Introducing the mentor ePortfolio

Two national ePortfolio work streams will be of interest to mentors undertaking preparation programmes and mentors on NHS Board mentor registers.

Mentor preparation ePortfolio

The National Approach to Mentor Preparation (NHS Education for Scotland 2007) includes guidelines for mentor portfolio development to evidence achievement of the Nursing and Midwifery Council (NMC) mentor outcomes. A subsequent scoping exercise found some universities were using paper-based portfolios with others using electronic systems. A group has met throughout the year to develop an ePortfolio which will enable mentors to build their portfolio of evidence. The website content and format has been consulted upon, the key functions tested and pilot sites identified.

Within this ePortfolio, mentors will be able to identify educational needs, set goals and plan how to achieve them. It also contains guidance on how to evidence achievement and standard forms which can be linked to specific NMC mentor outcomes. This ePortfolio will become the mentor’s record throughout their Programme of Preparation with local guidance about ePortfolio use uploaded by the universities involved.

University of Dundee, The Robert Gordon University and University of the West of Scotland along with their service partners from NHS Fife, NHS Grampian and NHS Dumfries and Galloway commenced the pilot in autumn 2009. Several cohorts of student-mentors will use the ePortfolio before a national evaluation in 2010.

Mentor continuing professional development ePortfolio

As a mentor you will be aware of the NMC requirements in terms of annual updating and triennial review and of your employment requirements to participate in an annual Knowledge and Skills Framework (KSF) PDP review. With these things in mind, it was therefore decided to explore with NHS colleagues whether the ePortfolio should be extended to include mentor continuing professional development (CPD). There was overwhelming support for this, providing the ePortfolio could link in with eKSF and provide evidence for triennial review.

To progress this work, a small group of mentors and PEFs have been working with the National KSF Lead and staff representatives to indicatively link the NMC mentor outcomes to the KSF core dimensions and provide feedback on the development of the CPD pages. The mentor CPD ePortfolio will be piloted during 2010.
**Guidance on professional conduct for nursing and midwifery students**

The NMC has published new guidance on professional conduct for nursing and midwifery students (NMC 2009). The guidance is in response to key principles outlined in the White Paper Trust Assurance and Safety – the regulation of healthcare professionals in the 21st century (DOH 2007). These key principles encourage the development of a clear sense of professional responsibility in students so that they can better understand regulation and the role it plays in their future registration and professional career as a nurse or midwife.

The purpose of the guidance is to advise on the personal and professional conduct that patients and the public can expect from student nurses and midwives. The basis of the guidance is the four core principles of The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC 2008):

1. Make the care of people your first concern, treating them as individuals and respecting their dignity
2. Work with others to protect and promote the health and well-being of those in your care, their families and carers, and the wider community
3. Provide a high standard of practice and care at all times
4. Be open and honest, act with integrity and uphold the reputation of your profession

The student guidance explains the core function of the NMC, which is to safeguard the health and wellbeing of the public and it encourages students to work towards the standards contained within The Code so that students are ‘fit to practice’ at the point of registration. Furthermore, it links to the identified Essential Skills Cluster of Care, Compassion and Communication which states that “Patients/clients can trust a newly registered nurse to: Provide care based on the highest standards, knowledge and competence” (NMC 2007).

**NMC review pre-registration nurse education**

In response to the changing context of UK healthcare delivery and policy drivers, the NMC is undertaking a two stage review of pre-registration nurse education. Phase 1 consulted on a UK wide framework to underpin pre-registration nurse education. Phase 2 focuses on the development of generic and field specific competencies. Phase 2 also includes teaching, learning and assessment requirements around grading of practice, assessment in different learning environments and user/carer involvement in the assessment process. You can get involved in consultations via the NMC e-portal at: https://www.engagespace.co.uk/engage/ncm/default.aspx

---

**Teaching Clinical Skills**

The introduction of Essential Skills Clusters by the Nursing and Midwifery Council (NMC 2007) has raised the importance of some of the most basic elements of nursing practice, for example, medicines management. Students receive an introduction to clinical skills within the university setting, but confidence and competence in carrying out these skills is developed when on placement.

How do you teach your student a clinical skill?
Do you use a recognised model?

If not, you may find the following a useful guide for teaching skills within your area.

