Welcome to the 2013 edition of the Nursing and Midwifery Mentor Bulletin. The Bulletin has been formulated and edited by a group of practice education facilitators from across Scotland who interact with mentors as part of their core role.

The role of practice learning and mentor involvement is crucial for development of the clinical learning environment and this is highlighted in many of the articles where innovative practice is occurring.

The Bulletin is grouped into three sections:
- Learning in Practice
- Mentor Updating
- Mentor Support.

In addition there is also an article on the new terminology in relation to the Standards for pre-registration nursing education (NMC 2010) and a wordsearch.

We hope you enjoy reading the articles and would encourage you to use the reflective questions below to further develop your learning experience.

**Reflective questions for mentor bulletin 2013**

The bulletin has been published to inform your development as a mentor and can be used as a means of achieving your NMC mentor update requirements.

To assist you in recording your evidence of updating you may wish to use the questions below.

- What caught your attention in the bulletin?
- Can you give examples or illustrate what you have learnt?
- What information can you share with your peers?
- What would you like to learn more about?
- How do you plan to achieve this?

Would you like to provide an article for next years mentor bulletin? Please send an e-mail to NMAHP.Events@nes.scot.nhs.uk for further information.
Learning in Practice

Cardiac rehabilitation as a practice learning experience

Cardiac rehabilitation (CR) is a part of an integrated cardiology service across Greater Glasgow and Clyde (NHSGGC) which provides a stand alone practice learning experience (PLE) for pre-registration student nurses. The Scottish Intercollegiate Guidelines Network (2002) defines cardiac rehabilitation as:

"the process by which patients with cardiac disease, in partnership with a multidisciplinary team of health professionals, are encouraged and supported to achieve and maintain optimal physical and psychosocial health."

This specialised area provides a unique platform for students to learn across a broad range of settings. In NHSGGC this practice learning experience incorporates CR, rapid access chest pain service and heart failure liaison service. The senior staff in these services provide dedicated one to one mentoring and facilitate a variety of learning opportunities for students that is supported by their expert knowledge.

Healthcare provision has changed in recent years with increased focus on outpatient and community settings. Historically students have been ward-based and as a service it was, for us, difficult to fully recognise the full range of learning available in CR.

A student learning pack was developed by the mentors across the three services to provide guidance, awareness of terminology, clarify learning opportunities and suggest reading materials. Students are encouraged to learn in a variety of ways which include:

- mind mapping
- reflection
- discussion of learning outcomes.

The placement learning experience commences in CR where the mentor discusses learning outcomes and provides the student with a timetable, detailing that they will spend a week with both the heart failure and chest pain service. Mentors from these two services provide feedback to the student which contributes to the interim and final assessments, completed by the CR mentor.

The placement model recognises the spectrum of healthcare across acute to long term condition management. Students become part of the nursing and wider multidisciplinary team during their placement. Learning focuses on recognising varying physical and psychosocial patients’ needs and understanding the art of professional communication over the patient age spectrum. Working in wards, clinics and in patients’ homes is pivotal to the range of healthcare provided during this placement.

Developing and nurturing students to participate in patient assessments, to discuss treatment plans, including self management, provides satisfaction for both students and mentors who see the confidence and abilities of student nurses grow.

Student nurse, Nicola Machin, summed this up recently by stating:

“For me, CR has been an adventure. Initially I thought it was a ward-based placement. After having spent six weeks here, I had no disappointment. The range of knowledge and opportunity gained from this experience is extensive. I feel I have really benefited from this placement with not only developing new skills but recognising the importance of health promotion and individual care needs.”

Myra McKenna
Team lead, Cardiac Rehabilitation, Greater Glasgow and Clyde
Practice nurses as mentors for undergraduate student nurses

A small group of practices in West Fife have offered student nurses the opportunity to access a community placement with a practice nurse as their mentor. The students spending time with general practice nurses (GPN) had commented on how useful and informative they had found it, and that they would have liked more time to work with the GPN rather than just for a few sessions. GPNs felt they had a lot to offer students, as the role is wide ranging, varied and focuses on person centred care especially in relation to management of long term conditions and health promotion.

