Welcome to the 2014 edition of the nursing and midwifery mentor bulletin. The bulletin has been prepared and edited by a group of practice education facilitators/care home education facilitators from across Scotland who support mentors as a core part of their role.

A quality practice learning environment is essential to support the development of safe and effective, person-centred care. Mentors are pivotal in achieving this aim. This edition of the bulletin showcases many examples of how mentors foster a positive learning culture.

The bulletin has been themed around:

- Practical approaches to mentorship
- The student experience
- Supporting nurses and midwives beyond registration

We hope you enjoy reading the articles but would encourage you to use the bulletin to inform and support your development as a mentor. Reflecting on how the articles relate to your own mentorship practice can count towards evidence for your triennial review. To help you do this we have identified which mentor domains from the Nursing and Midwifery Council’s ‘framework to support learning and assessment in practice’ (NMC, 2008) each article links to. The framework domains identify the knowledge and skills mentors must demonstrate to support and assess pre-registration students in the practice setting. To demonstrate how you might do this we have provided an example of a reflection on our lead article, ‘Making Mentorship Matter in NHS Tayside’.

This year we have included a ‘notice board’ feature where we highlight four published articles which focus on different aspects of mentorship. Additionally you will find information on ‘Releasing Time To Learn’ (T2L). On the back page of the bulletin you will find information on the General Nursing Council for Scotland Fund 1983 and Margaret Callum Rodger Midwifery Award which provides funding for educational and learning opportunities for registered nurses and midwives resident and practising in Scotland.

Finally, we want to hear more about your mentorship experiences! Why not share these with your fellow mentors by writing an article for next year’s mentor bulletin? For further information and advice you can contact your local practice education facilitator/care home education facilitator or send an email to NMAHP.Events@nes.scot.nhs.uk.
Making Mentorship Matter in NHS Tayside

Mentorship has been described as a ‘partnership in personal growth and development’ (Sambunjak, Straus and Marušić, 2006) which highlights the importance of mentoring students and newly qualified nurses/midwives in clinical areas. Since qualifying as a nurse six years ago I have experienced both being mentored and mentoring others. One thing that has stuck with me is that good mentorship can be what makes a good or even a great nurse. It also raises the question of what makes a good mentor and how we can best support effective mentorship in our workplace.

Participating in the mentorship preparation programme provided me with the opportunity to explore and understand the fundamentals of mentoring and supporting students. Not only was this a good foundation for starting out as a mentor but it also provided me with the opportunity to reflect on our ward as a learning environment and look at it through the eyes of a student nurse again. This was done through distributing questionnaires to student nurses placed within our ward and I was encouraged to find that the overall student experience seemed to be positive. However, the findings did provide some ‘food for thought’ by identifying areas for potential development.

Those that I was most keen to focus on were:

- Facilitation of the initial mentor/student meeting to discuss learning needs within the first 48 hours of the practice learning experience (PLE)
- Ensuring that students spend a minimum of 40% of their PLE time with their mentor
- Supporting mentors to meet the requirements of the Nursing and Midwifery Council (NMC) Standards to support learning and assessment in practice (2008).

Whilst participating in the mentorship preparation programme, I was approached by my senior charge nurse to utilise my new knowledge. Subsequently I was given the lead role for mentorship with responsibility for maintaining the local mentor register and allocating student nurses to mentors.

Undertaking this role has allowed me to plan each student’s off duty around that of their mentor, avoiding annual leave and night shift rotations that can often limit the time that a student can spend working with their mentor. I have also re-familiarised mentors with the Quality Standards for Practice Placements (NHS Education for Scotland, 2008) with particular regard to discussing learning needs with a student early within their PLE.

Finally, I have used this role to work collaboratively with the mentors within our ward to meet their NMC requirements for annual updating and triennial review. I liaise with the mentors to find suitable dates to attend mentor updates and to ensure that they are familiar with the requirements for triennial review. I have also raised awareness of the variety of resources available as alternative methods of updating.

I have gathered anecdotal evidence from mentors and students to show that they are holding their initial meeting within their first 48 hours on the ward and are working more closely with their mentors, however I plan to further evaluate the student experience through evaluation questionnaires. With my support, all mentors on the ward have undertaken a mentor update and have completed their triennial review.

I see it as my responsibility to ensure that we mentor and support students, as well as each other, so that the standard of care in our ward is not only reflected in the care we give our patients, but also reflects the way we support student nurses and other members of the team. From my experience students perform better in a placement with the right support and encouragement. I have utilised what I have learned from the mentorship preparation programme to benefit my practice learning environment so that students can have an encouraging learning experience that inspires them throughout their nursing career.

Katie Martin
Registered Nurse and Mentor, NHS Tayside

Linked NMC Mentor Domains: 1, 2, 5, 6 and 8
NHS Fife Celebrating Mentorship Day

NHS Fife holds an annual ‘celebration of mentorship’ day which is hosted by the University of Dundee. It is organised by the practice education facilitator and care home education facilitator team and mentors from all Fife’s practice learning environments (PLE) are invited to attend.