### Preparation for skills teaching

<table>
<thead>
<tr>
<th>Set learning outcomes</th>
<th>Plan format of session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required reading/work given</td>
<td>Inform learner of arrangements</td>
</tr>
</tbody>
</table>

### Procedure for skills teaching

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Mentor demonstrates skill at normal speed without commentary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>Mentor demonstrates skill with full explanation encouraging questions from learner.</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Mentor demonstrates skill. Learner provides step-by-step commentary.</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Learner demonstrates skill and provides step-by-step commentary</td>
</tr>
</tbody>
</table>

(Three step model adapted from Peyton, JWR. 1998)

### Follow on from skills teaching

<table>
<thead>
<tr>
<th>Reflection on procedure</th>
<th>Questions and explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback given</td>
<td>Plan next session</td>
</tr>
</tbody>
</table>

Nursing and Midwifery Council (NMC) 2007. Essential Skills Clusters (ESCs) for Pre-registration Nursing Programmes, Nursing and Midwifery Council: London


Useful web resource: http://www.faculty.londondeanery.ac.uk/e-learning/teaching-clinical-skills/
The Mentor Updating Journey

The following pages provide an outline of possible routes that mentors may take to meet their personal, professional, NHS Board and University requirements.

The mentor journey will:
- start with completion of a mentor preparation programme
- include mentor details on NHS Board mentor register
- incorporate annual mentor updating activities
- progress through sign off status (as appropriate)
- conclude each 3 year mentor cycle through participation in a triennial review with their manager to remain on the mentor register

Mentor annual updating

As a qualified mentor on your NHS Board mentor register, you will be aware that the NMC Standards to support learning and assessment in practice (2008) requires you to maintain and develop your knowledge, skills and competence through regular updating. Annual updating has a number of purposes and you might find the following questions useful to assist you to decide what activities will be most beneficial for you in terms of your own mentor development.

Whatever activities you, in discussion with your manager, decide are most appropriate for your annual updating, they must include:

- an opportunity to meet (face-to-face) and explore assessment and supervision issues with other mentors
- exploring as a group the validity and reliability of judgements made when assessing practice in challenging circumstances

These discussions could take place at ward/departmental level, at a mentor skills workshop or at a PEF mentor update depending on local policy.

<table>
<thead>
<tr>
<th>Purpose of mentor updating</th>
<th>Issues for your own development as a mentor</th>
<th>Suggested updating activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have current knowledge of NMC approved programmes</td>
<td>How long is it since you mentored a student? How has the programme changed? What are implications of this, if any, for your clinical area? Has the documentation changed?</td>
<td>Attendance at PEF/HEI led annual update Discussion with mentor colleagues at team meetings Review of student learning package against changes to modules</td>
</tr>
<tr>
<td>Understand the implications of changes to NMC requirements</td>
<td>What do you know about: Essential Skills Clusters (ESC) sign off mentors due regard students with a disability?</td>
<td>Review of NMC website and write reflective account Attendance at PEF/HEI led annual update</td>
</tr>
<tr>
<td>Understand issues relating to supporting students</td>
<td>How do you induct a student into your clinical area? What learning opportunities are available and how appropriate are these for the student? What is your clinical area like as a learning environment?</td>
<td>Review of student placement feedback and discussion with colleagues. Review of student ESC and proficiencies against opportunities in clinical area. Quality Standards for Practice Placements (QSPP) or University Educational audits and action plans</td>
</tr>
<tr>
<td>Have an opportunity to discuss issues relating to mentoring, assessment of competence and fitness for safe and effective practice</td>
<td>What is your responsibility and accountability as a mentor? When does a development need become a cause for concern? What is the process if you have a cause for concern about a student? What factors inform your assessment decisions?</td>
<td>Discussion with mentor colleagues PEF/HEI led mentoring discussion Mentoring skills development workshop</td>
</tr>
</tbody>
</table>

To be maintained on the local mentor register the NMC require mentors to undertake a triennial review to verify the following requirements have been met:

- mentored at least two students within a three year period
- participated in annual updating
- explore as a group the validity and reliability of judgements made when assessing practice in challenging situations
- mapped ongoing development in their role against current NMC mentor outcomes
- met all requirements to be maintained on the local register as a mentor/sign off mentor

You will need to evidence all the mentor updating activities you have undertaken each year and retain these within your portfolio.
The Mentor Update Journey

Mentorship Central Station

Map knowledge and skills against the 8 domains and outcomes in NMC standards to support learning and assessment in practice NMC 2006/2008

Organised Formal Mentor Updates.
- University
- PEFs
- (See Annual Update Article)

Informal Updates PEFs, Lead Mentors (See Lead Mentor Article)

Self-directed Mentor Updates (see Mentor Workbook Articles)
- Workbooks
- Webbased Resources
- Journals

The NMC States: Mentors must have the opportunity to discuss mentoring topics with others as part of their annual update. NMC 2006/2008

Bay of Standards and Policies

Monday Marshes

My Happy Place

Isthmus of Other Things To Do

Local Policies on what constitutes a
Mentor updates can be evidenced by:
- Reflective Summary
- Certificates of Attendance
- Other supporting documentation
Evidence should be made available to the holder of the mentor register. Keep a copy for your personal portfolio.

