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mentoring

a resource for those who facilitate placement learning

Developed by
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Definitions

Placement learning

“is a planned period of learning, normally outside the institution at which the student is enrolled, where the learning outcomes are an intended part of a programme of study. It includes those circumstances where students have arranged their own learning opportunity with a placement provider, with the approval of the institution...”

(Quality Assurance Agency QAA (2001), Section 9 pg 4, *Code of Practice for the assurance of academic quality standards in Higher Education Institutions*)

Accessed on 24.6.05

www.qaa.ac.uk/academicinfrastructure/codeOfPractice/section9/PlacementLearning.pdf

Facilitation roles

Those who facilitate placement learning undertake a variety of roles which may include support, assessment and facilitation of learning. There is a wide range of role titles that describe these roles including: Assessor, Mentor, Practice Educator, Preceptor, Clinical Teacher, Associate Mentor, Clinical Educator or Practice Teacher.



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The contents of **Mentoring: a resource for those who facilitate placement learning** have been drawn up by the Practice Education Group of the School of Health and Social Care, Oxford Brookes University. We have tried to ensure the accuracy and completeness of the content and the information contained in the Handbook but we do not warrant that it is accurate, complete or up to date and we accept no liability for any use made of the Handbook. This Handbook is intended only for general and informational purposes.

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How to use this resource



It is not intended that you sit and read the complete text.

Instead you can use this resource as a **'toolbox'** to support you in performing and developing in your role.

It has two functions:

1. To provide **ideas** and **suggestions** on issues relevant to your role and to help in your personal and professional development
2. To provide **information** that will help you in your role

Start by identifying:

What are the **gaps** in what you know and understand?

What are your **skills** and **strengths**?

What **areas** could you develop?

Look in the **Table of Contents** for relevant content

Read the relevant section

Discuss your learning/clarify any areas of concerns with peers, colleagues and university staff

Identify any further gaps and seek support from peers, students and university staff

Identify any further training needs or information requirements

Look at the **Links to theory** sections of this resource handbook

What's in it for me?



The benefits of supporting students in placement

“It **challenges you**”

“It can **help your professional development** – students question you!”

“You get to **share what you know**”

“You **develop new skills** that you can use in practice such as teaching, explaining, assessing”

“It helped me to get more **job satisfaction** as I could improve my own practice”

“It eventually impacts on **benefiting client care** as working with a student helps you **reflect on your own practice** and being asked questions helps you to **learn more**”

“The students can **access up to date articles** and can share with you what they have done in their lectures... so you can update on things quicker”

“We **employed** one of our ex-students, she remembered her placement and wanted to come back”

“**Improves morale**”

“It may sound a bit over the top..., but you **influence and shape** the type of professionals that are coming out [into practice] – it keeps it real!”

“Students see things with **fresh eyes** and so can notice things that you don't”

“It helps **remind me** of some of the things I thought were important in my profession”

Preparing for the student

Prior to the placement have you...?	Tick
1. Thought about and discussed overall factors that influence the placement – such as other students/ staffing/organisational issues with your manager/team/university staff.	
2. Gained basic information regarding the student <ul style="list-style-type: none"> • Student's name • Stage of programme/course • Any specific or additional student support requirement • Time/arrangements for 1st meeting • Dates of the placement experience? • Location of the placement experience? 	
3. Clarified and understood your role <ul style="list-style-type: none"> • The specific roles and responsibilities • The professional body requirements • Accountability structures • Support networks • Be aware of any relevant policies/guidelines • Where to access detailed and further specific information 	
4. Identified learning opportunities – What's on offer? <i>*See section on learning opportunities</i>	
5. Asked the appropriate individuals from the university or within your organisation if you are unclear on any of the above	

Links to theory

Royal College of Nursing (2002) *Helping students get the best from their practice placements*. London. RCN

<http://www.rcn.org.uk/publications/pdf/helpingstudents.pdf>

Accessed on 26.6.05

Chartered Society of Physiotherapists (2003). *Clinical Education Placement Guidelines* (Ref: CE 02). London. CSP

<http://www.csp.org.uk/libraryandinformation/publications/view.cfm?id=303>

Accessed on 26.6.05

Top tips:

identifying learning opportunities

Students need to know 'what's on offer' in the placement in order to identify their personal goals, meet the module learning outcomes and/or placement competencies.

These 'learning opportunities' help the student to identify how this can be done.

- Look at information that may be already available about your placement as a learning environment.
- Consider broadly the level and focus of the students you will be supporting.
- Think of your own role and what you know, do and believe
 - This may relate to knowledge, skills & attitudes.
 - Discuss this with others where you can.
- Ask prior students what they think the placement has to offer.
- Consider the assessment criteria and relate potential learning opportunities to it.

* Example learning opportunities

- * Care of clients with particular problems/conditions
- * Attendance at ward rounds/case meetings
- * Go to clinics/theatres/associated departments
- * Spend time with a specialist practitioner or another professional
- * Follow a client through from assessment to discharge/transfer
- * Carry out particular procedures/interventions
- * Examine the client perspective of a procedure, condition or experience

Learning objectives or goals

Once students know 'what's on offer' they may need to set their own learning objectives. These should complement/reflect the module learning outcomes, but be personalised enough to meet their own learning needs.

Objectives or goals should be **SMART**:

Specific
Measurable
Achievable
Realistic
Timely

Knowledge may be demonstrated in the following ways:

Discuss, recognise, identify, describe, explain, list, analyse, critically appraise, reflect.

Skill may be demonstrated in the following ways:

Apply, demonstrate, assess, evaluate, plan, document, develop, show, communicate.

**Think about the level of the student and the complexity of the skill*

Students will progress from observation, to participant observation to full participation.

Attitudes may be demonstrated in the following ways:

Appreciates, respects, demonstrates, accepts and acts, behaves, reflects, values, is aware of, acknowledges, is proactive, is motivated, seeks out.

Broader areas of development may be demonstrated:

Create, apply, prioritise, advise, teach, supervise, delegate, compare, plan, explain, organise.

* Example learning objectives

written by students

- * Find opportunities to develop my listening skills and to get feedback on the success of this from clients and colleagues within 2 days of carrying out an activity
- * Ask staff for feedback (at least weekly) on how well I use my initiative in prioritising care
- * Demonstrate care of a (specific) client group on a specific day and document this care accurately
- * Manage safely and sensitively (specific) common client issues/problems
- * Demonstrate skill and discuss understanding of (specific) therapeutic activities and the impact of these on the client
- * Discuss (specific) knowledge underpinning various (specific) interventions
- * Demonstrate skill in managing/maintaining (specific) equipment and be able to give a rationale
- * Show understanding and/or skill in (specific) procedures

- * Accurately document a full client assessment on 3 occasions demonstrating a client focussed approach
- * Develop effective relationships with clients, families, multi-professional teams and get feedback on the success of this
- * Recognise the value of and use evidence for practice by discussing and sharing issues
- * Teach (specific topics) and undertake (specific) health promotion activities within 1st half of placement
- * Appreciate and demonstrate empathy/caring/comforting approaches
- * List the effects/impact of (specific) interventions/drugs etc
- * Explore the client experience of (specific) illness, problem, intervention
- * Identify and discuss broader resource issues that impact on care in this setting

Links to theory

Taxonomies or levels of learning: Bloom's Taxonomy classification

Atherton JS (2004) *Teaching and Learning: Bloom's taxonomy* [On-line] UK: Available: <http://www.learningandteaching.info/learning/bloomtax.htm>
 Accessed: 21.07.05

Bloom BS (ed.) (1956) *Taxonomy of Educational Objectives, the classification of educational goals – Handbook I: Cognitive Domain* New York: McKay

Setting objectives

How to write learning objectives.

<http://www.adprima.com/objectives.htm>

Accessed on 26.6.05

Writing learning objectives.

<http://www.oucom.ohiou.edu/fd/writeobjectivepresent.pdf>

Accessed on 26.6.05

University of Central England guide to writing learning objectives

(relating to Bloom's taxonomy)

<http://lmu.uce.ac.uk/outcomes/outcomesprint.htm>

Accessed on 26.6.05

Ideas for orientation to the placement



This is one of the most important opportunities for you to develop a good relationship with the student - plan time on your first day for this and you will 'appreciate the benefits'.

Use any existing written orientation information or consider developing your own.

