Pre-registration Nursing

Mentor update

Workbook

2017-18
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The NMC requires that you ‘update’ every year:


If you have been a mentor for 3 years or more you need to have a **triennial review** every 3 years (usually at your appraisal/PDR). At this review:

- You should self-assess against the 8 domains to identify your **strengths and weaknesses** and then write an **action plan** for your mentoring role

- Keep a log of the students you have mentored (the Standard states you should have a minimum of 2 students in 3 years).

- You should gather **feedback** from others (colleagues and students) to validate your self-assessment

- If you are a **sign-off mentor** (SOM) then you should self assess against the additional SOM criteria too

You can use all this evidence for your Triennial review and also **NMC revalidation**

- If you are on our Practice Education Management System (PEMs) system you should be sent an evaluation form by email to complete

- Check and see if own organisation has information on mentoring
This is your update

Share one positive mentoring experience from the last 12 months

Share one mentoring experience/issue that you found challenging from the last 12 months

What do you want to discuss in this update?
The importance of keeping yourself up to date (you are acting as a role model for your students and peers).

The NMC Standards for competence for registered nurses were published in 2014 as a reference for nurses throughout their careers. See https://www.nmc.org.uk/standards/additional-standards/standards-for-competence-for-registered-nurses/

The standards for competence apply to all fields of nursing and are set out in four main areas of professional nursing practice. These are:

- Professional values;
- Communication and interpersonal skills;
- Nursing practice and decision making; and
- Leadership, management and team working.

Are you familiar with these standards, can you use them for your own revalidation and professional development as a nurse and a mentor?

These standards outline the requirements that nurses must meet when they qualify. They also detail the standards that must be consistently maintained throughout their careers. In order to stay on the register, nurses must keep their knowledge and skills up to date.

See the diagram on the next page
See also this new guide: **Enabling professionalism: What is professionalism**  

See also: **Consultation on prescribing and standards for medicines management**  
NMC Consultation on standards of proficiency for registered nurses

The draft standards of proficiency reflect what we think the public will need in the future from the nurses who care for them. They are the minimum standards that a nurse will need to meet to be considered to be capable of safe and effective practice.  
[https://www.nmc.org.uk/education/education-consultation/registered-nurses/](https://www.nmc.org.uk/education/education-consultation/registered-nurses/)

What do nurses think the future holds?

The NMC asked nurses what they thought their profession would look like in 2030. This [VIDEO](https://www.youtube.com/watch?v=fAc9D5zPJH0&feature=youtu.be) what they told us

[https://www.youtube.com/watch?v=fAc9D5zPJH0&feature=youtu.be](https://www.youtube.com/watch?v=fAc9D5zPJH0&feature=youtu.be)

What do you think will be the big changes needed by nurses of the future?
NMC Consultation on education framework: standards for education and training (see next pages for some exerts)

The NMC is also consulting on the education framework, a document that sets out the education and training standards that all approved education institutions (AEIs) and practice placement providers must meet in order to deliver an NMC approved programme. These standards contain the requirements that signify what good education looks like. The safety of people is central to these standards, as students will be in contact with people, carers and families throughout their education and training. See the diagram on the next page too.

There are 3 documents:

Standards for education and training


Requirements for pre-registration nursing and education programmes

[https://www.nmc.org.uk/globalassets/sitedocuments/edcons/ec5-draft-requirements-for-pre-registration-nursing-and-education-programmes.pdf](https://www.nmc.org.uk/globalassets/sitedocuments/edcons/ec5-draft-requirements-for-pre-registration-nursing-and-education-programmes.pdf)

Annexe 1 requirements for learning and assessment

Draft NMC EDUCATION FRAMEWORK: STANDARDS FOR EDUCATION AND TRAINING

Five pillars for education and training

NMC standards for Approved Educational Institutions (AEIs) and their practice learning partners are set out in five pillars that define good education delivery and management.
Education Framework: Standards For Education and Training: Requirements (from the draft)

Pillar 4: Educators and assessors

Standards 4.1 Theory and practice learning and assessment are facilitated effectively and impartially by appropriately qualified and experienced professionals with necessary expertise for their educational roles

Approved education institutions together with practice placement and work placed learning partners must ensure that all educators and assessors:

R4.1 meet the requirements set by the NMC
R4.2 act as professional role models at all times
R4.3 receive relevant induction and access to ongoing training and support with consideration for equality legislation
R4.4 have supported time and resources to enable them to fulfil their educational roles in addition to their other professional responsibilities
R4.5 are effective and responsive to the diverse needs of students, sharing their own effective practice and learning from others
R4.6 ensure a consistent approach to theory and practice learning and assessment by liaising and collaborating with colleagues and partner organisations
R4.7 are supported to respond effectively to concerns about public protection and student performance in the learning environment
R4.8 receive feedback from a diverse range of students and people about the effectiveness of their teaching, supervision and assessment, and
R4.9 appropriately share and use evidence for decisions on student assessment and progression.
REQUIREMENTS FOR PRE-REGISTRATION NURSING EDUCATION PROGRAMMES

3. Practice placements (from the draft)

Approved education institutions and practice placement partners must:

3.1 provide practice placements that will allow students to develop and meet the proficiencies to deliver safe and effective care, to a diverse range of service users, across the four fields of nursing practice

3.2 provide practice placements that allow students to meet the communication and relationship management skills and nursing procedures within their selected field of nursing practice (adult, children’s, learning disabilities or mental health)

3.3 ensure that practice learning provided through simulation does not exceed half of the total hours spent in actual practice placement settings

3.4 ensure that students experience the variety of practice expected of registered nurses to meet the holistic needs of people across the lifespan

3.5 ensure students experience the range of hours expected of registered nurses, and

3.6 ensure that students are supernumerary when learning in practice.
Nursing associate role:

This is from [https://www.nmc.org.uk/standards/nursing-associates/](https://www.nmc.org.uk/standards/nursing-associates/)

In October 2015 the UK Government announced the establishment of a new care role in England, called a nursing associate. This new role has been developed as a bridge between health care assistants and graduate registered nurses. The intention is that this will be a stand-alone role as well as a new route to becoming a registered nurse.