Provide evidence of update at Triennial Review.
In response to the publication of the NMC Standards to support learning and assessment in practice (NMC SSLAiP) in 2006, mentors in Fife commenced self-verification of their knowledge and skills in 2007 prior to entry on the NHS Fife register. At this time, many experienced mentors identified educational development needs. The Fife Practice Education Facilitators developed a full day 'mentor upskill' programme which focused on the 3 main components of the Core Curriculum Framework of the National Approach to Mentor Preparation for Nurses and Midwives (NES 2007) this in turn allowed existing mentors to meet all 8 of the NMC Domains and Outcomes.

The Upskill Days are provided twice monthly throughout NHS Fife, accommodating 20 mentors at a time. This has allowed networking of mentors from all fields of practice from within acute and primary care settings. The structure of the programme is very informal and as well as some brief presentations, the majority of the day focuses on groupwork sessions:

**Session 1 - The Learning Environment**
This workshop looks at the Quality Standards for Practice Placements (NES 2008), and raises awareness of the need to implement them in practice. Mentors discuss clauses within the standard and share their own experiences of how they are implemented in their particular practice area. If barriers to implementing the standards are identified, mentors share their experiences of how these can be overcome.

**Session 2 - Roles and Responsibilities of Mentoring**
Session 2 consists of open discussion of the NMC SSLAiP (NMC 2006/2008), enabling the PEFs to explain the legal, ethical and professional requirements for mentors to meet the standard and answer any questions generated. This session also enables discussion on the local provision for formal mentor preparation and the support required of the mentors undergoing training.

**Session 3 - Assessment and Feedback**
This workshop encourages light hearted role play where mentors are invited to participate in scenarios regarding giving feedback to a student in different behavioural styles. The participants each take turns to be the mentor, student and observer and feedback to the group the thoughts and feelings they experience through the different roles.

To conclude the day, mentors are given the opportunity to look at and discuss the new University of Dundee Continuous Assessment of Practice Booklet and Essential Skills Record, which is the main documentation used by mentors in NHS Fife. There is also the opportunity to look at other examples of documentation from other Higher Educational Institutions. This is a welcome opportunity for mentors to reflect on their own experiences as well as their accountability for accurate record keeping.

The NHS Fife Upskill days have been very positively evaluated and remain fully subscribed. Mentors report they now feel better informed and fully supported in their mentoring role. Varied approaches to mentor updating are taking place nationally and mentors should contact their local PEF/Manager to discuss their individual update requirements.

**Using a Workbook for Self Directed Mentorship Updates**
To comply with the NMC Standards to support learning and assessment in practice (2006/2008) NHS Tayside PEFs delivered formal mentor update sessions across the region. The focus was centred on how the NMC standards affected mentors practice in the clinical areas.

To provide a more flexible approach towards delivery of this information, an interactive, downloadable Mentor Update Workbook has been developed. By completing this workbook a mentor can not only gain a comprehensive annual mentor update but can also provide evidence that they have developed their mentorship knowledge and skills. The structure of the workbook allows a variety of learning activities that promotes enough flexibility to appeal to mentors with different types of learning style. A face-to-face update can be achieved by collaborating with other mentors on activities contained in the workbook. Further development is anticipated – this will take the form of an interactive web-based workbook based on the content of PEF delivered Mentor Update Sessions.
Online resource to support the NMC annual update standard

An online resource has been developed at The Robert Gordon University to support mentors in maintaining the NMC standards for annual updating and is particularly useful for some of the remote and rural geographical areas within Grampian, Orkney and Shetland. The practice education website contains information for mentors relating to the day-to-day management of students on placement. Within this site, a team work study area has been developed specifically to support annual updating. This is a password protected virtual learning environment which contains resources such as reflective logs, presentations on curriculum development, discussion forums, blogs and guided reading on supporting challenging students.