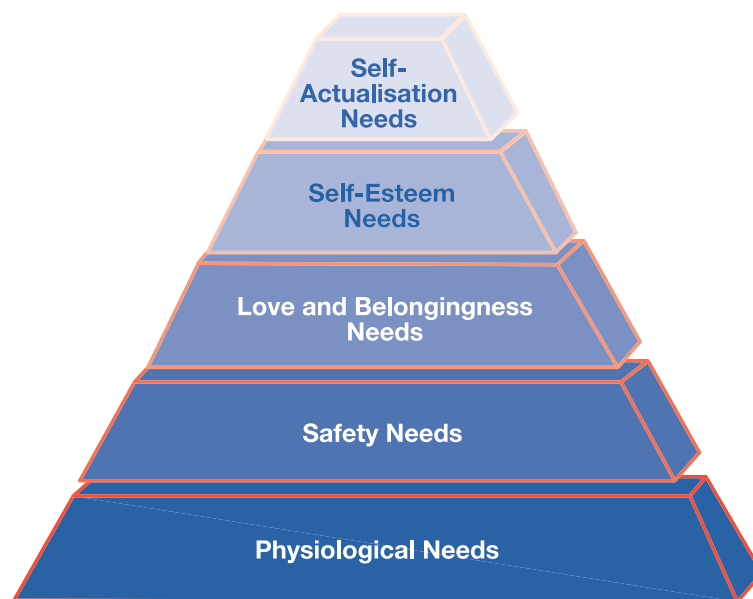
Remember ... First impressions count!

<p>Think of the practicalities:</p> <ul style="list-style-type: none"> • Identify when you can work together • Identify alternative arrangements if you can not work together • Check any university pre-requisites/ requirements for practice • Swap contact details • Give an overview of the placement – organisation, models • Discuss dress requirements/policies • Talk informally about what the student can/can't do on placement • Refer to the location of key policies and procedures including health and safety issues • Explain the routines of the placement/staff including hours/breaks • Introduce student to key people (including multi-professional team) • Show the student the placement location (if relevant) discuss transport/parking etc. • Identify any available resources: libraries/computers/books etc. • Arrange for future meetings 	<p>Get some background information:</p> <ul style="list-style-type: none"> • Ask if they have any particular support needs (see section on inclusion and diversity) • Are they aware of support networks? • What the student has previously done – prior placements/ experiences • What previous feedback did they have – how did they deal with it? • What do they consider their specific strengths and areas for development (what have they previously enjoyed/avoided)? • What do they want to experience/ see/do/develop? <i>*See ideas on setting learning objectives</i> • What are their concerns regarding the placement – potential fears and anxieties? • How do they usually achieve their goals – take responsibility? • What do they have to achieve? • What are their deadlines?
<p>Start to build the relationship/ initial meeting:</p> <ul style="list-style-type: none"> • Tell the student about yourself as a person and a practitioner • Ask them about themselves as a person and as a student • Share previous experiences of 'mentoring' and 'being a student' • Think about how you best like to facilitate learning – share 'top tips' for a successful relationship • Ask the student about their previous likes/dislikes about previous placement relationships (what worked for them!) • Find out about any anticipated blocks to their learning • Discuss how you would like feedback on your performance and what opportunities there will be for that. • How and when will you reflect on the learning experience • Discuss how to deal with problems and the associated responsibility/accountability • Start to think about action planning/goal or objective setting 	<p>Your own ideas</p>

Top tips:

successful placement relationships

- Are your students' basic needs met first – comfort (physical and psychological) including access to information, uniform, breaks etc?
- Have you addressed their concerns/fears and practical problems such as travel?
- Do they feel some sense of belonging – have they been introduced to the team – do they have any family/personal issues that may impact on their learning?
- What is their personal motivation like? Is anything hindering their learning?
- What motivates them/interests them on a personal level and in the profession?



Maslow's "Hierarchy of needs": currently unsatisfied but felt needs are motivators

Figure 1. Maslow's Hierarchy of needs.

MASLOW A (1987) *Motivation and Personality* (3rd edition) New York: Harper and Row

Principles of Adult Learning

1. **The need to know** - Adults need to know why they need to learn something before they undertake it. Others can facilitate the reasons for knowing things by raising awareness and acting as role models.
2. **The learner's self-concept** – Adults have a self-concept of being responsible for their own decisions and lives. There is a deep need to be seen by others as being capable of self direction (but, if something is labelled 'education' we start to behave as if we are at school! i.e. learner = dependent).
3. **The role of the learner's experience** – It is important to use the volume and quality of the learners experience and background including learning style, motivations, needs, goals and interests. Using experiential techniques such as group discussion, simulation, problem solving exercises, case studies can be useful. Care should be taken to ensure that experience hasn't closed us off to new ideas/fresh perceptions etc. Using student's own experience is important for their self-identify (our experience is who we are!).
4. **Readiness to learn** – This means we are ready to learn things we need to know in order to function or cope with real life situations.
5. **Orientation to learning** – Children are subject-orientated and adults are life-centred, task-centred or problem-centred. We learn new knowledge, skills and attitudes best in the context of real life application.
6. **Motivation** – External motivators like promotion offer some motivation to adults. Whilst the best motivators are internal like job satisfaction, self-esteem, quality of life, growth and development, these are often blocked by negative self concept, lack of resources and programmes that violate adult learning principles.

Adapted from: Knowles M (1990) *The Adult Learner: a neglected species*. Houston. Gulf Publishing

Links to theory

Placement learning guidance:

DOH & ENB (2001) *'Placements in focus' guidance for education in practice for health care professions*.

<http://www.nmc-uk.org/nmc/main/publications/places.pdf>

Accessed on 26.6.05

Royal College of Nursing (2002) *Helping students get the best from their practice placements*. London. RCN

<http://www.rcn.org.uk/publications/pdf/helpingstudents.pdf>

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<http://www.csp.org.uk/libraryandinformation/publications/view.cfm?id=303>

Accessed on 26.6.05

Adult learning theory:

GP trainers course website; adult learning and course design
http://www.trainer.org.uk/members/theory/planning/course_design.htm
Accessed on 21.7.05

Characteristics of adult learners
http://www.trainer.org.uk/members/theory/learner/adult_learners.htm
Accessed on 21.7.05

Humanistic theory/motivational hierarchy:

Deeper mind – An overview of Maslow's hierarchy of need
<http://www.deepermind.com/20maslow.htm>
Accessed on 26.6.05

NGfL (National Grid for Learning) website: Motivation to learn
<http://www.learningandteaching.info/learning/motivation.htm>
Accessed on 21.7.05

Revision Notes website: Personality Theories – Carl Rogers' Self Theory
<http://www.revision-notes.co.uk/revision/72.html>
Accessed 21.7.05

Maslow A (1987) *Motivation and Personality* (3rd edition) New York: Harper and Row

Roles and responsibilities

There is a lot of overlap with terminology regarding roles and responsibilities for facilitators of placement learning.

You may come across any of the following roles:

Practice educator, practice teacher, mentor, coach, preceptor, supervisor or assessor.

*** See your own professional bodies role requirements for more detailed role outlines*

Nursing and Midwifery

<http://www.nmc-uk.org>

The Chartered Society of Physiotherapy

<http://www.csp.org.uk/libraryandinformation/publications.cfm>

British Association for Social Workers

<http://www.basw.co.uk>

British Association for Occupational Therapists

<http://www.cot.co.uk>

Association of Operating Department Practitioners

<http://www.aodp.org>

British Paramedic Association

<http://www.britishparamedic.org>

What do students want from you?

According to a research study, student views on the qualities required are as follows:

- Support the student rather than breathe down their neck.
- Encourage and allow involvement and participation in patient care rather than just observation.
- Show confidence in the student's abilities and trust them to do things unsupervised.
- Form a relaxed relationship with their student.
- Take time every day to let the student do or observe something and not assume that because they were in a certain semester they would have already seen or performed it.
- Regardless of the student's stage in the programme, have an initial discussion, preferably on the first day to determine what the student's present abilities are and their intended learning outcomes for the placement.
- Ascertain what the student requires as an individual to meet the required learning outcomes.
- Clarify ground rules on both sides and discuss the opportunities available to meet desired learning outcomes.
- Remember to tell the student if there is anything particularly interesting happening on the placement.

- Allow the student some independence by giving more guidance at the beginning of the placement and then standing back to let the student show initiative and self-motivation.
- If you are off-duty, make arrangements with other members of staff to look out for them rather than have the student feel abandoned.
- Think carefully about the duty rota in terms of arranging shifts to allow the student and you to work together.