At the end of last year the Secretary of State for Health formally requested that the NMC be the regulator for nursing associates and in January 2017 our Council agreed to this request. We are now at the beginning of a busy programme of work as we prepare to take on the regulation of nursing associates.

We are working closely with Health Education England (HEE), the body responsible for training healthcare staff in England, who is running nursing associate pilots. There are 35 test sites across England delivering training to 2,000 trainee nursing associates and their training will begin early this year. We expect the first nursing associates to complete their training and start work in early 2019.

Registered nurses and nursing associates

The intention is for nursing associates, who will have foundation degrees, to contribute to the delivery of patient care. The registered nurse will still have responsibility as the primary assessor, planner and evaluator of care. **Nursing associates will support, not replace, registered nurses.**
What do you think might be some pros and cons in relation to this support role?

How can you ensure you justify the need for well-educated registered nurses such as yourself?

Consider which elements of the ‘nursing process’ a registered nurse will be responsible for?

How might you need to demonstrate this to all students and support final year students to developing in their role as leaders, delegators and supervisors of those in support roles?
Pre-Registration Nursing Curriculum (started Sept 16)

We have now completed one year of our new pre-registration nursing course

- Have you seen the new philosophy and learning teaching and assessment strategy for the new curriculum (see pages 31 & 33)

- The first year applied to Adult, Child and Mental Health Fields and MSc pre-registration courses

- Competencies are the same (NMC 2010) but these are currently being revised by the NMC

In the first year there is FORMATIVE GRADING OF PRACTICE but for students going into their 2nd year from Sept 17 your Assessment counts towards their final degree classification so it is crucial that you are confident and competent in your assessment AND THAT THE GRADE GIVE IS WELL EVIDENCED

THE PAD AND GRADING OF PRACTICE HAS BEEN UPDATED AND SOME CHANGES MADE (SEE IN RED BELOW):

We have adopted an approach to learning that is using active learning, adult learning and the ‘flipped classroom’ where students do pre reading and then come to the class to undertake activities and discussion – this is more likely to encourage deeper learning and critical thinking

Ask your student about their course and what they have been reading/learning/doing in the skills labs
Ask to see your student’s copy of the ‘Guide to the Practice Assessment Document (PAD)’

- It contains examples of initial, midway and final feedback (useful for new mentors and for mentors who may find written feedback challenging
- Guide to the grading of practice Rubric
- Guide for mentors on giving feedback

The new PAD contains

- Some additional feedback forms for people cared for by the student
- Feedback forms for other professionals
- Some forms to help document and plan spoke placements
- Better labelling and headings particularly on the rubric
- New titles to the headings on the rubric to make levels clearer
- Changes to how you calculate the grade

ELECTRONIC PAD DEVELOPMENT

In partnership with Axia Digital Oxford Brookes University has established a Project team to develop an electronic Practice Assessment Document (BePAD). This will replace the paper version of the Practice assessment Documents that we currently use. Sarah Khan is the Project Leader for BePAD and the team is comprised of representatives from the Fields of Nursing and Paramedic and includes placement partner representation.

The plan is that the new BePAD will be used by the January 2018 nursing cohort going out in practice in April 2018.
Grading practice:

What is your experience so far of grading practice?

How might you ensure your assessment is fair and clear?

Do you have any pre-conceived ideas that may influence your grading (i.e. “I never give high grades – especially to first years”, “it is easier to give the middle grade, “I am reluctant to fail as student as it makes more work”. “I like the student/they are helpful - so they are more likely to get a high grade”).

Have you seen the guidance for mentors and link lecturers in the student PAD and the guidance for giving feedback (see the index for page number).

Key tips

- The criteria should be used after assessing competency so you can consider each domain and where the student has strengths and areas still to develop – this may be related to the knowledge, skill or attitude of the student performance

- Students should self-assess their grade first and provide evidence that matches the criteria on the rubric (grid)

- You should read the criteria and see if you agree with the grade and the evidence – do you have any contradictory evidence (i.e. when the student did better than they have suggested or have not consistently demonstrated a quality, skill or knowledge)

- If you give a grade where there is room for student improvement consider if you can say what it is they need to do

Your feedback should reflect the grade you have given (for example if you have given an high grade then you might use words such as consistent and excellent but a low grade might indicate satisfactory or inconsistent performance
### Initial Placement Interview

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<th>Student Name:</th>
<th>Placement Area:</th>
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<td>Student Number:</td>
<td>Placement Dates:</td>
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<tr>
<td>Year of Study and Module Number/Name:</td>
<td>Link Lecturer Name:</td>
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<td>Mentor Name:</td>
<td>Mentor Work Email address (for PEMS):</td>
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<td>Mentor Date of last Mentor Update:</td>
<td>Mentor Date of last Triennial Review:</td>
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**Student self-assessment:**

Summary of previous achievements/learning: (Previous self-assessments and evaluations, check end of year development review and action plans, consider how to share specific learning needs and reasonable adjustments e.g. Dyslexia)