The starting point was a group of GPNs approaching the local practice education facilitator (PEF) to request mentoring students as a stand alone placement. Traditionally, General Practice was not somewhere that was seen to fully support student nurse learning outcomes and there was a view that outcomes could not be solely achieved in these environments.

GPNs involved in this initiative believe it offers advantages to all involved. Student nurses can practise consultation skills, history taking, assessment and examination under practice nurse supervision, and develop their knowledge in pharmacology as practice nurses are often independent prescribers. GPNs work within a wider team and have access to a wide variety of different professionals.

Similar to placements with other community nurses, students spend time with the district, treatment room and public health nurses, as well as the general practitioner (GP), pharmacist, podiatrist, physiotherapist, counsellor and receptionist, and often undertake shifts at the out of hours service. This leads to development of a good understanding of the multidisciplinary team whilst on a practice nurse placement.

The GPNs are aware of different priorities when working within a small business such as the impact of being released for mentor preparation courses. However, the support of the GPs during this initiative has been a significant factor in its success. By exposing more student nurses to this role, the profile of the practice nurse is raised which will hopefully impact on workforce planning for the future.

The support of the local PEFs have been instrumental in enabling practice nurses to access appropriate mentor updates, and through a flexible approach have been able to visit the practice area thus limiting the time GPNs have to spend out with the practice. This has had direct influence in relation to understanding the changes in the undergraduate programme. In addition the online mentor information from the University of Dundee has proven very helpful.

GPNs stand to gain both personally and professionally as mentors for student nurses. Facilitation of the learning of others is an essential part of the role of all qualified nurses, and mentoring a student encourages a reflective and questioning approach to nursing practice, and ultimately it is rewarding when a student enjoys his/her placement, learns new skills, and gives positive feedback.

Gill Dennes
Practice Nurse, NHS Fife
Supporting students through clinical supervision

The benefits of clinical supervision towards the maintenance and improvement of patient care is well documented in research literature (Butterworth et al 1997 and Davey et al 2006) and is recognised by the Royal College of Nursing (RCN 2006) as a supportive way to facilitate learning from experience. A pilot clinical supervision group was offered to third year nursing students to introduce the concept of clinical supervision early in their careers and to evaluate any benefits to their clinical practice.

This project, with third year nursing students from Robert Gordon University in Aberdeen ran over six sessions between February and May 2012. Eight students volunteered to participate and from this initial group, six were regular attendees, with a core group of four established.

In order to facilitate clinical supervision Proctor’s functional model of supervision as cited by Sloan and Watson (2002) was utilised. Within the model the formative function relates to the development of education and learning, the normative function to the promotion and maintenance of good standards of care and finally the restorative function relates to emotional support and validation.

The project was commissioned by the head of nursing mental health and learning disabilities, NHS Grampian and supported by the practice education facilitator. The supervisors are experienced senior nurses in mental health.

Qualitative data from the evaluation identified the following benefits to practice:

- Encourages reflection and being less afraid to challenge practice issues
- Students reported that following the group, they found it easier to discuss worries and concerns with colleagues and peers
- Enable learning about the concept of clinical supervision through the process of taking part in the group
- Enhanced awareness of the benefits of reflection in their own clinical practice
- Increased self awareness was evident during some of the discussions about student’s actual practice.

In summary this has been a successful and worthwhile project which the facilitators expect will lead to enhanced reflective practice for those who took part. The facilitators would like to thank this group for their enthusiasm, openness and honesty both during the sessions and in their feedback.

A quote from a student following the project:

“Once I am qualified, I would like to be a mentor and this group has highlighted to me that mentorship can often be improved upon. I would also be keen to do further training in clinical supervision with a view to ultimately facilitating sessions myself.”
Future aspirations are to create further group supervision opportunities for third year mental health nursing students whilst on placement. From evaluation of the feedback, including that of the supervisors, the amount of sessions should be extended from six to twelve sessions to allow for better group cohesion and offer a deeper understanding of clinical supervision in action.