(Gray & Smith 2000 p1547, adapted)

Gray M & Smith L (2000) p1547. The qualities of an effective mentor from the student nurse's perspective: findings from a longitudinal qualitative study. *Journal of Advanced Nursing*. 32 (6) 1542-1549

Facilitation skills



In the past few decades there has been a move away from traditional 'teacher led' (didactic) ways of imparting knowledge towards methods where the educator becomes a 'facilitator' of learning (Loftus-Hills & Harvey 2000).

The term facilitator comes from the Latin 'facilitas' meaning 'easiness', and the verb 'to facilitate' means 'to make easy, promote or help forward'.

From this it can be suggested 'facilitation' describes the process of enabling students to learn and to adapt or change their behaviour by:

- providing a helping hand
- removing obstacles
- creating a smooth pathway for the students to pursue their learning journey.

Facilitation is a style of teaching which stems from the work of the psychologist Carl Rogers. He developed ideas in understanding how students learn most effectively, including student-centred learning which is non-critical, non-directive, self-directed, reflective and where students are involved in the learning process (Rogers 1969, Brookfield 1986).

Bentley (1994) highlighted the difference between teaching and facilitating learning when he noted that:

facilitators concentrate on providing the resources and opportunities for learning to take place, rather than manage and control learning

A facilitator is neither a 'content expert' nor a lecturer.

Top tips:

facilitation

- **Prepare**

Set the initial mood or climate.

Help identify students' needs.

Organise and make accessible a wide range of resources for learning.

Be aware of the students' learning style but help the students to work outside the confines of their chosen learning style.

- **Be clear of your role as a facilitator**

Keep the student focused on the task and process.

Encourage participation but remember that individuals participate in different ways. Some may talk very little, but they are still participating. Others may wish to talk constantly and may be contributing little.

Help make connections.

Share opinions, but do so in ways that do not demand nor impose but represent simply a personal sharing which students may take or leave.

Do not do the work for the student. Learning is more effective and lasting if the individuals discover on their own (learning by doing).

Spend time ensuring that the student grasps the tasks and concepts.

Recognise and accept your own limitations.

Relax.

- **Adopt a facilitative approach**

Listen more than talk.

Ask frequently if there are questions - When you ask a question allow time for students to think before answering.

Be sensitive to gender and culture.

Encourage critical thinking.

Remain as objective as possible.

Be alert to signs of confusion and review tasks which are causing confusion.

Do not feel you must be an expert. Remind the students and yourself that you are a facilitator, and use their expertise and experience.

Ask another student for their ideas on a question, do not feel you have to answer it yourself.

Be flexible. Keep depth and breadth of content flexible. Changing something does not mean you planned poorly, but probably means you are listening, watching and adjusting your plans to fit the situation.

Facilitative or directive approaches

The decision about which approach is suitable depends on your situation. Students will generally learn more if a facilitation approach is adopted, so you should work towards this when you can.

Directive

Facilitative



Use when:

- Aims and objectives are unclear and will be difficult to clarify.
- There are very tight time constraints.
- The culture/atmosphere is one of suspicion and insecurity.
- The attitude towards information is one of limited access and concealment.
- Your facilitation skills are undeveloped.

Use when:

- Aims and objectives are crystal clear or are capable of clarification.
- Sufficient time is available or can be made available to meet the aims and objectives.
- The culture atmosphere is one of openness and trust.
- The attitude towards information is one of accessibility and transparency.
- You are confident in your facilitation skills.

From Bee and Bee (1998 page 18)

Sharing your expertise with the student

It is worth considering that if your learner is a novice and you are an expert, you may have to be more explicit in explaining your thought processes as you may learn in different ways.

Novice Students

- recognise facts
- learn and follow rules
- compare similar and different
- attend to separate pieces of information
- recognise behaviour but cannot attach meaning
- still see a situation as a set of facts
- lack flexibility and creativity

Experts

- have a sense of direction and vision
- are able to deal with unfamiliar situations
- modify initial findings and think analytically
- have an intuitive grasp of most situations
- may have a thorough understanding based on reflective experience

Sharing the moment

An excellent opportunity for sharing your expertise with a student may be during the assessment of a complex client.

As an expert you will “reflect in action” and modify your approach during the assessment of the client. An example of how you might share your problem solving and reasoning approach might be as follows:

“It could be ‘A’ or ‘B’ that is causing the problem.

If I do this test this should provide a positive result if this is the cause. However if the test provides a negative response then this will rule out ‘A’. If I then test ‘B’ using this other test and I get a positive result then this would implicate ‘B’ as the cause of the problem”

By stating your reasoning and reflection the student will learn the relevance of the information obtained and how the information is integrated into the overall picture of the patient.

This process demonstrates how initial thinking is modified through an analytical approach.

It will provide the student with confidence to deal with unfamiliar situations by helping them to develop a more flexible and creative approach to the assessment of their clients.

Coaching – responding to students’ questions

Coaching is a different approach to problem solving and will empower the student

If the student wishes to know something they will usually approach you expecting you to provide an answer.

Coaching is useful for developing the problem solving and reasoning abilities of students. It provides an insight into the depth of the student’s knowledge and reasoning, which is not provided by responding to questions with straight answers

- **The approach entails listening positively (good eye contact, open posture).**
- **Respond to their questions in a way that assists them to solve the problem using their own resources of knowledge and experience.**
- **The process is one of responding to the students questions with a question.**

for example:

“What do you think you can do that will influence the patient’s pain?”

Depending on the response, this may be followed up by the following question

“OK, so if you do that to the patient, what effect will that have on the structures causing the pain?”

This can be frustrating for the student until they get used to producing the answers that will lead them to an appropriate resolution of the problem.

Links to theory

Bee F & Bee R (1998) *Facilitation Skills*. IPD: London

Bentley T (1994) *Facilitation: Providing Opportunities for Learning*. McGraw Book Company, Maidenhead

Brookfield S (1986) *Understanding and facilitating adult learning: A comprehensive analysis of principles and effective practices*. San Francisco: Jossey-Bass

Dreyfus H & Dreyfus S (1985) *Mind over machine: The power of human intuition and expertise in the era of the computer*. New York, Free Press

Heron J (1999) *The Complete Facilitators Handbook*. London, Kogan Page

Hogan C (2002) *Understanding Facilitation*. London: Kogan Page

Hunter D, Bailey A & Taylor B (1999) *The Essence of Facilitation: Being in Action in Groups*. Tandem Press, Auckland, New Zealand

Kiser A (1998) *Masterful Facilitation: Becoming a Catalyst for Meaningful Change*. American Management Association, New York, USA

Loftus-Hill A & Harvey G (2000) *A review of the role of facilitators in changing professional healthcare practice*. RCN Institute, Oxford

Quinn F (2001) *Principles and Practice of Nurse Education* 4th Ed. Cheltenham, Nelson Thornes

Rogers C (1969) *Freedom to learn*. Columbus: Ohio

Schon DA (1987) *Educating the reflective practitioner: toward a new design for teaching and learning in the professions*. San Francisco, Jossey-Bass, Inc

Teaching or developing skills

clinical or professional

Students are constantly learning skills by observing you as a role model and practicing those skills. Sometimes you will need to adopt a more formal approach to teaching skills – this next section offers some ideas.

Clinical skills will vary from simple to complex and students will vary from novices with a limited range of skills to experts who have developed a wide range of skills.

Various authors define clinical skill as physical or psychomotor skills (Love 1989, Bachman 1990 Bjork 1999). Bradshaw (1994) disagreed with this, arguing that physical, social, psychological, and spiritual care is actually an integrated whole and cannot be separated.

A clinical skill should bring together both theory and practice, it is not just being able to do something, but also about understanding the rationale that underpins the action.

Top tips:

teaching or developing skills

- **Break down the skill**
Although you can teach a skill as a whole, there are so many components that you and the student may agree that it is best learnt part by part, gradually integrating these into a single skill.
- **Repeat and practice**
Mastery is only acquired with repeated practice, so the facilitator must be clear what minimum standard of practice is acceptable to ensure client comfort and safety.
- **Resist the urge to intervene**
Having placed the student in the role of novice practitioner, the facilitator must resist the urge to take over for reasons other than putting the client at risk. During the session students may feel exposed, vulnerable and anxious and will benefit from prompt and consistent feedback on their performance. This will help both you and the student to identify where they are with that particular skill acquisition.

Potential problems



Be prepared for potential problems in developing or learning skills by being aware of them:

Students

Many students will feel very anxious about learning new skills in the placement setting.

The presence of a client means that the student cannot just focus on learning the skill, as they have to also interact.

Fear of the consequences of getting it wrong, looking silly, receiving poor evaluation, not being 'up to the job' may inhibit learning.