The practice education web pages can be viewed at: http://www.rgu.ac.uk/nursing/practice/page.cfm?pge=40911

LEAD Mentor Educational Forum

The LEAD Mentor Educational Forum is a recent initiative introduced by NHS Lothian Practice Education Facilitators (PEFs) in the Royal Infirmary of Edinburgh. Following the publication of the NMC Standards to support learning and assessment in practice (revised 2008), the PEFs introduced the LEAD mentor education forum for nominated senior mentors to champion mentorship in their placement areas. The remit of the LEAD mentor being:-

L Liaise with PEFs and higher education institutions to ensure mentors are updated to meet current mentor standards.
E Enhance the clinical learning environment for all learners.
A Attend LEAD mentor education forum meetings and feedback to colleagues in their clinical area.
D Develop local strategies to ensure NMC Standards are met and adhered to.

The forum meets every 6 weeks and is facilitated by the PEFs. The LEAD mentors are encouraged to decide future agendas. Over the past few months the forums have been attended by guest speakers from the universities. An evaluation strategy of this initiative is currently ongoing and attendance at forums are recorded as an update on the NHS Lothian local database. The forums are well attended and it is hoped that this progressive educational initiative will continue to cater for mentoring requirements in practice.
Mentoring in Rural Areas

Mentors in rural areas have unique challenges regarding updating mentorship skills and fostering links with higher education institutions. Attendance at mentor update sessions require mentors to take into account travelling time as well as time out of their clinical area.

Providing support to mentors in rural and remote areas requires flexibility, planning and use of a range of methods of communication. For the PEFs who are responsible for Angus, strategies include:

- forging links with key individuals who will cascade information within their area.
- various means of communication may include e-mail and geographic and mobile telephone contact to address issues or to arrange meetings. All key contacts have access to the PEF’s mobile number.
- hot desking: identifying areas within healthcare locations where the PEF has access to a computer and telephone, reducing travelling and making best use of time. Mentors benefit from the PEF being able to ‘drop in’ to the clinical areas, increasing visibility and accessibility.
- providing mentor updates in Community Hospitals, Health Centres and Mental Health Service locations to allow ease of access to mentors in outlying areas. Mentors benefit from taking the update sessions to them rather than expecting mentors to attend a centralised update session, although this is also available to them. This may involve delivering update sessions to small groups or individual mentors.
- A Local Mentor Support Group has been initiated in Stracathro Hospital in Angus for any mentor to attend from the local area. The purpose of the group is to discuss any issues relating to mentoring, such as providing support when dealing with problematic situations, sharing and disseminating good practice, feeding any issues back to the Angus Clinical Practice Placement Support Group, act as a forum for sharing of information attended by University of Dundee staff, PEFs and mentors and identifying links with other areas to facilitate learning opportunities.

The intention is to embed the format in Stracathro Hospital before it is rolled out to other areas within Angus. The PEF will then withdraw, allowing lead mentors to facilitate ongoing support for the local mentor groups.

Annualised Training Days

In Ayrshire and Arran, annual mentor updates are held within the monthly Annualised Training Day for all registered staff. The aim of the day is to increase staff awareness regarding the up-to-date elements of statutory, mandatory and essential nursing care. The day is tailored to meet the needs of primary, secondary and mental health nurses, with all staff attending mandatory training together then attending concurrent sessions specific to their own area of nursing.

The mentor update is delivered over one hour and is very interactive which encourages debate, discussion and reflection on mentorship. The standards are revisited, any developments within the pre-registration programme are communicated to mentors and the assessment process is discussed using true examples from practice. Although all nursing staff present on the day are not mentors, it gives the non-mentors the opportunity to understand the mentoring process and some of the challenges involved, which allows them to be an added support for their mentor colleagues.

Following the update an evaluation is carried out which is drafted into a report. The PEFs follow up any further comments from mentors and provide additional support as necessary on a one-to-one basis. To date, feedback has been positive and encouraging with many of our non mentors recording an enthusiasm to become mentors.
Innovations to support students in practice within Ayrshire and Arran

Following changes to the University of the West of Scotland pre-registration nursing programme, student nurses within Ayrshire and Arran now have the opportunity to experience longer placements in specialist clinical areas.

Two placement areas, out-patients and pre-operative assessment, have embraced this change and developed formalised packs with information to support students, guide them for self directed study and provide structure to their placement. The support packs are available on the university website and prior to commencing their placement, students are directed to download them.