The theme for 2012 was ‘creative and innovative mentoring in Fife’.

In the morning speakers presented on the following subjects:

- Maintaining self in an ever changing environment: the value of mentoring
- How to look after yourself to enable you to mentor others

Mentors then attended interactive ‘game show-style’ workshops consisting of music, buzzers and a high level of competitiveness!

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description of activity</th>
<th>Activity aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1</td>
<td>Using local student evaluations, teams buzzed in to guess the top positive and negative statements relating to the PLEs</td>
<td>To give mentors insight into student priorities and experiences whilst in the PLE</td>
</tr>
<tr>
<td>Activity 2</td>
<td>Teams were awarded points for guessing the qualities students valued most in mentors</td>
<td>This highlighted the differences in views of students and mentors, in relation to valuable mentoring qualities</td>
</tr>
<tr>
<td>Activity 3</td>
<td>Team leaders had to create a new mentoring team from a selection of celebrities justifying their decision</td>
<td>To recognise the attributes different people can bring to a team</td>
</tr>
<tr>
<td>Activity 4</td>
<td>Teams constructed feedback for a student giving a clear picture of the student’s competence</td>
<td>To highlight the importance of clear, specific individualised feedback to learners</td>
</tr>
<tr>
<td>Activity 5</td>
<td>A quick-fire true/false quiz covering aspects of mentoring such as the PLE, the Standards to support learning and assessment in practice (NMC, 2008) and triennial review</td>
<td>To increase knowledge and generate discussion</td>
</tr>
</tbody>
</table>

Observing the different group dynamics, leadership styles and how competitive the delegates became was very interesting and enjoyable for the facilitators. The evaluations for the mentor day were very positive and mentors are still talking about it now. Using different delivery methods enhanced learning, encouraged engagement and increased participation. The teams bonded as units very quickly and shared ideas and experiences easily.

One mentor summed up the mentorship day:

“Educational, innovative, interesting and thought provoking. A great opportunity to network with a vast range of mentors.”

Yvonne Beveridge, Registered Nurse and Mentor

Julie Smith, Practice Education Facilitator, NHS Fife
Lorraine Sinclair, Care Home Education Facilitator, NHS Fife

Linked NMC Mentor Domains: 1, 2, 3, 5, 6 and 8
Our practice learning environment (PLE), an eye assessment unit, was recently redesigned both from a structural and service perspective. We used this opportunity to consider the learning opportunities and resources we could offer our students.

Since the placement would be shared with the eye out-patient department, effective communication between departments was essential for a successful team mentoring approach. We also considered which of our associated departments could be utilised for student visits to ensure a wide-ranging experience and demonstrate our person-centred approach to care. In addition, our practice education facilitator was available to offer support and advice during students’ practice learning experiences.

In line with the Quality Standards for Practice Placements (NHS Education for Scotland, 2008) we developed a plan for our students’ practice learning experiences. This involved:

- Allocating a named mentor
- Ensuring a welcome to the PLE team
- Orientation to our department
- Discussing their required learning outcomes
- Arranging visits to associate departments

Mentors also keep a reflective diary to help balance students’ learning needs with the potential student experiences our PLE can provide.

We are keen to promote person-centred care and therefore arrange for students to go to our associated ward to care for patients they have assessed pre-operatively. Students have fed back that they get to know patients better as a result and were able to experience the patient journey, whilst patients are reassured by a familiar face.

To engender a learner-centred approach we also ask students to identify their own specific, individual learning goals. As an example, some students wish to focus on communication in difficult situations. As a service we have patients who receive the bad news that they have an ocular malignancy. Students are able to observe and experience how such news is delivered and how staff provide emotional support for patients and carers at this difficult time.

Students also realise that effective communication is essential to ensure patient safety. An example of this is where students are able to pass on relevant information to the multi-disciplinary team, such as exploring with patients their knowledge of their anti-hypertensive medication and confirming they have taken medication prior to surgery.

On reflection, students and mentors are able to plan learning together to achieve learning outcomes and reflect on the patient journey. Additionally, looking at our resources helped increase the students’ knowledge, enhancing their experience. In the future we plan to adopt a more structured approach to ensure students get the most out of our department.

Lynn Armour
Senior Charge Nurse and Mentor
NHS Greater Glasgow and Clyde

Linked NMC Mentor Domains: 1, 2, 5, 6 and 8
The Second Edition of the National Approach to Mentor Preparation

In response to specific regulatory requirements, the first edition of the National Approach to Mentor Preparation (2007) provided a Scotland-wide core curriculum framework for the preparation of nursing and midwifery mentors. The focus of the second edition remains on a national core curriculum framework for the preparation of mentors and new guidance is introduced to strengthen and embed mentorship within practice.