Students are also aware that they take longer than a trained member of staff. They often feel guilty about this, especially if other staff comment on the length of time taken or how busy things are.

Staff

Not all staff will feel confident about more formal teaching due to the lack of adequate preparation or conflict between the caring and teaching role.

Staff may doubt their own skill or have difficulty expressing the rationale.

Time is sometimes an issue and so time management skills need to be developed. This includes planning for teaching and evaluating.

Client safety is of key importance and teaching should never conflict with this.

General strategies for teaching skills

The following general strategies and frameworks will help you prepare for and develop your skills teaching:

1. Identify the student's stage of development:

- What course are they undertaking?
- What part of the course are they in?
- Which semester are they in?
- What knowledge and skills do they already possess?
(this allows you to identify what is 'known' and to develop a planned programme of skills teaching)

2. Consider the resources available:

- Not all learning environments can provide the student with all the opportunities all of the time and it is also not always appropriate for a student to develop a particular skill at a particular time.
- Think about what is essential, what is desirable and what is possible. In the placement it may be useful to identify core or essential skills pertinent to that placement and the students stage of development.
- You should also consider any skills the student needs to demonstrate as identified in learning outcomes or competencies or other assessment frameworks and prioritise these.
- You may also need to consider availability of equipment and/or other staff.

3. Preparation

• Where possible provide a safe environment:

This may be in a controlled environment such as a skills lab or quiet room rather than in practice (especially for the first time). This will reduce anxiety for both the student and staff. The skill will at some time need to be transferred to the placement.

• Encourage the student to plan and reflect:

The student should be encouraged to consider the activity they are about to undertake, so that they can set the new knowledge and skills within the context of their existing knowledge.

• Discuss the skill in advance to anticipate problems or concerns:

Fully or partially rehearse the skill. Mental and or psychomotor aspects of a skill may be rehearsed beforehand in a safe environment for example a skills laboratory or quiet room.

• Analyse the task:

Take a step back and analyse what is happening. You may be so familiar with the action that you can no longer identify what is done when practising this skill.

• Break down the skill into its component parts:

This means that each sub routine of the skill can be identified. By doing this you should be able to instruct the student in the manual operations required at each step and to identify what essential knowledge is necessary. Sometimes it is helpful to write this down.

Fitts & Posner (1967) theory of skills acquisition (adapted)

What the student needs	What the facilitator can do	Skills acquisition theory (Fitts and Posner)
To know why and when	Explain the relevance and context. Give examples. Encourage the acquisition of background theory. Test understanding.	COGNITIVE PHASE
To know what the skill is	Watch the skill with the student or perform the skill and explain actions to the student. Repeat as necessary. Use cueing to focus attention.	
To know they can do it	Reassure and support, perhaps share their own experiences of learning the skill. Reduce stress.	
To know how they can do it	Plan the learning experience with the student based on the skills analysis. Work out goals and criteria for successful performance on the way to mastering the skill.	
To practice	Organise space and time, consider simulation in the early phase (less stressful). Practice that is spaced is more effective than a lot of practice all at once.	
To eliminate errors	Give immediate and constructive feedback using the criteria agreed for competence.	
To be secure	Give positive reinforcement. Try to control the environment to reduce stress.	ASSOCIATIVE PHASE
To link subroutines or part skills		
Perform the skill	Step back, keep colleagues informed.	AUTONOMOUS PHASE
Evaluate self	Aid reflection.	
Generalise	Help the student explore other uses for the skill.	
Adapt/personalise the skill	Give permission, support.	
To learn more complex skills	Be prepared for the student to be better than you.	

Studdy et al (1994) integrated skills teaching model

This is based on Kolb's (1984) learning cycle and aims to:

- integrate theory and practice & the art and science of nursing
- use a problem solving approach
- adopt a student-centred learning approach.

Stage 1 - Exposure to an experience which involves a skill.

The skill is demonstrated at normal speed as part of a scenario that represents a realistic situation or a real live situation. This ensures the students do not perceive the skill in isolation.

Stage 2 - Exploration and elaboration.

Teacher and student discussion where the skill is explained and elaborated upon and links to theory are made more explicit. Within this stage students' experiences from clinical practice can be discussed in relation to any differences noted or personal experiences.

Stage 3 - Experimental stage.

Students practise the skill in a systematic and critical way under the supervision of a teacher who provides the students with feedback and reinforcement which Quinn (2000) states is vital for skill development.

Stage 4 - Evaluation.

A short discussion takes place to evaluate and share experiences. The aim of this evaluation process is for students to ascertain their needs in relation to this skill and identify where they need to enter the cycle next time.

Stage 5 - Skill acquisition.

The students then dip in and out of the cycle at varying points until skill acquisition has been achieved. Students will reach this point at varying times, therefore once skill acquisition has been achieved the cycle has ended. However continuing learning will occur in relation to the skills taught as they are used in the learning environment as practice evolves.

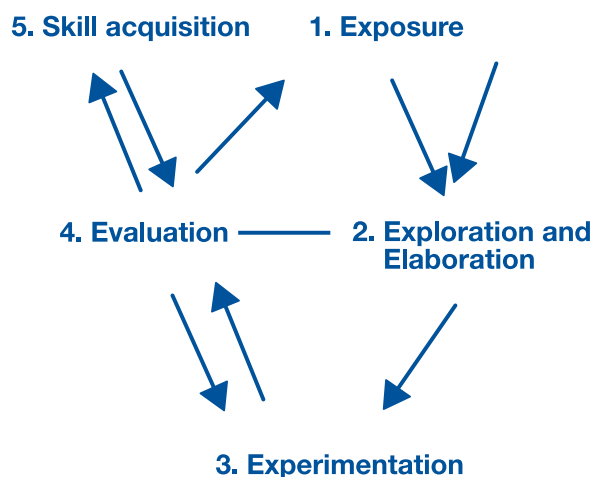


Figure 2. Integrated Skills Teaching Model (Studdy et al 1994)

Peyton (1998) four stage model

Peyton (1998) described a widely advocated model for teaching clinical skills in a simulated environment, however it can also be used in the placement. It is known as the 'four stage approach' and has similarities to Studdy et al (1994) model.

Stage 1 consists of a demonstration of the skill at normal speed, normally with no explanation.

Stage 2 is repetition of the skill with full explanation at the same time encouraging the student to ask questions. (A video approach can be used for the first two stages; this ensures consistency and is less resource intensive, if used in a simulated environment).

Stage 3 is where the demonstrator performs the skill with the students providing the explanation for each step and being questioned on key issues to ascertain student understanding. This step can be repeated several times until the demonstrator is happy that the student can link the theory to the skill.

Stage 4 is when the students practise the skill under close supervision describing each step before it is taken. Peyton (1998) agreed with other educationalists that the students must be given constructive feedback and allowed time for reflection and practice of the skills to ensure learning takes place.

Peyton (1998) suggested providing an itemized checklist especially if self directed learning (SDL), or peer assessment approach is used to act as adjunct to learning by aiding analysis of performance.

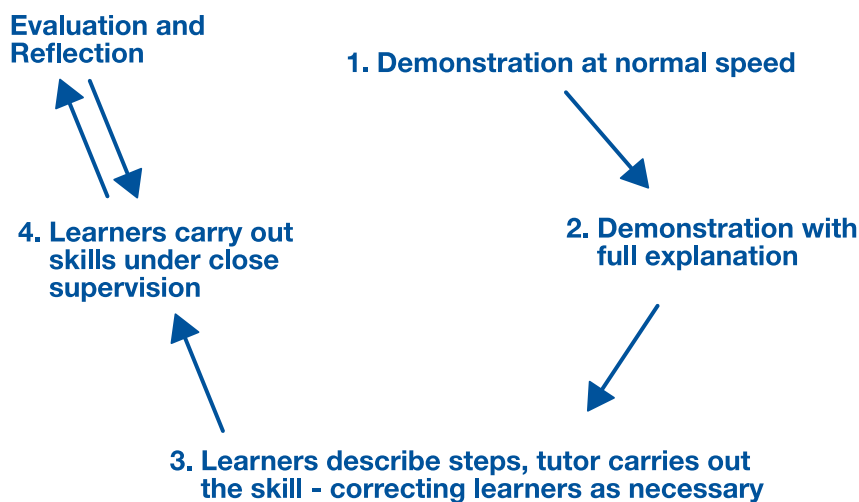


Figure 3. The four stage approach to teaching skills (Peyton 1998)

Assessing skills

Most evaluation methods rely on subjective judgements by the observer in the placement setting. There are dangers of bias, and a tendency to judge against other students' performance (norm-referenced) rather than criterion-referenced assessment. These problems are most obvious when the teaching is not structured.