**Bigger space**

**Record of Initial checks and discussion: (Mentor to initial boxes when completed)**

<table>
<thead>
<tr>
<th>I have seen the students fitness to practice card</th>
<th>I have discussed the Simulation Based Education undertaken with the student</th>
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<tbody>
<tr>
<td>I have read &amp; discussed with the student their previous placement feedback</td>
<td>Where appropriate I have undertaken risk assessment with the student</td>
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<tr>
<td>I have given the student opportunity to discuss their specific learning needs &amp; reasonable adjustments</td>
<td>The student and I have completed the organisation’s local induction and health and safety processes.</td>
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<tr>
<td>I have planned with the student the timing of the midpoint interview.</td>
<td>The student and I have established where the learning opportunities for ‘essential care needs for all people’ may arise in this placement</td>
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<tr>
<td>As mentor, I have informed the Link Lecturer of my email contact, ready for electronic evaluation of the placement via PEMS</td>
<td>I have reviewed the previous Practice Assessment Rubric with the student</td>
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<td><strong>Spoke experiences discussed and planned</strong></td>
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Midway Review of Progress

When student self-assessment and mentor assessment is conducted using the following RUBRICs, it is important to understand the levels that are expected throughout the course. The following information is based on Benner’s (1984) level descriptors and must be considered during the assessment process. More information about this is included within the Guide to the Practice Assessment Document.

Progression point 1 – NOVICE Level

Although students often have a range of prior experiences Benner contends that student nurses are beginners. By the end of this NOVICE year the student will be able to identify, describe, explain and discuss fundamental knowledge, and will have the skills to contribute to and participate in a range of activities and experiences to enhance and develop those fundamental skills for practice. The student will need to be guided and supported in applying those fundamental rules, which can gradually be applied to different situations and activities. Teaching and learning should focus on objective details such as fundamental personal and psychological care, and rudimentary patient assessments. For example, by the end of the first year students should have the ability to accurately perform a heart rate assessment, understand the underlying physiology and the normal parameters. This along with a range of fundamental knowledge and skills, can be applied to the objective assessment of an individual, irrespective of the clinical environment. The student nurse is generally in need of supervision during this year but has the potential to become increasingly independent in fundamental care delivery. Therefore, it is possible for a student to achieve the highest mark if their performance is judged to be independent within the context of the NOVICE practitioner.
### MIDWAY REVIEW

**Assessment of practice RUBRIC: Domain 1 Professional Values**

<table>
<thead>
<tr>
<th>Bondy Scale Label</th>
<th>Independent / Excellent</th>
<th>Supervised / Very good</th>
<th>Assisted / Satisfactory</th>
<th>Marginal / Borderline</th>
<th>Dependent / Not achieving</th>
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<tr>
<td><strong>Level of assistance required - in the context of expectations at progression point</strong> – See Benner (1984) &amp; competency descriptors for each progression point</td>
<td>No supporting cues required – no more direction than is expected at this level</td>
<td>Requires occasional supportive cues</td>
<td>Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level</td>
<td>Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level</td>
<td>Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved.</td>
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#### DOMAIN CRITERION/SCORE

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</table>

**SCORE FOR EACH CRITERION**

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<tr>
<th>Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory. Respects diversity, individual preferences, rights and choices, and provides care that is person/family-centred.</th>
<th>Demonstrates excellent and consistent professional behaviour to all people and can discuss a range of choices with individuals.</th>
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<tr>
<td>Provides person/family-centred care in a professional manner, providing sound rationale when prompted.</td>
<td>Demonstrates professional behaviour and shows understanding of impact of own practice on person/family-centred care.</td>
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<tr>
<td>Demonstrates professional behaviour towards others, but is not always able to recognise impact of own practice on delivery of person/family-centred care.</td>
<td>Little awareness or insight, unprofessional, careless approach. Concerns raised regarding honesty and integrity. No insight shown when discussed.</td>
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<table>
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<tr>
<th>Practises with honesty and integrity, applying the principles of The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2015) Displays a professional image in their behaviour and appearance.</th>
<th>Demonstrates honesty, a professional image and integrity at all times and is able to discuss the principles outlined in The Code (NMC, 2015).</th>
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<tbody>
<tr>
<td>Demonstrates honesty, a professional image and integrity at all times and is able to discuss the principles outlined in The Code (NMC, 2015), when prompted.</td>
<td>Demonstrates honesty, a professional image and integrity at all times. Aware of the NMC Code (2015) but not able to fully explain the principles.</td>
</tr>
<tr>
<td>Requires frequent support to understand and demonstrate the need to act with honesty and integrity and reflect a professional image. Is unable to recall the NMC Code (2015).</td>
<td>Overall behaviour and appearance is not consistent with the professional values descriptor.</td>
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<table>
<thead>
<tr>
<th>Understands the principles of confidentiality and data protection. Treats information as confidential, except where sharing is required to safeguard and protect people.</th>
<th>Can consistently evaluate and apply principles surrounding data protection, disclosure and safeguarding.</th>
</tr>
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<tr>
<td>Is aware of the principles surrounding confidentiality, disclosure and safeguarding. Can discuss some aspects without the need for prompting.</td>
<td>Is aware of the principles surrounding disclosure and safeguarding. Can discuss when prompted.</td>
</tr>
<tr>
<td>Is aware of confidentiality and safeguarding but unable to discuss in detail or link to policy and related practice.</td>
<td>No or extremely limited awareness of safeguarding or confidentiality.</td>
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**Progression point 1 – NOVICE Level**

**Student Signature:**

**Mentor**
**Midway review of progress: Domain 1 Professional Values**

<table>
<thead>
<tr>
<th>Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing relation to the competencies and rubric in domain 1. <strong>You should provide examples and reflections from your practice.</strong></th>
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<tr>
<th>Mentor: Please comment on the student’s performance, strengths and areas for development in relation to the competency domain 1. <strong>Provide the student with evidence (e.g. feedback) for the decisions you have made in relation to their grade and development in domain 1.</strong></th>
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Guidance for mentors and link lecturers: using RUBRICs and allocating a grade for practice

As discussed at midway and final reviews both the student and mentor will use the RUBRICs to allocate a grade for the student’s practice. At midway this will be a formative grade and will help you to use this feedback to further develop your professional practice. At the final review, the mentor’s assessment will contribute to the overall grade of the module (in Education in Nursing Practice modules 3, 4, 3a, 4a, 5 and 6).

