be reflected appropriately, in comments related to the achievement of specific learning outcomes or competencies, both verbally and within the student's Continuous Assessment of Practice document.
- 2 Throughout a practice placement, practice mentors monitor students' professional development and conduct, providing feedback to the student at appropriate intervals. Where a student demonstrates inappropriate professional behaviour, the practice mentor should discuss this with the student and personal tutor (in the CFP) Visiting Tutor (in the Branch) and together they should devise an action plan to support professional development. This should also be discussed with the programme leader and module leader as appropriate.

- 3 Assessments of the stated learning outcomes throughout the placement, aggregate to form a focused, summative evaluation of professional conduct, which should be recorded on the dedicated Professional Conduct Evaluation page of the Continuous Assessment of Practice document. This should be completed by the student's practice mentor
- 4 The outcome of the summative, professional conduct evaluation will be reported to the Subject Authority Assessment Board, as a component of the practice assessment for the module undertaken, and subsequently, will be entered on each student's assessment record.
- 5 Where a student fails to meet a satisfactory standard of professional conduct the Subject Authority Assessment Board will decide the appropriate action, for example, that the student:
 - Fails the module – due to lack of progress in professional development
(e.g. – is uncooperative; unreliable in time keeping)
 - Is dismissed from the programme - in cases of serious professional misconduct
(e.g. – abuse of clients/patients; theft; fraud)
- 6 Professional conduct evaluations throughout the programme will contribute to an objective recommendation to the NMC for students to be admitted to the professional register, as well as references to prospective employers.
- 7 The School's Fitness for Practice Procedure can be invoked at any time.

Flow Chart: Process for dealing with unsatisfactory professional behaviour in students undertaking pre-registration nursing and midwifery courses
Professional behaviour is un-satisfactory in practice



Guidance for Professional Practice

Student performance - as set out in the practice assessment document	Behaviours reflecting satisfactory professional conduct	Behaviours reflecting unsatisfactory professional conduct	Guidelines for un-satisfactory evaluations
<p>Work in accordance with the Code of Professional Conduct (NMC 2004):</p> <p>a) Demonstrates appropriate individual professional behaviour</p> <p>b) Professional behaviour is appropriate when working with clients/patients</p> <p>c) Professional behaviour is appropriate when working within the care team</p>	<p>Student demonstrates awareness of the Code of Professional Conduct (NMC 2004) and for example, through practice:</p> <ul style="list-style-type: none"> Behaves in a responsible, positive and co-operative manner Adheres to all relevant policies and procedures Acknowledges own limitations and accepts constructive criticism Time keeping and related action are appropriate and fulfils on-duty requirements on placement Dresses appropriately for the place of work Maintains patient/client confidentiality Respects patients/clients, their property and the environment Safeguards clients' well-being Is considerate, sensitive and responsive to patients'/clients' needs Treats all patients/clients with dignity at all times Is respectful, co-operative and makes positive contributions within the team Is reliable, communicates and works collaboratively in the team Takes appropriate due regard to health & safety measures 	<p>Student lacks awareness of the Code of Professional Conduct (NMC 2004) and for example, in practice student:</p> <ul style="list-style-type: none"> Is irresponsible, uncooperative and displays negative attitudes Disregards relevant policies and procedures Lacks insight into own limitations and does not accept constructive criticism Time keeping, related action and information is poor Dresses inappropriately for the place of work Breaches patient/client confidentiality Is disrespectful to patients/clients, their property and the environment Places patients'/clients' well-being at risk Is inconsiderate, insensitive and unresponsive to clients' needs Is disrespectful, uncooperative and reluctant to contribute to the team effort Is unreliable, fails to communicate appropriately and does not work well in the team Lacks insight into appropriate health & safety measures 	<ol style="list-style-type: none"> All assessments will be decided by Subject Authority (Assessment) Board Failure due to gross professional misconduct (which for example places clients at risk) will result in immediate dismissal If student fails on placement, because of a professional practice conduct issue, they may proceed under close supervision for a 2nd attempt If student fails a 2nd attempt for inappropriate professional behaviour- this will result in dismissal

Placement Checklist for Mentors

Adapted from the Royal College of Nursing (2005)

Students at the end of their allocation will evaluate these criteria.