However, if clear learning goals and outcomes are identified when planning skills teaching this can be largely eliminated.

See further information in the assessment section of this resource

Links to theory

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Role modelling

You are always a Role Model!

Your own view of the profession was probably developed as a result of observing and interacting with others. Think of the impact you are having!

Students learn in different ways and using a range of approaches to facilitate their learning helps them to develop their knowledge skills and attitudes.

Role modelling is a valuable way of learning, that is not always recognised.

Wright and Carrese (2002) developed a model of what is needed to be a role model:

- Professional skills
- Good behaviour
- Ability to cope with difficult situations

Top tips: role modelling

- Recognise and discuss your fears especially relating to making mistakes.
- Imagine a film crew are filming you as a marketing tool for your profession – would you change anything you do!
- Imagine every conversation is being taped would you say anything differently.
- Ask the student what their observations and impressions are after spending time with you.
- What behaviours do they see that are consistent to all?
What are the differences that they have observed?
- Discuss with the student how they will constructively address any observations of practice they think are unacceptable or inconsistent.
- Be aware of your influence and the influence of the multi-professional team. Students will learn what is acceptable or unacceptable behaviour from you such as:
 - Dealing with problems constructively vs gossiping
 - Adopting holistic vs task focussed approaches
 - Following rules & policies vs ignoring rules
 - Being professional vs unprofessional

Links to theory

The idea of role modelling is based on the work of Bandura (1986) a psychologist who studied how we learn. He suggested that we learn by observation as a result of watching how others behave. His theory developed from behaviourist psychology but he acknowledges that you do not need direct reinforcement for learning to occur. Intrinsic rewards such as a feeling of pride is sufficient.

Bandura A (1986) *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs NJ. Prentice Hall

Charters A (2000) Role modelling as a teaching method. *Emergency Nurse* 7 25-28.

Davies E (1993) Clinical role modelling: uncovering hidden knowledge. *Journal of Advanced Nursing*, 18 627-636

Elzubier MA & Rizk DEE (2001) Identifying characteristics that students, interns and residents look for in their role models. *Medical Education* 35 (3) 272

Wiseman RF (1994) Role model behaviors in the clinical setting, *Journal of Nursing Education* 33 (9) 405-410.

Assessing

Things to consider

Consider your own experience of assessment and how your beliefs and values influence what you do.

How do you see assessment:

- as a tool for learning?
- as a way of exerting power?
- as a way of judging performance against given criteria?

Be explicit about your particular 'likes and dislikes' be aware of the things you may be judging the student on such as appearance, age, personality and how they influence your assessment.

Consider potential issues of conflict between your supporting role and assessing role.

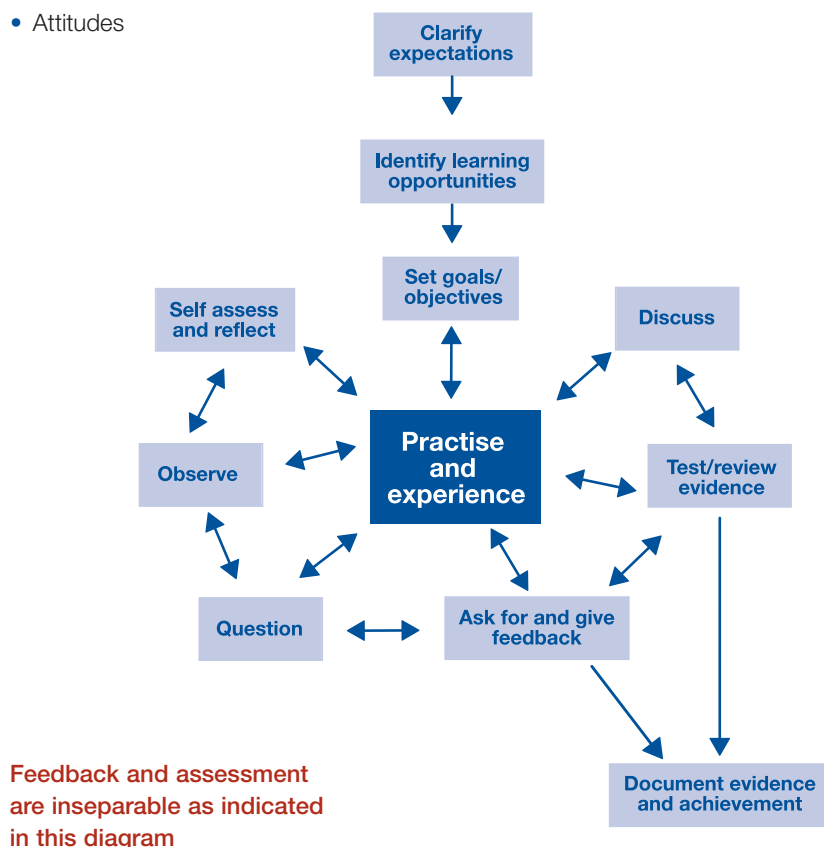
How you feel emotionally about your responsibilities and in particular in giving negative feedback and failing someone.

Think about how you will allow the student to take risks whilst you maintain your accountability for client safety.

Feedback and assessment are inseparable! You need to give regular feedback on your informal as well as formal assessment of the student's performance. You may be assessing a variety of aspects of learning.

For practice these areas are often organised into:

- Knowledge
- Skills
- Attitudes



Feedback and assessment are inseparable as indicated in this diagram

Figure 4. Links between assessment and feedback (Sharp 2005)

Top tips:

assessment

Prepare.

Examine the assessment documentation to find out the criteria for assessment and any additional requirements and deadlines:

- Is the assessment continuous/one off?
- What is the expected level of assessment?

Ensure you understand the criteria used for assessment and familiarise yourself with the paperwork.

Discuss/clarify any concerns you have with university staff or peers/managers.

Discuss with the student their understanding, expectations and responsibilities.

Make explicit what preparation is expected by the student.

Consider the role of the university staff in supporting you in your assessing role.

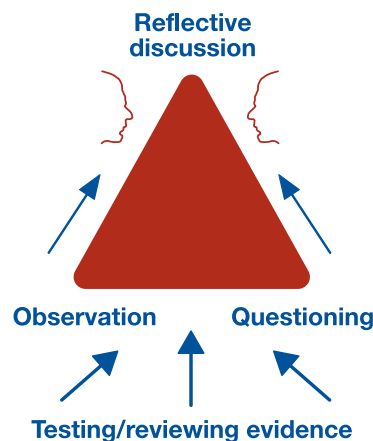
Assessment skills

In order to assess students you will use a variety of skills that you use in your professional practice

Think about how you might assess a client's needs and apply some of the same skills

(see separate sections on the following points)

Observation
Questioning
Reflective discussion
Testing/reviewing evidence



Using observation

Direct observation is an important, convenient and immediate way of evaluating a student's performance.



You can use direct observation to assess:

- Communication skills
- Problem solving and critical thinking
- Clinical skills
- Professional skills and attitudes
- Prioritisation skills
- Performance against given criteria/objectives

Top tips:

observing students

Prepare.

Ensure the student knows what you are observing and when and how you will feedback.

Think about the impact of your presence and discuss it with the student consider nervousness, location, practicality.

Consider informing the clients/others that you will be observing so that they understand roles.

Clarify when you may intervene (i.e. client safety).

Ask them to describe themselves what their activity was and then ask them to evaluate it (use reflective frameworks if you wish).

If you observe the student then you should give feedback that is specific and prompt.

Describe your observations:

Say what you saw – The facts

Describe your interpretation of your observations.

Say what you think

These are your judgements and impressions (based on your knowledge and experience)

Documenting observations

You may wish to document your observations and impressions

* Example description

“This morning I observed you talking to Mr Patel and his daughter. Mr Patel was going for an investigation and his daughter asked about the procedure and if she could accompany her father. How did you think it went...?”

* Example interpretation

“My impression of the interaction between yourself and Mr Patels daughter was that you did not appear sensitive to her anxiety or concerns. You appeared casual in your responses and did not offer any specific information regarding the investigation. You used broad statements like “it will be OK”. I felt that you did not pick up on the cues that were given regarding her concerns. Your approach did not demonstrate knowledge of the procedure or sensitivity to the concerns of the family. What do you think you might do to improve on this response?”

Links to theory

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Using questioning



Questioning is used for a variety of reasons and can encourage learning, test knowledge or attitudes depending on the type of questions asked.