Each domain of practice has 3 – 4 criteria on which to base the decision about this grade. The mentor should tick / circle the appropriate level that you are performing at and then in the right hand column document the mark for each of the criterion. The mentor and link lecturer will then total the sum of these marks. This total will then be divided by the number of criterion giving the average score for the domain (NB at this stage the score should NOT be rounded up or down). The average mark for all 4 domains will then be added together and this will provide the overall score for practice, at this stage the overall score should be rounded up or down (if the score is >0.4 it will be rounded up, otherwise it will be rounded down – for example a total of 17.25 would result in a score of 17, but a total of 17.5 would result in a score of 18). This overall score can then be converted into a module mark using the following table (the grading of practice is worth up to 50% of the total module grade):

<table>
<thead>
<tr>
<th>Total Score from all 4 Rubrics</th>
<th>Module mark</th>
<th>Total Score from all 4 Rubrics</th>
<th>Module mark</th>
<th>Total Score from all 4 Rubrics</th>
<th>Module mark</th>
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<td>4</td>
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<td>14</td>
<td>35</td>
<td>20</td>
<td>50</td>
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</tbody>
</table>
Key areas for development / feed forward: (to be completed by mentor and link lecturer)

Link Lecturer Comments:

The midway progress review and revised action plan have been discussed and agreed. Opportunities have been discussed to gather feedback from other professionals and people cared for by the student.

Student Signature:  
Date:

Mentor Signature:  
Date:

Link Lecturer Signature:  
Date:
Giving effective feedback - From RCN (2017:12) Guidance for Mentors of Nursing and Midwifery Students
https://www.rcn.org.uk/professional-development/publications/pub-006133

It is essential that mentors have the skills and competence to “provide constructive feedback to students and assist them in identifying future learning needs and actions” (NMC, 2008).

However, students report that that they often find it difficult to get mentors to provide constructive feedback and that there is inconsistency in the amount, type and timing of feedback given (Duffy, 2013). Fitzgerald et al., (2010) have identified that although mentors find agreement and consistency in giving feedback on clinical skills and competences, there are issues of inconsistency and a lack of ability in giving accurate feedback on professional values and behaviours.

Duffy’s research (2013) argues that providing students with regular feedback on their performance is integral to the assessment process, but not all mentors feel confident to do this. She highlights the benefits of providing constructive feedback for both the mentor and the student using five key principles:

1. set realistic goals
2. gauge student expectations of feedback
3. gather information on student practice
4. act immediately
5. be specific.
continued...

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

• ensure feedback is delivered during, or as soon as possible after, the event

• make time, give full attention and ensure privacy

• support the student in their self assessment

• provide opportunities for service users and carers to provide feedback

• written feedback is essential

• be constructive; negative comments should be learning points

• be objective

• be specific and provide evidence to support and illustrate comments

• use open-ended questions and give reasons for your comments

• clarify any problems

• ensure the student understands what is expected of them

• inform the student that other staff may need to be involved

• discuss development plans with the student

• develop an agreed action plan; if necessary, in partnership with the student and the HEI

• inform practice education staff as soon as is reasonable possible.
Placement interviews: some dos and don’ts


Initial interview
DO familiarise yourself with the student handbook.
DO find out about the student’s stage of training.
DO note any previous development needs and past mentor decisions.
DO ask about any specific learning objectives, competency and skills development required in the placement.
DO help the student to form achievable objectives.
DO ask if they have any assignments or assessments.
DO introduce them to the placement learning opportunities.
DO find out if they have any specific anxieties.
DO encourage them to self assess at every stage.
DO ask if they need any additional support.
DO identify any specific learning needs/requirement for reasonable adjustments to be made.
DO set dates for intermediate and final interviews at this initial meeting.

Intermediate interview
DO ask for wider appraisal from other staff.
DO encourage students to assess themselves.
DO clarify any points made.
DO give advice for improvements.
DO record points made by the student.
DO recognise progress made.
DO encourage the student to ask questions.
DO provide written feedback.
DO share any concerns with the student.
DO document any concerns.
DO share concerns with HEI.
DO set and agree developmental objectives.
DO ensure privacy for the interview.
DO contact the HEI and practice education team if there are concerns.
DON’T spring any surprises on the student.
DON’T ever rely solely on your own opinion.