Liz Adams  
Liaison Psychiatric Nurse, NHS Grampian

Sandra Nicoll  
Clinical Nurse Specialist, Child and Family Mental Health, NHS Grampian

Louise Robertson  
Practice Education Facilitator, Mental Health Services, NHS Grampian.
Let’s work together

Ayrshire and Arran community practice education facilitators have a proactive link mentor group who meet over lunch on a three monthly basis. The link mentor meeting is an ideal platform for mentors to share good practice, discuss new initiatives and explore challenges encountered. Recent meeting agenda items have included:

- Mentorship preparation module accredited and non-accredited routes
- Mentorship guidance and compliance
- Team mentoring
- New pre-registration Bachelor of Nursing programme
- Assessment documentation
- Local mentor pack.

Attendance at link mentor meetings can be recorded as an annual updating activity and is a means of helping staff to maintain compliance with the Standards to support learning and assessment in practice (NMC 2008).

The new pre-registration programme was implemented by the University of the West of Scotland (UWS) (one of our partner universities) in September 2012. The need to prepare and plan for these student practice learning experiences was high on the agenda at meetings during the course of 2012.

The link mentor meetings have enabled information to be shared in a relaxed forum and have assisted mentors to prepare for the implementation of the new pre-registration programme whilst bridging the gap between higher education and clinical practice.

The following are quotes from individuals involved in this initiative:

“The link mentor meetings are invaluable as a communication and professional link between the university and mentors on the ground level, ensuring a seamless experience for students and patients alike.”

Tracey Carswell (Mentor)

“These meetings are invaluable and allow us to keep abreast of the many changes that are relevant to both us as mentors and also the students. We then cascade this information to our other team members to keep them informed and up to date. The meetings are informal, which allows for a relaxed atmosphere with plenty of interaction.”

Cathy Kerr (Mentor)

“I found the link mentors meeting really enjoyable and worthwhile. It gave me a chance to get to know some of the link mentors within the area and it was a really vibrant and enthusiastic meeting. It was great to meet people who are so committed to student development and this meeting is a great support mechanism for link mentors”.

Fiona Lundie (Liaison Lecturer)

The practice education facilitators recognise the value of the link mentor network. Mentors are fundamental to supporting student learning and quality healthcare within the community. With their support well structured community placements have been developed, innovative mentorship approaches such as team mentoring have been utilised and the wider mentor population remains well informed.

Ann Burley
Practice Education Facilitator, NHS Ayrshire and Arran

Allison Wood
Practice Education Facilitator, NHS Ayrshire and Arran
Exploring the experience of the triennial review process for mentorship

The publication and implementation of the Nursing and Midwifery Council (NMC) revised Standards to support learning and assessment in practice in 2008 (originally published in 2006), heralded the beginning of a new era of quality assurance for mentorship in clinical practice.

Within the standards, it is mandated that registered nurses taking responsibility for assessing and supporting learners in practice continue to be annually updated and supported in the role. Every mentor must now be reviewed on a three-yearly basis to ensure they are meeting the NMC requirements; a process known as triennial review (NMC 2008). This is a new concept for mentorship in nursing and midwifery, and the first cycle of these reviews has now been completed.

As part of Master of Science studies during 2012, a project was conducted within one health board area to examine local experiences of the triennial review process, with a view to offering suggestions for future service improvement. Quantitative and qualitative data were collected from the three key stakeholder groups: 1219 mentors, 204 managers and six practice education facilitators (PEFs) were invited to participate in the project. Electronic surveys were used to collect data from mentors and managers while the experiences of the local PEFs were discussed in a focus group session. The response rate within the mentors’ survey was 30.3% and there was a 31.4% response from managers; five PEFs participated in the focus group session (83%).

Findings:
Analysis of the data revealed three main themes:

- Challenges encountered in meeting the triennial review requirements
- Outcomes of the process as perceived by all stakeholder groups
- Potential improvements which could be considered to enhance the process for future review periods.

Key issues within each of these themes are displayed overleaf.

Continued on next page
Outcomes

- Raises awareness of mentorship requirements
- Promotes mentor confidence
- Allows reflection on practice and mentorship skills
- Identifies good practice
- Provides time for discussion and evaluation of performance
- Supports autonomy of staff
- Enables identification of development needs
- Ensures mentors are kept up to date
- Ensures compliance with professional standards

- Contributes to professional development
- Ensures accurate records of competence in mentorship
- Provides evidence for KSF and PDP
- Offers support and supervision for mentors
- Increases awareness of resources available to support mentorship
- An opportunity for shared learning and development
- Assists in identifying problems or areas for improvement
- Offers reassurance for managers that staff are meeting professional requirements
In summary, this project has begun to uncover some of the issues encountered within the implementation of the triennial review process within one health board area, though the findings may also be of interest throughout the country.