Top tips:

questioning

- Ask the student how they feel about being questioned
 - how to avoid feeling stupid!
- Discuss how you feel about having your practice questioned and what they should do if they observe any practice they have concerns about or do not understand.
- Talk to the student about when it is appropriate/inappropriate to ask you questions.
- Suggest they keep a notepad to jot down questions they may have when you are not available/free.
- Think of alternatives to questioning for the student to use
 - Particularly those who are further developing decision-making skills.

Instead of asking questions suggest the student:

- Comes with the solution they have chosen
- Discusses the options and give rationales for each option.
- Examine levels of questions and really think about the link between questioning and developing critical thinking.
- Try and stimulate discussion to include values, opinions, comparisons and evaluation and application rather than lower level questions that test just factual knowledge.
- Be aware that your response to questions can have a positive or negative influence
 - “that’s a good question – what do you think?”*
 - “didn’t you know that?”*

Levels of questions

Level 1 information and data collection	Level 2 meaning/interest/ feelings/attraction	Level 3 Values/attitudes
Who?	What do you think about?	Why does ...concern you?
Which?	What do you feel about?	Why do you feel like...?
Why?	What are the implications of?	Why is... important?
Where?	What did you get out of that?	How important is?
When?	What does...mean to/for you?	
How often?	What did you get out of?	
Are you?	Can you unpack that a bit more?	
Have you?	Can you explain what you understand by that...?	
Did you?		
Might you?		

ENB/Open University (2001)

Links to theory

ENB/Open University (2001) *Assessing practice in nursing and midwifery*. Course Materials. Milton Keynes. Open University.

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Price B (2002) Laddered questions and qualitative data research interviews. *Journal of Advanced Nursing*. 37 (3) 273-281

Encouraging reflection



Definition of reflection

"Reflection is a process of reviewing an experience of practice in order to describe, analyse, and evaluate and so inform learning about practice"

Reid (1993 p305)

There are many ways of reflecting on professional practice

- Describing and discussing in detail everyday aspects of practice either at the time or later
- Selecting specific incidents or activities to reflect upon
- Debriefing after significant events or events that match learning objectives/goals
- Writing a detailed reflective account or bullet point notes for later discussion

Top tips:

reflective skills

- Create an open and accepting atmosphere for reflective discussion – the student needs to be able to experiment and get it wrong sometimes!
- Role model by reflecting on your own practice by explaining and discussing decisions out loud as you go along and afterwards.
- Encourage the student to do the same and give positive feedback and suggestions.
- Ask and expect the student to ask questions – give the student positive feedback when they do so.
- Use a structured questioning framework - see the following models of reflection.

Skills for reflection

- **Self awareness** – accurate knowledge of your own beliefs, values, impact on others and performance (verified by feedback).
- Detailed, clear and accurate **descriptive skills**:

My description captures the situation accurately
My feelings are accurately and honestly reported
The key elements are concisely presented
- **Ability to explore feelings** - Need to focus on positive as well as negative and take care not to become self indulgent and look at the patients/carers feelings too.
- **Ability to evaluate** and so make a judgement or form an impression/opinion on issues/your own performance (sometimes against objectives/competencies).
- **Skills of critical analysis** - To analyse something is to undertake a detailed examination of 'what happened' to break it down and ask questions in order to more fully understand. It also involves examining how different elements relate to and influence each other. The term critical introduces another element i.e. judgements should be made about the parts as well as the whole (positive and constructive, not just negative).

You can also

- Identify and highlight existing knowledge and gaps relevant to the subject
- Explore feelings about the situation and the influence of these
- Identify and challenge any assumptions
- Imagine and explore alternative courses of actions

Models of reflection

The following 4 models for reflection provide a useful questioning framework for reflection during placements.

In order to assist students to make use of these theoretical models ask them to choose an incident from their practice and use a framework of their choice.

The completed framework will give you and the student an idea of whether or not they are able to reflect in a professional manner and provide the basis for further discussion and reflection.

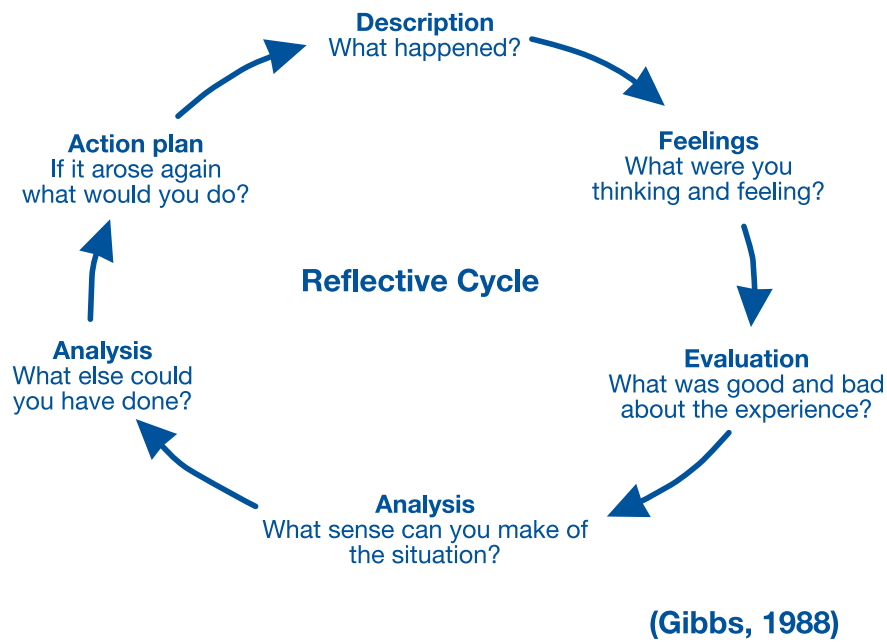


Figure 5: Gibbs, 1988, Model of reflection

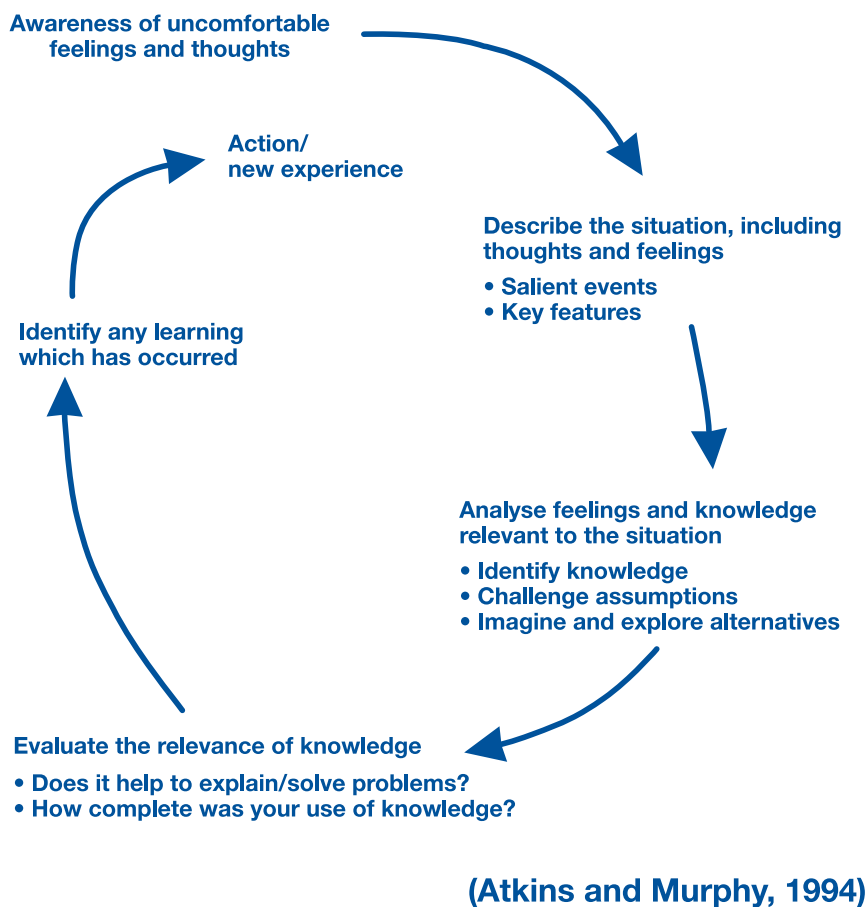


Figure 6: Atkins and Murphy, 1994, Model of reflection

Holm and Stephenson (1994) a student's own framework for reflection

Choose a situation

Ask yourself:

- What was my role in this situation?
- Did I feel comfortable or uncomfortable? Why?
- What actions did I take?
- How did I, and others act?
- Was it appropriate?
- How could I have improved the situation for myself, the patient and my mentor?
- What can I change in the future?
- Do I feel as if I have learnt anything new about myself?
- Did I expect anything different to happen? What and why?
- Has it changed my way of thinking in any way?
- What knowledge from theory and research can I apply to this situation?
- What broader issues, for example, ethical, political or social, arise from this situation?
- What do I think about these broader issues?