**Final interview**
DO ask the student to self assess again.
DO contact the HEI and practice education team or other relevant staff as necessary.
DO discuss any failings with the student.
DON’T be afraid to say that the student has failed if that is the case.
Creative and flexible approaches to mentoring

There is a shortage of nurses in the UK and worldwide and so we need to ensure we attract, support and retain student nurses locally even if student numbers increase. You may want to consider some of the approaches outlined on our PEU webpages (see top right corner for the links http://www.hls.brookes.ac.uk/peu/practice-assessing-mentoring

- Hub and Spoke
- Team Mentoring
- Student Dyads

Background

These learning resources provide some helpful information about how to approach mentorship in practice. Suggested approaches are probably formalising something you are already doing for students in your areas e.g. students time with other members of the MDT, visiting departments linked to your area, working with other registrants to support students and identifying students to work together for particular patient care episodes. There are resources for three particular approaches that you may find helpful to consider in relation to what would work best in your area. The purpose of considering different approaches is to improve the student experience in relation to the patient journey but also to improve the experience of mentorship even when your workload is particularly busy. The three mentorship approaches we are providing information for are: • Hub and Spoke • Team Mentoring • Student Dyads

Have a look and consider what may work in your area
Learning Opportunities specific to the placement area (all year groups, every student):

<table>
<thead>
<tr>
<th>Learning Opportunity</th>
<th>Area/Personnel to approach for this opportunity</th>
<th>Links to Domain</th>
<th>Suggested Links to competency</th>
</tr>
</thead>
<tbody>
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</table>
Recognising and celebrating philosophical and cultural difference and similarities between mentors and students.

We have a rich and diverse range of mentors and students from a variety of backgrounds, cultures and with a range of experiences – It is important to consider this when supporting students on placement.

Discuss:

What was your nurse education like? When, where and what was it like?

What do you value as important in professional nursing (consider nursing fundamental care, person centred care, technical skills)?

What do you consider to be the role of the student (e.g. partner, adult learner, subordinate, apprentice)?

How might your responses to the above questions impact on your approach to mentoring?

How and when might you discuss the above issues with students?
STUDENT FEEDBACK DIRECT TO THE MENTOR/PRACTICE ASSESSOR

Please tick the box which reflects your views.

1=Strongly agree. 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree

<table>
<thead>
<tr>
<th>My Practice Assessor.......</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 was enthusiastic about facilitating my learning</td>
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<tr>
<td>2 established ground rules of what was expected of me during the placement e.g. professional behaviour, knowledge.</td>
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<tr>
<td>3 (or another staff member) provided an informative induction at the beginning of the placement.</td>
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<tr>
<td>4 provided opportunities for me to be involved in the multi-professional team, where appropriate.</td>
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<tr>
<td>5 took into account my stage of training and past experience in relation to facilitating my learning.</td>
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<tr>
<td>6 provided an appropriate level of supervision (direct-indirect) throughout the placement, appropriate for my stage of development.</td>
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<td>7 facilitated a good working relationship/partnership</td>
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<td>8 helped me to understand the relationship between theory and practice.</td>
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<tr>
<td>9 encouraged me to take responsibility for developing my own learning</td>
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<tr>
<td>10 was approachable and open to feedback and being asked challenging questions.</td>
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<tr>
<td>11 provided me with insight into their clinical reasoning and problem solving processes.</td>
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<tr>
<td>12 challenged my level of competence appropriately and gave me feedback throughout my placement</td>
<td></td>
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<tr>
<td>13 was aware of the level of performance expected at this stage of my programme.</td>
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<tr>
<td>14 Used a variety of methods to assess my competence: e.g. observation, listening, feedback from others, questioning, reflection and discussion of my self-assessment.</td>
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<tr>
<td>15 Made appropriate time to discuss my progress throughout my placement e.g. mid-way and end of placement assessment discussions or weekly meetings.</td>
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<tr>
<td>16 Acted as a good role model for high quality, evidence based practice</td>
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</tbody>
</table>

If you answered any question with a 4 or 5 please provide details overleaf.

Please hand directly to your practice assessor in an envelope at the end of the placement. ** You can ask for more descriptive, constructive written feedback too.
Pre-registration Nursing Course Philosophy (abridged) (2 pages)

Definition of Professional Nursing:

“Nursing is an autonomous profession that uses practical skills, clinical judgement, critical thinking, evidence and reflection to assess, plan, implement, deliver and evaluate care that is person-centred, compassionate, safe and effective, to individuals and groups of all ages in all settings”.

Central to all nursing practice is the person; the person exists within a wider context for example, the family, community and culture. Families come in many forms and are not exclusively people with biological or legal ties.

Nurses:

- Make decisions
- Competently work with others to educate, promote health and prevent illness and by caring and supporting people, their families and carers so that they may cope with illness and disability and maintain or improve health
- Work within professional body standards

The context of nursing education is:

- An ever-changing, challenging and dynamic healthcare environment
- Emerging public health agendas, demographic changes
- An increasingly frail and vulnerable older population
- Cultural and ethnic diversity,
- The changing landscape of health and social care teams
- A greater emphasis on meeting people’s physical and mental health needs out of hospital and within a community environment

Future nurses will need to:

- Have the attributes and skills to respond positively and creatively to this change.
- Be leaders, needing political awareness in order to be influential within the wider healthcare context.
- Have the ability to assess, plan, deliver and evaluate holistic, competent and compassionate care within an environment of often challenged resources.
- Demonstrate the attributes of resilience, adaptability and self-efficacy.
- Be able to care for each other, both as individuals and within and across teams.
- Be able to demonstrate competence in the fundamentals of nursing care across the lifespan.
Develop more specific skills within a specialist field of practice.

Have the ability to work flexibly and inter-professionally and collaboratively in a way which is meaningful and relevant is essential.

As knowledge and information sources grow and are shared rapidly through digital media:

The ability to work with established and emerging technologies, in order to provide contemporary patient care within a digital age.

Students should recognise:

Practice learning as a central theme to their development - It is underpinned by sound theoretical frameworks and analysis of contemporary evidence.

That nurses need the skills for evidence-based practice including being able to form practice questions, search for and critically appraise evidence and use clinical and professional judgement in order to influence practice.