In essence it appears that, while there may have been some initial difficulties in maintaining compliance with the standards and/or adhering to the triennial review requirements, there is a sense that there has been positive outcomes and that improvements can be achieved as all stakeholders become more familiar with the process and with their own roles and responsibilities in this.

Laura Barber  
Practice Education Facilitator, NHS Ayrshire and Arran
New midwifery mentor update opportunity

The practice education facilitators (PEFs) in NHS Tayside, being mindful of minimising the amount of time mentors spend away from direct care look for different ways to engage with staff to ensure that they meet Nursing and Midwifery Council (NMC 2008) requirements for mentorship.

In the monthly two-hour session, the PEF offers a library of mentorship related topics with participants choosing two subjects to be discussed in detail. This midwifery focused update is mentor driven rather than PEF led with the topics being decided on by those in attendance, following a brief discussion. There are between eight and twelve mentors in each session. The challenge for the PEF is that she is unaware of which topics the group will choose.

No two groups of midwives have chosen the same set of topics and no single topic has been requested more than another, thus mentors have chosen topics equally. This has reassured the PEF that midwifery mentors are keen to gain a wide range of knowledge to support their mentorship.

Sessions are positively evaluated by participants stating that this innovative format meets their development needs and are tailored to a midwifery focus, rather than a generic update.

Topics available:

- Triennial review - documentation is available, with discussions on what evidence can be used to meet each criteria. Background information is provided by the PEF and guidance given on how to meet triennial review
- Graduateness - questions are posed to generate guided discussions on what mentors expect from midwifery graduates. Light-hearted debates often follow
- Curriculum information - information on the current curriculum as provided by the University of Dundee
- Transition process in advance of a new Higher Education Institution provider (Robert Gordon University) for pre-registration midwifery students to the local area
- Fitness for Practice - midwifery related cases from the NMC Fitness to Practice panel are discussed through a mentorship perspective
- Mentor Hot Topics - midwifery mentorship is discussed, debated, reflected on and learning promoted using real dilemmas and situations. This has included the use of social networking by students, the challenges of supporting an underachieving student and how to assess, document and feedback student attitudes and behaviours
- Mentor millionaire - a light-hearted quiz using mentorship related questions
- Midwifery mentor story - a scenario develops from a mentor, student and lecturer perspective, enabling mentors to see the issue from a wider perspective.

Gill Smith
Lead Practice Education Facilitator, NHS Tayside
Meeting NMC annual mentor updates: evaluation studies of nurses in central Aberdeenshire

In October 2010 an evaluation of the range of update activities used by mentors in central Aberdeenshire community and community hospitals was undertaken by electronic survey as there had been low attendance at face to face sessions. Mentors were asked about methods used to update in the last year, difficulties encountered in achieving update requirements, if the update changed their practice and how important they felt it is to update.

Key results from 39 mentors were that all but one of the respondents had met the Nursing and Midwifery Council (NMC) Standards for learning and assessment in practice (NMC 2008) using a number of methods. The most frequently used method was informal discussion with colleagues or peers, a method that the NMC suggest can be supported by activities and other resources (NMC 2009). Mentors reported they were keen to ensure that students have a good placement experience and that updating is necessary mainly due to curriculum and assessment documentation changes. The main difficulty in updating was reported as lack of time, with the suggestion that more online updating would be beneficial for community nursing.

Although the provision of organisation wide online updating resources were being planned, this is a lengthy process. In the interim, to address the survey themes identified an update was sent by email each calendar month to mentors in addition to offering face to face sessions.

The formats of the email updates were varied, some delivered information and others offered scenarios for discussion with peers. The first update gave information on annual updating and triennial review requirements. Scenarios were also developed to inform mentors about the support structures and communication processes available to them.
Examples of scenarios included:
- management of student absence
- placement allocation at weekends
- student not providing assessment documentation for use in placements
- supporting students with dyslexia.