Structured questioning framework - a practical structure

<p>What happened? Concrete fact - Who did / said what?</p>	
<p>What went well? For you/client/staff member</p>	<p>What did not go so well? performance/outcome</p>
<p>How do I feel? Even if you don't know why yet</p>	
<p>Why? Re: the feelings, the results. Theories: academic or own</p>	
<p>What have I learnt? From the experience and reflection</p>	
<p>What will I do now / next time? ACTION PLAN</p>	
<p>Implement plan > another reflection</p>	

Blanchard V, Oxford Brookes University. adapted from King (2001)

Links to theory

Atkins S & Murphy K (1994) Reflective practice. *Nursing Standard* 39 49 – 56

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<http://www.tech.port.ac.uk/staffweb/kingt/reflect.html>
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Hickey A (2003) *Becoming a reflective practitioner: A toolkit for students*. Oxford Brookes University School of Health and Social Care BSc OT Programme.

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Reid B (1994) in Palmer A, Burns S & Bulman C (eds.) *Reflective Practice in Nursing*. London: Blackwell Science

Testing/reviewing evidence



In some courses it may mean examining various examples of evidence or self-assessment. This may be through questioning, reflective discussion, demonstration or explanation. Evidence may be also presented in a student portfolio.

Use the given criteria, but don't be afraid of using your own professional judgement.

Reviewing evidence

Be clear how and what the expectations are in order for the student to demonstrate their achievements against the given criteria.

Use other people including the student, clients (adopt a triangulation approach) to help 'validate' or confirm your assessment.

Types of evidence

Use a variety of approaches to assess the student:

- What you see, read and hear mainly provide evidence for you to assess the student.
- Be creative – think of making opportunities to assess the things you need to:
- Role-play, scenarios, skills diary, reflective snapshots, critical incident analysis, review of visits/experiences, observation and discussion, listening, prioritisation exercises.
- Remember it is both ACTS & OMISSIONS that contribute to the evidence for practice performance and competence.
- Be aware of your responses to the student's performance.

* Example assessment evidence

- * Questioning may help you assess a student's ability to prioritise.
- * Observation of the student working with a client/or several clients may help assess skill in prioritising.
- * Reflective discussion may help you assess a student's attitude and priorities of care.
- * Examination of documentation may enable you to assess how the student communicates the priorities of care.

Students who may fail

There is considerable research that says that those in mentoring roles have real concerns regarding failing students on placement and "give the benefit of the doubt!!"

- Failing students is difficult.
- There are emotional issues involved.
- Supporting a failing student is time-consuming.
- You may feel responsible for the failing student.
- You may want to take the students personal circumstances into account (this may or may not be appropriate).
- Inexperienced assessors lack confidence in failing.

The impact of this is:

Students are passing/qualifying when there is doubt!

There are some students who reach the end of their course and fail (which has a more devastating effect).

Problems are sometimes logistical, process and about assessor confidence.

Clients are put at risk from unsafe practitioners.

Students should fail when:

The student has been given detailed and regular feedback on areas of poor performance and are aware of the areas of concern and how to improve their performance.

They fail to provide evidence of meeting the required standard (when the opportunity is available).

They act in an unprofessional or unsafe way despite feedback and support (this may involve professional, disciplinary or conduct standards).

They do not respond or act on feedback regarding their performance.

Duffy (2004) adapted

Top tips:

dealing with poor performance

- Don't be afraid of your 'gut feelings' respond to the cues you have.
- Don't give the benefit of the doubt!! Acknowledge the 'alarm bells'!!
- Ask colleagues for their views (especially those with more experience).
- Seek support and advice early from university staff and clinical managers or experienced assessors.
- Adopt an approach of giving consistent and regular positive and constructive negative feedback.
- Ask the student to self assess – ask them to say how they think they are performing (in relation to specific areas or generally).
- Get help in articulating the problems (particularly with attitude).
- Be clear about what you think the issue or problem is and try and give examples.
- Look at the section on giving constructive feedback.
- Relate the examples to behaviours and observations rather than impressions or reports from others.
- **Document** problems/issues early.
- Develop a plan of action with specific objectives (SMART) to support the student (specifying responsibilities of all involved).
- Discuss with others and seek support in dealing with students/your own emotional responses.
- Recognise your accountability and responsibility to fail.

Links to theory

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Duffy K (2004) Failing students. Report commissioned by the Nursing and Midwifery Council.
http://www.nmc-uk.org/nmc/main/publications/mentor_study.pdf
Accessed on 29.6.05

Neary M (2000) responsive assessment of clinical competence: Part 1. *Nursing Standard*. 15 (9) 34-36

Neary M (2000) responsive assessment of clinical competence: Part 2. *Nursing Standard*. 15 (10) 35-40

Giving feedback



Giving feedback is the process of telling another individual how they are perceived. It can be a source of anxiety for both giver and receiver.

The following guidelines for giving useful feedback may help to reduce this anxiety.

Giving feedback is important because it can:

- Improve performance
- Increase morale
- Develop teamwork
- Enhance the quality of the service provided

The risks of lack of good feedback are that it can:

- Demoralise
- Reduce confidence
- Cause conflict

Top tips:

useful feedback

- **Ask the student to self assess first.**
- **Give praise before criticism.**
- **Limit what you cover.**
- **Concentrate on what can be changed.**
- **Give the student time to think and respond.**

- **Be clear and specific not vague.**

Try to be clear about what the feedback is that you want to give. If you are vague you are likely to increase the anxiety in the receiver and to be misunderstood. The receiver may feel attacked and react defensively.

Comment on specific behaviours and achievements rather than giving general comments which are hard to learn from. It is not very useful to say to someone 'You didn't use the flipchart very well'. It's much more useful to say, 'It was difficult to read what you had written on the flipchart because your writing was rather small and the pen you used had a thin tip.'

- **Give regular feedback and avoid delay.**

It is useful to receive feedback regularly. Try to give feedback as close to the event as possible. Delay in giving feedback can result in storing up grievances then delivering them in one difficult to handle package. Feedback is only useful if it is given in time for the person to do something about it. It should focus on something that can be changed.

- **Own the feedback you give.**

The feedback you give is your own perception and not an ultimate truth. It is helpful if it is phrased as such: I noticed..., I find you..., I feel..., rather than You are..., You didn't...

- **Give balanced constructive feedback.**

Positive feedback improves confidence, it feels good and increases motivation. It may help the receiver to have the confidence to deal with the more negative aspects of their performance. Negative feedback, when given in a constructive way, has the greatest impact on changing behaviour and improving performance.

- **Think of the language you are using – use questions initially rather than accusations.**

For example:

“how do you think reacting like that appeared to the client?”

Rather than

“that was unprofessional behaviour”

- **Offer support and challenge.**

There are two dimensions to feedback: support and challenge. The most constructive feedback is high on support and high on challenge.

high support low challenge	"That was great"	"Good effort. I could see how you were drawing the feelings out... I wonder if you got to the crux of the matter?"	high support high challenge
low support low challenge	"Good, carry on, seems to be working"	"Why did you not focus more, early on?"	low support high challenge

- **Explore alternatives.**
- **Note how the feedback is received.**
- **Anticipate an emotional response.**
 - Make time for the feedback and consider when is a good time to give it
 - Ensure privacy
 - Be supportive but don't get distracted from your aims
- **End on a positive note.**

Giving written feedback

The majority of feedback that is given is verbal however there will be times when you are required to give written feedback.

This may be when you are giving a student feedback on their performance as part of a formal or final (formative) assessment of the student's performance or as evidence in their assessment documentation.

The top tips still apply. It is helpful if written feedback is specific, constructive and owned. It is also most helpful if it is given regularly rather than only at the end of a placement when the student has little opportunity to respond to it.

Feedback may need to be about specific achievements or generally regarding the qualities.

Try and write your feedback to the student rather than about them and ensure you use 'judgement' and evaluative words rather than just stating what the student has done or what they have achieved. It is important to get across 'how well' they performed.

* Example feedback

“Jose, as we have discussed you have shown clear initiative in setting your goals. You have in the main approached the (specifics) activities with a professional and considered approach.