That this is fundamental to achieving high quality care and engagement in a culture of safety and learning, in which students feel safe to raise concerns, is essential.

The attributes of the graduate nurse are reflective of both the University and profession’s values and expectations. The curriculum is underpinned by the University graduate and post graduate attributes of academic literacy, research literacy, critical self-awareness and personal literacy, digital and information literacy and active citizenship.

It fosters critical and reflective thinking allowing for increasing levels of complexity and the development of evidence based competence in the student’s field of practice.

The attributes of the good nurse, such as compassion, courage and commitment are helpfully developed and nurtured through the study of broader philosophical, moral and ethical theories and reflect both the values of the NHS Constitution and the University’s guiding principles of confidence, enterprising creativity, connectedness and generosity of spirit.

Students are making a transition from applicants, with diverse backgrounds, to registrants with a professional identity:

- A core theme within our spiral curriculum is the developing nurse, with the ability to understand and manage their own academic and professional development and identity.
- Students as partners are engaged as co-creators of their educational experience through a range of learning experiences within a transformational learning experience as outlined in our teaching, learning and assessment strategy.

The future nurse will have the opportunity to:

Positively influence the national and global healthcare agenda and fundamentally transform health care outcomes of individuals, their families/their significant others and the wider population.

This curriculum will give graduating nurses the knowledge, skills and attitudes required to influence this change and support them to develop their own professional responsibility towards the fundamental purpose of the profession.
Oxford Brookes University: Learning, Teaching and Assessment Strategy: (2 pages)

‘Transformational Learning’, a form of adult learning derived from the work of Mezirow (2003 p5). It is based on how learners come to education courses with sets of established beliefs and values and how through critical reflection on these beliefs, students’ perspectives can be changed and transformed.

The curriculum uses a ‘spiral’ design so that learning in both practice and the University is structured incrementally from one year to the next.

<table>
<thead>
<tr>
<th>Year</th>
<th>Spiral Curriculum Design</th>
<th>Year focus</th>
<th>Progression</th>
<th>Throughout the course</th>
<th>Course themes</th>
</tr>
</thead>
</table>
| 3    | ![Spiral Curriculum Design](image) | Complex care of people with multiple co-morbidities and the need for health and social care services to be integrated | Increasingly complex | Self-care | • Nursing Practice  
• Professional values, ethics & law  
• Communication & interpersonal skills  
• Public Health:  
• Leadership, management & collaborative practice  
• Decision making:  
• Evidence based practice:  
• Health Informatics & digital technologies: |
| 2    | ![Spiral Curriculum Design](image) | Specific nursing interventions, co-created with patients to meet care outcomes. | Increasing field-specific (child, Adult, Mental health) | Well-being | |
| 1    | ![Spiral Curriculum Design](image) | Communities (local and national), health and well-being, lifespan and values | Increasingly independent and supportive of others | Confidence | |
|      | ![Spiral Curriculum Design](image) | Communities Health & Well-being Life-span Values | | Resilience | |

This model was developed as a result of the consultation process and the incorporation of key drivers and policy for nursing and healthcare including Shape of Caring Review (Willis 2015).
Approaches to learning and assessment are underpinned by and reflect:

- The programme **philosophy**, the **graduate attributes** and Oxford Brookes **University guiding principles**.
- Relevant **local, national and international drivers** from education and health and social care.
- **The person** in the students care and their family at the centre of the educational experience.

Facilitation will be in partnership with practice and academic staff who:

- Meet **professional standards and guidance**.
- Will **value each student** as an individual and enhance their strengths and challenge them in order that they can develop academically, personally and professionally.

Students will be encouraged to **learn by discovery** as they move from being primarily supported and dependent to being supportive and independent in learning and practice. This approach to learning and assessment will help them:

- To identify their strengths and areas for development.
- Reach their personal and professional potential and become confident, safe and effective professional registered nurses.

The teaching and learning approaches have been designed to reflect the transformational ethos of the philosophy.

**Learning will be facilitated by** a range of approaches during both the practice and university experiences such as:

- Experiential learning e.g. practice learning, simulation, action-learning, debate and discussion, reflection.
- Mentoring, coaching and supervising e.g. questioning, challenging, supporting, observing, giving and receiving feedback
- Active learning e.g. projects, role-play, educating others such as patients, the public or peers.
- Student-centred learning e.g. self-assessment, reading, finding evidence, production of resources
- Blended and on-line learning: e.g. using digital resources such as ‘virtual family’, quizzes, specialist lectures
- Use of technology and informatics e.g. social media and networking, mobile health (mHealth), Electronic Patient Records (EPR), big data and the professional boundaries required when using such technology.
- Collaborative learning with other disciplines, interprofessional learning, cultures and agencies e.g. multi-professional team working and simulation, exploring global perspectives
- Problem-based/solution-focused learning e.g. small group working using complex, multi-faceted scenarios, prioritising or decision making in practice.