Suggested responses to scenarios were sent via email several weeks later with links and references to relevant policies and documentation to allow further learning, reflection and discussion. This allows the electronic updating format to complement the face to face element as required by the NMC (NMC 2008). In addition, face to face sessions on assessment documentation were offered as each cohort of students commenced practice placement, and these have been well attended.

A further electronic survey was undertaken in December 2011 with additional questions related to the monthly email updates. Key results from 38 mentors included a significant increase in the amount and range of updates undertaken by individuals, a 50% reduction in difficulties achieving update with 97.4% of respondents using the resources sent by email.

Comments from mentors included:
- By discussing suggestions sent post activity with colleagues, it means all mentors are making decisions based on policy and guidelines, not subjectivity
- Sometimes the updating reassures me I’m on the right track. Occasionally I make small changes to update my practice. Updating helps me to be more flexible with different students and raises my awareness that all students are individuals and may require different approaches.

During 2012 email and pre-placement documentation updates continued and information sessions on new curriculum were also offered.

Jackie Leith
Practice Education Facilitator, NHS Grampian

Where to document your mentor activity and mentorship updates as evidence for the Knowledge and Skills Framework

1. Establish effective working relationships
   Demonstrate effective relationship building skills to support learning, as part of a wider inter-professional team, for a range of students

2. Facilitation of learning
   Facilitate learning for a range of students, within practice. Encourage them to use reflection to maximise their development, and where possible encourage self-management of learning opportunities

3. Assessment and accountability
   Assess learning in order to make judgements related to the Nursing and Midwifery Council (NMC) standards of proficiency for entry to the register or for recording a qualification at a level above initial registration

4. Evaluation of Learning
   Design strategies to evaluate learning to ensure that the NMC standards of proficiency for registration or recording a qualification at a level above initial registration have been met

5. Create an environment for learning
   Create an environment for learning that provides professional and inter-professional learning opportunities and support for learners to maximise individual achievements, and where practice is valued and developed

6. Context of Practice
   Support learning within a context of practice that reflects health care and educational policies, managing change to ensure that particular professional needs are met within the learning environment that also support practice development

7. Evidence Based Practice
   Apply evidence based practice in own sphere of work, and contribute to further development of such knowledge and evidence based practice

8. Leadership
   Demonstrate leadership skills for education within practice setting

Mentoring activity and your evidence from annual mentor updates and triennial reviews can be submitted as evidence for your Knowledge and Skills Framework (KSF). This guidance shows where evidence from each domain from the Standards to support learning and assessment in practice (NMC 2008) will support the core dimensions in the KSF.

John Hammerton, Practice Education Facilitator, NHS Tayside
Supporting mentors with students giving cause for concern

Whilst the majority of nursing and midwifery students will achieve the standards of proficiency expected of them for registration with the Nursing and Midwifery Council (NMC), one of the most challenging parts of the mentorship role is that of supporting students whose practice is giving cause for concern (Duffy 2003).

The NMC Standards to support learning and assessment in practice (2008) state that a mentor should have access to a network of support to assist them in making complex judgements such as when supporting a failing student.

Within NHS Tayside a multi-faceted approach is being utilised to raise awareness among mentors of both the issues surrounding student cause for concern and also the network of support that is available to them when faced with this challenge.

Firstly, the NHS Tayside practice education facilitators (PEFs) have developed an e-learning module entitled ‘Supporting students giving cause for concern’ which looks at the assessment and support of students giving cause for concern, and encourages the staff member to reflect on their own previous experience of mentoring students who have required additional support to meet the required level of competence.

The module also reinforces the network of support available through the inclusion of a scenario that encourages the staff member to use a cause for concern flowchart that has been developed collaboratively by the University of Dundee and the University of Abertay Dundee.

The flowchart, which is included in the student ongoing achievement record (OAR), provides the mentor with a structured process that they can follow whilst also highlighting the support that is available from within their own area, the university and their PEF.

Finally, the NHS Tayside PEFs have chosen ‘Fitness to Practice’ as the topic for their 2012-2013 mentor update. This session involves the attendees linking issues from some real NMC fitness to practice hearings to the four NMC domains for students:

- professional values
- communication and interpersonal skills
- nursing practice and decision-making
- leadership, management and team working.

A lecturer from the University of Dundee School of Nursing and Midwifery is also involved in the session to discuss student fitness to practice from a university perspective, including how the school supports students giving cause for concern.