Within the pre-operative assessment unit, the team have developed and implemented a ‘Practice Placement Profile’ to ensure that students are provided with every chance to experience, gain insight into and understand the interdisciplinary working involved in the pre-operative process. Each student is provided with a profile to use as a diary and a planner which enables the student and mentor to plan experiential visits to other areas. The profile allows all team members to recognise the learning needs of the student and provide continued support at all times, while throughout their placement encouraging the student to reflect on their experiences.

In outpatients, one nurse was able to draw from her own experiences to develop a student support pack:

“As a registered second level nurse who undertook the Enrolled Nurse Conversion Course, I found myself once more in the position of being a student nurse. I was then able to recognise the need for an information pack within our outpatient department, which would assist students to acclimatise to the running of the department.”

The pack contains detailed information on the department, what to expect on their first day, an orientation checklist and a planner for the duration of the placement. To date, the feedback from students using the pack has been positive. They have highlighted how it has assisted them with coming to terms with the outpatient department, enabling them to work more confidently when delivering patient care.

Each pack has enhanced the quality of the placement for students and provided a positive learning experience in line with the Quality Standards for Practice Placements (2008).

Pastoral support in Shetland

Shetland is the most northerly island group in the United Kingdom and offers a unique experience both professionally and personally for students on clinical placement. We understand, however, that for some students the prospect of attending a clinical placement in such a remote setting can be very daunting. Being away from home and the usual support networks, possibly for the first time, can be very stressful. Our remote setting presents us with unusual challenges and we have to think innovatively in the way we try to overcome these, providing ‘pastoral support’ and help for students to settle into their new living and working environments.

Homesickness is a common problem. Students have one funded trip home mid placement but mentors are as flexible as possible with shift patterns to allow additional trips if feasible. As a strategy to overcome homesickness we encourage students to engage in island life as much as possible and our initial induction session is a good opportunity to give an overview of sporting, musical and social activities on offer. We try to provide health board accommodation where possible but on our very remote islands this isn’t always an option and so we give details of suitable bed and breakfast venues. Students may have had to give up part time employment and so an island placement can bring an added financial burden.

It’s always a big worry when a student becomes ill on placement. Thankfully, this is a rare event but our role here is to offer support to the student and liaise with the next-of-kin to keep them informed. Usually the best option is for the student to return home and we will assist in organising this.

We strive to be pro active in trying to circumvent the majority of problems. This includes providing information leaflets and encouraging access to information on the Robert Gordon University website. We also take part in a ‘Preparation for Practice’ via video link. On the first morning in Shetland, we meet all students and have an induction session where maps are provided and local information given. Where possible, we take students to their clinical area and introduce them to their mentor. We aim to meet with every student on a face-to-face basis so that we can ‘de-brief’ them at the end of their placement.

Most students get a great deal from having the opportunity to be involved in providing health care in such a remote and rural setting and we find evaluations are generally positive. A student once said, ‘There’s something really cool about being on the same latitude as St Petersburg’. That’s true in more ways than one!
General Principles for recording students’ progress and continuing student assessments

Document! Document! Document!

When making decisions regarding a students’ progress, it is essential to maintain accurate and up-to-date records which should include, areas of achievement, issues requiring further development, feedback and discussion you have had with the student.

“You must complete records as soon as possible after an event has occurred. You must ensure any entries you make in someone's paper records are clearly and legibly signed, dated and timed.”

NMC The Code, 2008

Always remember to document the initial learning plan, and the interim and final assessment within the specified time frame. All documentation should be signed and dated by both student and mentor. It is evidence of your interaction with the student.
General Principles for recording students’ progress and continuing student assessments

**Document! Document! Document!**

**Issue identified**

Discussion taken place between mentor and student.

Discussion documented and dated within ongoing achievement record tool (if tool not available document on separate sheet, ensure to sign and date, keep a copy securely filed and transfer to document when available)

If issue identified has improved continue to support, guide, supervise and review, remember to document.

If no improvement noted, contact liaison lecturer and PEF to arrange formal meeting with student. Complete action plan with student (All in accordance with local policy). Set a realistic date to allow best chance for achieving outcomes, arrange a date for further review and document.

At review date decide if student has achieved agreed actions and document.

If not, arrange another meeting with liaison lecturer to discuss future plan.

* Professional support and advice is available for mentors from the Practice Education Facilitator Service

This mentor bulletin has been developed to provide an update on national mentor initiatives and enhance mentoring activities. Your comments about the content and format of this edition will inform the development of the 2011 Mentor Bulletin.

Please forward your comments to: nmahpmentor@nes.scot.nhs.uk