<table>
<thead>
<tr>
<th>Domain 1. Establishing effective working relationships:</th>
<th>You are excellent at this</th>
<th>You are good at this</th>
<th>You have potential to improve in this area</th>
<th>Potential Evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>You build an effective relationship with the student <em>(as part of a wider team)</em> to support learning by:</td>
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<td>This can be OBSERVED, DISCUSSED/ REFLECTED ON OR WRITTEN DOWN</td>
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<tr>
<td>• Helping them to settle into the placement area effectively.</td>
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<td></td>
<td></td>
<td>Consider additional sources of evidence too</td>
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<tr>
<td>• Providing on-going and constructive support to help them to adjust to the placement</td>
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<tr>
<td>• Role modelling effective professional and inter-professional relationships <em>(i.e. use of professional language/non-judgemental language and behaviour and gives constructive (not gossip) feedback to colleagues)</em></td>
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<tr>
<td>• Verbal or written student feedback /evaluations</td>
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<tr>
<td>• Quick feedback form <a href="http://www.hls.brookes.ac.uk/peu/feedback">http://www.hls.brookes.ac.uk/peu/feedback</a></td>
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<tr>
<td>• Feedback from peers/managers</td>
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<tr>
<td>• Reflective evidence</td>
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<tr>
<td>• The student works with you regularly <em>(they may avoid you if they do not feel the relationship is good!)</em></td>
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<td>• Thank you/leaving cards etc.</td>
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<tr>
<td>• You can state your students prior experience/knowledge/skills</td>
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<table>
<thead>
<tr>
<th>Domain 2. Facilitation of learning:</th>
<th>You are excellent at this</th>
<th>You are good at this</th>
<th>You have potential to improve in this area</th>
<th>Potential Evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>You facilitate student learning, encourage them to self-manage learning opportunities and provide support to help them reach their potential by:</td>
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<tr>
<td>• Recognising what stage of the course they are at and helping them to select appropriate learning opportunities</td>
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<tr>
<td>• Using a variety of ways to help them to integrate learning from practice and academic experiences <em>(asking them about their university course/other placements and discussing what to do if there are differences between perspectives)</em></td>
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<tr>
<td>• Supporting them to critically reflect on learning experiences <em>(by challenging asking probing questions, using reflective approaches, in</em></td>
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<tr>
<td>• You discuss the different expectations you have of the student at different levels. Student feedback that:</td>
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<tr>
<td>• you help them in setting SMART goals/ objectives that stretch them <em>(different words for different levels)</em> see <a href="http://www.businessballs.com/bloomstaxonomyoflearningdomains.htm">http://www.businessballs.com/bloomstaxonomyoflearningdomains.htm</a></td>
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<tr>
<td>• Explicitly consider learning preferences specific needs/disability and educational theory such as hierarchy of needs, adult</td>
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</tbody>
</table>
Domain 3. Assessment and accountability:
You fully assess their learning and competencies by observing skills/behaviour, discussing and questioning knowledge by:
- Helping them to become increasingly responsible/accountable as the placement develops
- Considering a range of approaches to assessment (*questioning, direct observation and feedback, reflection, discussion etc.*)
- Providing constructive feedback which helps them to identify future learning needs and actions (*particularly and where they may not be performing to a safe or acceptable level - explaining what they need to do to improve and what the consequences are if they do not*).
- Recognising and acting on your accountably for confirming that they have met, or not met, the NMC competencies

Domain 4. Evaluation of learning:
You adopt a variety of strategies for evaluating learning in practice and academic settings by:
- Evaluating (*asking them about*) their learning and assessment experiences – and suggesting changes if appropriate
- Self-assessing and asking your peers for feedback regarding your professional and mentoring role development. Contributing to the development of others by constructively offering feedback and support.

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<table>
<thead>
<tr>
<th>learning, active learning etc.</th>
<th>You are observed promoting increased independence/ decision making and case management</th>
<th>You can state what your student has studied in university recently that is related to the placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are familiar with the students Practice Assessment documents (PAD) <a href="https://shsc-int.brookes.ac.uk/documents/browse.php?FolderId=596">https://shsc-int.brookes.ac.uk/documents/browse.php?FolderId=596</a> You need to select the relevant branch of nursing or midwifery to get the documents</td>
<td>You have read the PAD ‘how to use this document sections’ and the examples of completed paperwork (see later in these hand-outs)</td>
<td>Reflection on your experience of assessing Photocopy or summary of constructive feedback given You self-assess as confident and competent to fail a student</td>
</tr>
<tr>
<td>Complete the practice assessor/mentor feedback form at the end of each placement</td>
<td>Verbal and written feedback from peers/managers/Link lecturer</td>
<td>Student feedback - that you check their understanding by questioning and discussion and their skill by observing them</td>
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</tbody>
</table>
**Domain 5. Creating an environment for learning:**
You create an environment for learning, where practice is valued and developed, that provides appropriate professional and inter-professional learning opportunities and support for learning by:
- Supporting students to identify learning needs and experiences that are appropriate to their level of learning (*setting challenging and realistic goals etc.*)
- Using a range of learning experiences, involving patients, clients, carers and the professional team
- Identifying aspects of the learning environment which could be enhanced – negotiating with others to make appropriate changes
- Acting as a resource to facilitate personal and professional development of others

- Copies of SMART goals for performance management and development
- Student feedback that you can clearly state/present in writing a full range of learning opportunities for the different levels of students
- You can identify if asked what makes a successful learning environment
- Students observe good leadership and teamwork in the placement and evidence of a culture that is open to learning (questioning, challenging)

**Domain 6. Context of practice:**
You support learning by drawing on health care and educational policies. You manage change to ensure that particular professional needs are met within a learning environment that also supports practice development by:
- Contributing to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated
- Setting and maintaining professional boundaries which are sufficiently flexible for providing inter-professional care
- Initiating and responding to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained

- You can discuss current ideas/topics in your profession for example 6 C's, Francis report, Willis report, changes to the service, quality initiatives, targets etc.
- You have accessed the latest report from the student feedback of your placement area (your link lecturer or manager should have access to it).
- Make some notes on how you can improve the student experience
- You discuss raising and escalating concerns with the student

**Domain 7. Evidence based practice:**
You apply evidence-based practice to your own work and contribute to the further development of a knowledge and practice evidence base by:
- Identifying and applying relevant research and evidence based practice
- Contributing to strategies to increase or review the evidence-base for practice