Expectations from a placement	Comments: Are these criteria achievable?
Preparation for placement	
Information about placement is sent to student in advance	
Student duty rota ready at least one week prior to placement	
An updated named mentor is allocated prior to student commencement	
The learning outcomes for the placement and mentor's responsibilities to help the student achieve them are clearly understood	
There are adequate resources to facilitate the student's learning	
The student is met by an appropriate member of the team	
During placement	
Student supported by a named supervisor when mentor unavailable	
The placement enables the student to apply their knowledge with the necessary practice skills and competences	
The practice assessment documentation is understood (CAP)	
The student has access to a menu of learning opportunities	
The student is able to access opportunities to apply module's theory into practice	
The student becomes valued within the team	
Other members of the practice team can contribute to the student's learning	
Assessment and Progression	
The practice assessment process is fair	
Placement interviews are performed at appropriate times	
Representatives from the university involve practice staff / mentors during their visits	
Feedback given to students can be used to inform their practice	
Appropriate time allocated to complete assessment documentation	

Roles and Responsibilities of Key University Staff Related to Placements

Programme Leader:

- Has overall responsibility for the management and co-ordination of a specific University programme
 - For example the Dip HE Nursing Programme or the BSc (Hons) Nursing Programme
- Is required to ensure that the programme is delivered as validated and approved and for ensuring that all the requirements of the University and the Professional / Statutory Bodies are complied with

Module Leader:

- Is responsible for the delivery of the module content
- Is responsible for the organisation of the visits to students whilst they are on placement
- Is responsible for the academic assessment of students' learning
- Liaises with placement facilitators to discuss the availability of relevant placements

Lecturers:

- Teach and sometimes lead, a specific module, which makes up part of the student's specified programme
- Most modules involve learning outcomes to be achieved in a placement. In this case, the lecturer may visit the student in the placement (Visiting Tutor)

Visiting Tutors:

- Meet with students and their mentors to encourage work-based learning
- They ascertain the development of skills, knowledge and attitudes required within the placement
 - Examples of the student's work might be discussed
 - Action planning can be a focus for a visit and any problems or questions can be discussed.
 - The CAP book may also be a focus for discussion

Link Lecturer

- The Link Lecturer may or may not be the Visiting Tutor supporting students whilst they are on placement
- The designated Link Lecturer is the primary focus for the dissemination of educationally relevant information between the placement and the University
- They facilitate the development of the placement's educational environment for nursing students this may include contributing to the updating of mentors
- They ensure Module Leaders and Placement Co-ordinators (Academic staff) are kept informed about any changes in the nature of placements used, through the production of the annual placement audit/profile
- They work with placement staff and Placement Facilitators in relation to issues arising from student and staff evaluations of the module as received by Module Leaders and lecturers through the evaluation process

Personal Tutor

- Each student has a named Personal Tutor who will usually remain in that role throughout the student's Programme
- Specifically supports students throughout their programme in relation to academic, professional and personal development
- Acts as a first point of contact for the student with queries relating to her/his chosen programme
- Advises the student on other available student support mechanisms and how these can be accessed
- Meets the student during the induction or as near as possible to the start of the student's programme of study and supports the student in making the transition into higher education
- Visits the student during the Common Foundation Programme
- Refers students as necessary to University regulations and ensures that students are familiar with relevant University procedures
 - Including those for the submission of extenuating circumstances and the handing in of assessed work
- Guides and monitors students' progress in relation to academic achievement, the development of their portfolio and their general professional development
- Advises the students on their options with regard to failure in any assessments
- Reports student progress to Programme Leaders prior to each Subject Authority Board
- Notifies the Programme Leader of any prolonged absence that is likely to have a serious impact on a student's achievement
- Writes the student's references

References and Recommended Reading

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This information pack was produced as a result of close collaboration between De Montfort University staff from the School of Nursing and Midwifery and Placement Facilitators from University Hospitals of Leicester Trust, Leicester City Primary Care Trust, Leicestershire County and Rutland Primary Care Trust and the Leicestershire Partnership NHS Trust.