The mentor update enables the attendees to explore assessment issues with other mentors and facilitates greater insight into the process involved in supporting students giving cause for concern. This approach offers mentors an excellent overview of both university and practice support mechanisms.

Statistics from the NHS Tayside eHealth implementation and training department show that, since its launch in October 2011, the e-learning module has proved to be very popular with 234 practitioners completing the module in its first five months. It is interesting to note that, in addition to midwives and nurses from all fields, the module has also been completed by doctors and other allied health professionals.

The fitness to practice mentor update has been positively evaluated with many comments relating to mentors feeling better informed of the cause for concern process and the support that is available to them.

Alistair Drew
Practice Education Facilitator, NHS Tayside
Getting off to a Flying Start – Supporting newly qualified midwives in practice

At the request of Scottish Government, NHS Education for Scotland developed and introduced Flying Start NHS® (FS NHS®) (NHS Education for Scotland 2012) in 2006 to support early career development and retention of newly qualified practitioners. Newly qualified midwives are also required, by the end of their first year in practice, to evidence consolidation and further development of clinical skills achieved during their pre-registration education programme and to achieve the associated outcomes of the knowledge and skills framework (KSF) (Department of Health 2004).

The Scottish Government’s one year job guarantee (OYJG) commitment for newly qualified nurses and midwives was introduced in 2002 (Scottish Government 2010). Since 2010, the OYJG: Internship scheme has been implemented across NHS Scotland, which requires completion of FS NHS® by the end of the 12 month internship post.

NHS Greater Glasgow and Clyde devised a midwifery development programme that was primarily structured around FS NHS®, but which incorporated all necessary elements as detailed above. The key outcomes of the project were therefore to:

- Devise a programme that was comprehensive, structured and easy to navigate by both newly qualified midwives and their mentors
- Provide a structure and format that facilitates the population of only one portfolio that would evidence achievement of FS NHS® outcomes, continuing professional development requirements and evidence for KSF.

FS NHS® facilitates professional development by enabling newly qualified practitioners to work safely within their scope of practice, to build confidence and to become effective members of the multi-professional team. One or more allocated mentors provide light-touch mentor support and guidance and participate in reflective activities and action-planning with the newly qualified midwife. In addition they confirm ongoing clinical skills development and achievements throughout the first year in relation to FS NHS®.

The new midwifery development programme provides structure, guidance and information not only for newly qualified midwives and their line managers but also for the mentors who support them. It is intended that the programme will be available to download from the local intranet site and that practice education facilitators will then actively promote the programme by providing information and induction sessions for new midwives, managers and mentors in their local practice environments.

Jane Kelly
Practice Education Facilitator, Greater Glasgow and Clyde

Lucy Powls
Senior Charge Midwife, Greater Glasgow and Clyde

Scott Hamilton
Practice Education Facilitator, Greater Glasgow and Clyde
Using a professional network group to enhance the learning environment.

Partnership working is essential in order to ensure the sharing of information, develop best practice and enable mentors and practice education facilitators (PEFs) to carry out their roles effectively.

Glasgow Caledonian University (GCU) is one of four universities in Scotland offering a child field pre-registration nursing programme with an average annual intake of 60 students, which equates to supporting approximately 180 student nurses during the academic year.

Whilst the majority of students undertake their practice learning experiences within NHS Greater Glasgow and Clyde (NHSGGC), the number of students and the availability of practice learning environments require that some students placements are in the surrounding health boards of NHS Lanarkshire, NHS Ayrshire and Arran and NHS Dumfries and Galloway.

Prior to 2010, PEFs from the west of Scotland met during national and regional events where it was acknowledged that PEFs from the outlying health boards required more information about GCU’s child field pre-registration nursing programme in order to support mentors and students locally. This requirement led to the establishment of a professional network group which included PEF representation from NHSGGC, NHS Lanarkshire and NHS Ayrshire and Arran. After several meetings the group asked a child field lecturer from GCU to attend meetings as many of the issues raised related to the child field programme and its processes. Since 2011, a PEF from NHS Dumfries and Galloway has also joined the group.