Feedback from the student that:
- You can discuss relevant evidence (see [https://www.evidence.nhs.uk/](https://www.evidence.nhs.uk/)) relating to your speciality such as NICE and NSF's and Cochrane Systematic reviews etc.
- You give clear rationale for your practice
• Supporting the student in applying an evidence base to their own practice

and if uncertain are proactive in seeking information/evidence
• You self-assess that you have/are developing skills in evidence seeking/appraising and applying

**Domain 8. Leadership:**
You demonstrate leadership skills for education within practice and academic settings by:
• Planning a series of learning experiences to meet their learning needs
• Acting as an advocate and supporting the student to access relevant learning opportunities – involving a range of other professionals, patients, clients and carers
• Prioritising work appropriately to accommodate their support.
• Providing feedback to managers and to the link lecturer about the effectiveness of learning and assessment in practice.

• You are familiar with the resources for supporting students available on the PEU website http://www.hls.brookes.ac.uk/peu/resources-for-supporting-students
• You have feedback that you communicate any issues in a timely manner to managers/Link lecturers etc.
• You arrange for suitable support for the student in your absence (student and link lecturer feedback)

### As a sign-off mentor (for final placement or return to practice students only)

| 1. You have informed the student that you are a ‘sign-off’ mentor and meet the criteria to remain a sign off mentor | Discussion |
| 2. You can discuss current programme requirements, practice assessment strategies and relevant changes in education and practice | Discussion |
| 3. You can explain the NMC registration requirements for signing off end of programme competencies and your contribution to this | Explanation, correct completion of paperwork |
| 4. You recognise and can discuss your accountability to the NMC for the decision to pass or fail when assessing proficiency requirements at the end of a programme | Discussion |

Reflection

Appropriate liaison with Link lecturer
**Becoming a sign-off mentor:**

<table>
<thead>
<tr>
<th>SOMs should be:</th>
<th>Sign off Mentors are required for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identified on the live register of mentors.</td>
<td>• Adult and Child Nursing programme final placement students</td>
</tr>
<tr>
<td>• Registered on the same part of the register</td>
<td>• All Midwifery students</td>
</tr>
<tr>
<td>• Working in the same field of practice as the student</td>
<td>• All Specialist Nursing programme leading to a recordable nursing qualifications</td>
</tr>
<tr>
<td>• Have clinical currency and capability in the same field of practice as the student</td>
<td>• Specialist Public Health Nurses</td>
</tr>
<tr>
<td>• Met the NMC requirements to remain on the register</td>
<td>• Return To Practice programme Nursing and Midwifery Students</td>
</tr>
<tr>
<td>• Undertake 3 supervised assessments of student’s progress</td>
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</tbody>
</table>

**All midwives** need to be a SOM for all students.

If you have been a nurse mentor for about a year you should consider working towards this by:

- Self-assessing against the SOM criteria
- Being observed by an existing sign off mentor on 3 occasions (the final observation needs to be with an final placement student)

Useful resources from the Practice Education Unit (PEU) Web pages:

Available at: [http://www.hls.brookes.ac.uk/peu](http://www.hls.brookes.ac.uk/peu) Just Type ‘Brookes PEU’ into your search engine

- Resources for supporting students [http://www.hls.brookes.ac.uk/peu/resources-for-supporting-students](http://www.hls.brookes.ac.uk/peu/resources-for-supporting-students)
- Student feedback forms [http://www.hls.brookes.ac.uk/peu/feedback](http://www.hls.brookes.ac.uk/peu/feedback)
- Keeping up to date as a mentor, including:
  - managing challenging experiences
  - Reflection for mentors [http://www.hls.brookes.ac.uk/peu/keeping-up-to-date-as-a-mentor-practice-assessor](http://www.hls.brookes.ac.uk/peu/keeping-up-to-date-as-a-mentor-practice-assessor)
- NMC standards [http://www.hls.brookes.ac.uk/peu/nmc-standards](http://www.hls.brookes.ac.uk/peu/nmc-standards)
- Restricted clinical skills (what students can and can’t do) [https://shsc-int.brookes.ac.uk/documents/browse.php?fFolderId=1136](https://shsc-int.brookes.ac.uk/documents/browse.php?fFolderId=1136)
- You can access the student Practice Assessment Document (PAD) here (select relevant folder) [https://shsc-int.brookes.ac.uk/documents/browse.php?fFolderId=596](https://shsc-int.brookes.ac.uk/documents/browse.php?fFolderId=596)
- Placement of the year [http://www.hls.brookes.ac.uk/peu](http://www.hls.brookes.ac.uk/peu)
**Other resources**

**YouTube Video** Oxford Brookes students talking about various topics for example: 1st day on placement [https://www.youtube.com/watch?v=1j9XzQesgqc](https://www.youtube.com/watch?v=1j9XzQesgqc)
Making mistakes on placement [https://www.youtube.com/watch?v=uoS4y6LKUDw](https://www.youtube.com/watch?v=uoS4y6LKUDw)

**Website documents**


Duffy K (2013) Providing constructive feedback to students during mentoring. *Nursing Standard.* 27, 31, 50-56. You should be able to access this article through a database search or ejournals at your local library.


NHS evidence Great site for NICE Guidelines, BNF online, Clinical Knowledge Summaries [https://www.evidence.nhs.uk/](https://www.evidence.nhs.uk/)


9.4 support students' and colleagues' learning to help them develop their professional competence and confidence.

20.8 act as a role model of professional behaviour for students and newly qualified nurses and midwives to aspire to