The feedback from the clients demonstrated that you had excellent communication skills and were able to pick up on non-verbal as well as verbal cues in a supportive and helpful manner. We discussed the need for your documentation of client issues to be more specific and although you have responded to feedback there is still scope for it to be more detailed.

My observations of you in practice showed that you have a meticulous approach to detail and that you are able to prioritise well”.

Links to theory

Neary M (2000) *Teaching, assessing and evaluation for clinical competence; a practical guide for practitioners and teachers*. Stanley Thorne Cheltenham 37-38

Constructive feedback

<http://cte.udel.edu/instandouts.htm>

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Brounstein M (2000) *Giving Constructive Feedback Coaching & Mentoring For Dummies*. Wiley Publishing.

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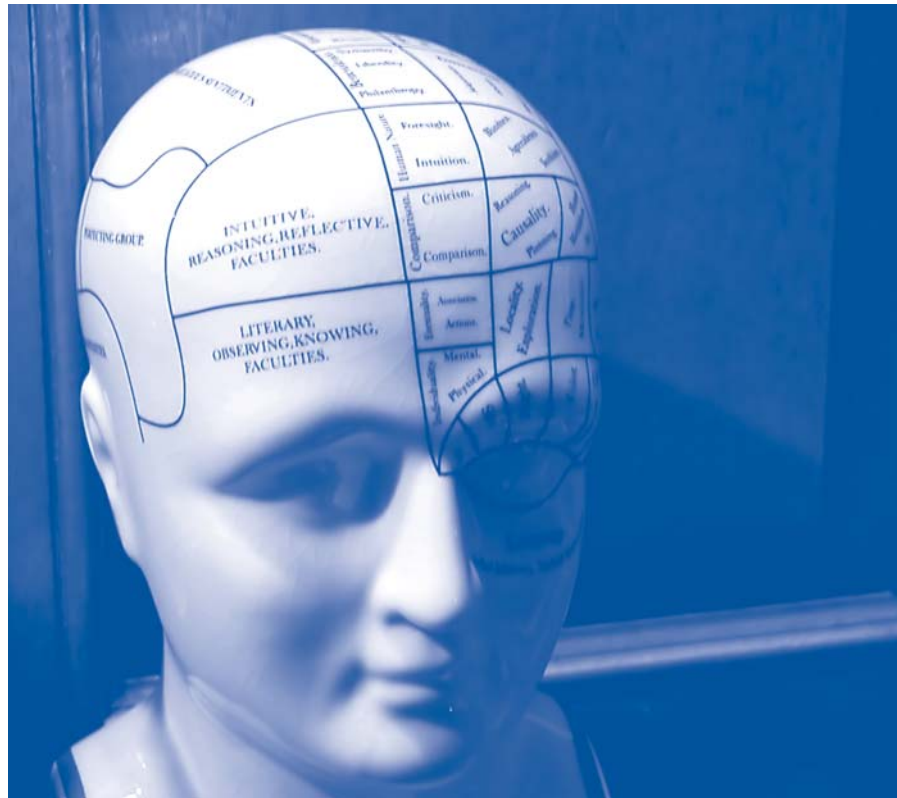
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Developing further!

Things to consider with the student...



Diversity and inclusion in placement learning

Diversity and inclusion means thinking through how to provide equal access to learning for all students with a range of differences. This includes placement learning.

What is meant by inclusion, diversity and equality?

- Diversity within a population means for example a range of cultures, opinions, ethnic groups and socio-economic backgrounds.
- To be inclusive, means to consider or place within a group.

“people within minority groups may have unequal needs which may require unequal but appropriate approaches or intervention which can be seen as being affirmative action”.

(Inclusion and Diversity Committee OBU Terms of Reference, 2004)

Universities are expanding and more adults are receiving the benefit of further education. With this increase comes an increase in diversity.

“..a university place has ceased to be the preserve of a tiny elite but been extended to hundreds of thousands more students each year.”

(Dept for Education & Skills (2003) White Paper: The Future of Higher Education)

There is current legislation to protect students from certain types of discrimination (Race and ethnicity, Gender, Disability, Sexual orientation, Religion and belief)

Consider all sorts of differences that you might find in the student population and focus on thinking how we can support all students as well as those who may have more obvious needs.

It might help to ask the student

- Do you have any particular support needs while you are on placement?
- Are there any other issues which I need to take into consideration?

Ask yourselves as professionals who are involved in facilitating learning:

- How can I develop the ways in which I help all students to learn:
such as using different modes of teaching, or different ways in which the student can demonstrate achievement of competence?

Remember there are a range of services available to support students and those educating students. Oxford Brookes University are committed to supporting you and the student by providing advice and support where this is needed or requested.

See the equal opportunities website

<http://www.brookes.ac.uk/services/hr/eod/index.html>

accessed on 27.6.05

Equal opportunities statement

Oxford Brookes promotes an inclusive and supportive environment, enabling all members of the University (staff and students) to reach their potential and celebrate their diversity. We embrace the spirit of all equalities legislation and are committed to tackling all forms of unfair discrimination and to the development of policies and practices to ensure these objectives. We seek to make our courses as inclusive as possible and welcome applications from all sections of the community and from people at all stages of their life.

(August 2004)

For further information on the University's commitment to equal opportunities and diversity, please refer to the Equal opportunities Policy for Students, the University's Race Equality Policy and the Students' Charter – available from www.brookes.ac.uk or on request from the University's Equal Opportunities and Diversity Co-ordinator **+44 (0) 1865 485929**.

Promoting Inter-professional education (IPE)

What is inter-professional education (IPE)?

Inter-professional education happens when two or more professions learn with, from and about each other to facilitate collaboration in practice.

“true inter-professional working is where people are proactively facilitating each other towards a common goal”

(Stanley 1999 p234)

Care that patients receive today depends as much on **how** professionals work with each other as on their individual competence within their own field of expertise.

The focus of IPE is different to multi-professional education (MPE).

- IPE focuses on teamwork, collaboration, negotiation and communication whereas the focus for MPE may be about learning together or side by side.
- IPE is concerned with integration and synthesis of knowledge to solve problems

Teamwork and collaboration is central to IPE and it is often a component of some of the students' modules

Benefits of inter-professional working

- Reduces duplication of service delivery
- Provides more effective integrated services
- Generates shared outcomes

(Leathard 1994)

Effective teams

Embling (1995) describes the following as important features of an effective team:

- Shared goals
- Interdependence
- Co-operation
- Co-ordination of activities
- Task specialisation
- Division of effort
- Mutual respect

Top tips:

promoting inter-professional education

Consider how you can help your students learn about teamwork and collaboration whilst on placement

Think of activities in your clinical area where collaboration and effective teamwork, between two or more professions, is being used to meet patient needs.

Ask yourself and the student the following questions:

- What did you and other practitioners do that enabled you to facilitate each other towards a common goal?
- What are characteristics of an effective team? (see Embling 1995)
- What skills and knowledge do team members need for the team to be effective?

Links to theory

CAIPE: The UK Centre for the Advancement of Interprofessional Education, learning together to work together.

<http://www.caipe.org.uk/>

accessed 08.07.05

Interprofessional education: Today, Yesterday and Tomorrow. A review Commissioned by The Learning and Teaching Support Network for Health Sciences & Practice

<http://www.health.ltsn.ac.uk/publications/occasionalpaper/occasionalpaper01.pdf>

accessed 21.7.05

Interprofessional Education Group

<http://www.keele.ac.uk/facs/health/Interprof/pbl.htm>

accessed 21.7.05

Promoting Inter Professional Education - The PIPE Project

<http://www.pipe.ac.uk/project.html>

accessed 21.7.05

Oxford centre for staff and learning development OSCLD Resources and briefing sheets

http://www.brookes.ac.uk/services/ocsd/2_learnth/briefing_papers.html

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This document has been designed by the Communications & Marketing Unit (CMU), School of Health and Social Care.

Evaluation: Mentor Handbook

Please give your comments and feedback on the Mentor Handbook.

Criteria (tick boxes)	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
1. The handbook is easy to use					
2. The content fully met my needs					
3. The format was stimulating and engaging					
4. The level of information was too simple					
5. There were sufficient links to theory					
6. It will help my in my 'mentoring' role					

Further comments: Give specifics if you have disagreed with any of the above comments

Add suggestions for additional information/sections if you have any

Return your comments to **Pam Sharp, Senior Lecturer**, Room MR1/40. School of Health & Social Care, Oxford Brookes University, Jack Straws Lane, Marston. OX3 0FL

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