It was acknowledged that good communication strategies were in place between GCU and the NHSGGC PEF but these were less well established in the other health boards. The GCU child field team felt that PEFs in the outlying health boards knew when to expect students, and were able to support mentors and students in practices, but had limited knowledge of the programme.

Since the establishment of the professional network group, there have been many benefits for the practice learning environments and the university, which have highlighted the importance of good partnership working. These are summarised in the diagram on the following page.
Having knowledge and confidence with GCU university processes has enabled PEFs to provide better support and guidance to mentors, which subsequently enhances the learning experience for the students. In addition, senior charge nurses and mentors out with NHSGGC feel more supported and confident when providing learning opportunities for student nurses through partnership working between university and service. Since 2011, as a result of this professional networking group, the establishment of new practice learning environments and an increase in service level agreements (the maximum number of students an area can support at one time) has resulted in more student nurses accessing practice learning experience in other health boards.

Mentor Support

Julie Smith  
Practice Education Facilitator, NHS Greater Glasgow and Clyde

in collaboration with:  
Debra Heron  
Practice Education Facilitator, NHS Ayrshire and Arran  
Christine Loy  
Practice Education Facilitator, NHS Dumfries and Galloway  
Liz Miller  
Practice Education Facilitator, NHS Lanarkshire

Laura Millar  
Practice Education Facilitator, NHS Lanarkshire  
Fiona Macleod  
Pathway Lead, Child Field, GCU
New Standards for pre-registration nursing education

New Standards: New Language

With the introduction of the pre-registration standards in 2010 (NMC 2010), mentors will be encountering some different terminology in relation to the new nursing and midwifery programmes however, please note that mentorship and its core values will remain the same.

In order to assist mentors the short table shown below gives some of the commonly used terms that you may come across.

<table>
<thead>
<tr>
<th>Before</th>
<th>With the new standards</th>
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<tbody>
<tr>
<td>Assessment Tools</td>
<td>Ongoing Achievement Record (OAR)</td>
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<tr>
<td>e.g. CAP (Continuous Assessment of Practice)</td>
<td></td>
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<tr>
<td>PARA (Practice Assessment and Record of Achievement)</td>
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<tr>
<td>Placement</td>
<td>Practice Learning Experience</td>
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<tr>
<td>Common Foundation Programme and Branch Programme</td>
<td>Generic competencies and Field competencies</td>
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<tr>
<td>Year (1, 2 or 3)</td>
<td>Part (1, 2 or 3)</td>
</tr>
<tr>
<td>Branch</td>
<td>Field (e.g. Adult, Paediatric, Learning Disabilities or Mental Health)</td>
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All New Terms

In addition to the changes, there are other terms which will be used in nursing education:

**Shared Learning:**
Nurses and in some cases, other professional groups, will share educational sessions throughout their programmes.

**Progression points/criteria:**
Ensures the student is at the expected level of theory and practice. Each part has its own requirements depending on the stage of the student.

**Service/carer review:**
Carers and service users will be able to comment on a student nurse in their assessment document.

The NMC domains (NMC 2010) have also changed to the following:

- Professional Values
- Communication and Interpersonal skills
- Nursing Practice and Decision making
- Leadership, Management and Team Working

Although domain names have changed, they will still form the basis of assessment tools.

Mentor Bulletin Group 2013
Mentorship wordsearch

K C Z Z E O D E T S S I Q B F
G S S G U F W R L Z E F U W F
U P D A T E I Z X O N E A T O
L B K T Y E I W S E R S L R N
E S R U N T N E D U T S I A G
A G Q N S E S E S M E I P B F T I
R F I K D R M K B I M Z I S S
N A I P U R U P H A Z P E G C
L L M N F E W S O E S L D N P
L H X N B E R O C L H I A I A
F E S E M O C T U O E R C Y K
E V G I T M U C H Y A V L L N
W R S N N G B H O V E M E F N
P C E P O R T F O L I O G D W
X M P U J K L J M T Q O V F X

BASIC
CORE
DEVELOPMENT
FLYINGSTART
LEARN
MENTORSHIP
MIDWIFE

NES
NMC
NURSES
OUTCOMES
PORTFOLIO
QUALIFIED
ROLE

SIGNOFF
SKILL
STUDENTNURSE
TRIENNIAL
UPDATE