Three new sections are included which may be of interest to new and experienced mentors:

An outline process using the NHS Knowledge and Skills Framework (KSF) (Department of Health, 2004) and appraisal is included in section two to support the selection of nurses and midwives to undertake mentor preparation programmes. As part of appraisals, managers can discuss with prospective mentors Flying Start NHS® completion; expectations of the NMC mentor role and desirable mentor qualities; links to the KSF [NHS mentors] and the Scottish Social Services Council Continuous Learning Framework (Scottish Social Services Council 2008) [care home mentors]; motivation and commitment to undertake mentor preparation and local support available.

A common understanding of the ‘supervising mentor’ role across Scotland is provided in section five. If you are an experienced mentor and support student mentors undertaking mentor preparation programmes, the supervising mentor desirable qualities and role parameters will be a useful point of reference.

Guidance for the continuing professional development of mentors following completion of mentor preparation programmes. Practice examples describing how the NMC requirements for annual updating and triennial review can be met and evidenced are outlined in section eight.

In addition, mentors may find the updated scenarios and reflective questions located in section seven a useful addition to their annual updating activities.


For further information, please contact your local practice education facilitator or care home education facilitator.

Belinda Emmens
Practice Education Coordinator
NHS Education for Scotland
Shared Home Visits: Interprofessional Learning for Students in the Practice Setting in NHS Fife

Interprofessional learning (IPL) prepares students from different health and social care professions for future effective joint working (World Health Organisation, 2010). A project was piloted with undergraduate nursing and medical students in NHS Fife primary care practice learning environments. The Fife coordinator for interprofessional education (IPE), practice education facilitator and mentors collaborated to enable nursing and medical students to carry out joint interviews with patients. Students explored the patients’ medical histories, social circumstances and the impact these had on their wellbeing.

The pilot provided the opportunity for six interviews to be carried out by pairs, consisting of one nursing and one medical student. After the visit, each pair of students reflected on the interview and discussed the roles and responsibilities of the professionals involved in the patient’s care with the mentors and IPE coordinator.

The students’ perspective
Students reported that they felt more confident about communicating with patients and other disciplines, and gained an increased understanding of other professionals’ roles. One of the nursing students commented on the value of having time to speak to the patient in their own environment:

“It was interesting as we were able to look at the patient’s experience from a nursing and medical view. There were points shared by myself and the medical student that we both learned from for future experience. …nursing management and interventions and how important they are for the patient in managing their condition.”

Victoria Wood, Nursing Student (second year)

The mentors’ perspective
Mentors identified a suitable patient for the students to interview at home. The patients were known to the community nurses and GP and had an established relationship with the healthcare team. Service users who it was thought would enjoy the experience were approached to be involved.

One mentor felt that this was an opportunity to link theory with practice and develop skills in professionalism:

“It is fundamental for students to gain an understanding of other professionals especially with expanding roles in healthcare.”

Jill Leask, Practice Nurse

Both nurse mentors felt the project was valuable and that it enhanced the community nurse placement. They acknowledged that the organisation was time consuming but was achieved through teamwork:

“It was an opportunity to develop mentoring skills to meet the needs of the student, helping her to widen her horizon and meet a challenge she might have turned down.”

Kate Angus, Public Health Nurse

The mentors highlighted the importance of having the IPE coordinator, community nurses and GPs working together, in order for the value of the initiative to be recognised. One nurse said she would encourage other mentors to participate in interprofessional learning as it is a worthwhile project to be involved in.

Next steps in the project will include gaining evaluations from service users involved in interprofessional learning in order to develop the experience and look to increase the numbers of students being involved.

Julie Smith
Practice Education Facilitator, NHS Fife

Veronica O’Carroll
Nurse Lecturer, Interprofessional Clinical Skills Education, University of St. Andrews

Linked NMC Mentor Domains: 1, 2, 5, 6 and 8
Caring from a Distance: Preparing our Future Nurses in NHS 24

The Scottish Government Everyone Matters: 2020 Workforce Vision (2013) states that by the year 2020 everyone should be able to live longer healthier lives at home, or in a homely setting. Technology is providing us with the tools to reshape how healthcare is delivered.

NHS 24 delivers telehealthcare services to people across Scotland through telephone, web and other digital channels. The organisation has offered learning experiences for students since it was first formed in 2002. Although there are a wide number of services within NHS 24 of which students can gain experience, the majority of nurses are employed within the unscheduled care service. It is therefore the main focus of the learning for undergraduate nursing students.

NHS 24 services that students have contact with:
- Triage Service
- Breathing Space
- Scottish Emergency Dental Service
- Health Information Services
- NHS Inform
- Care Information Scotland
- Special Help Lines (e.g. Smoke Line)
- Patient Reminder Service
- Scottish Centre for Telehealth and Telecare

The NHS 24 nurse mentor has a key role in facilitating and supporting the student in learning within what, for many, can be an alien clinical environment of computer screens and systems. They help the student to understand the technology and its application in providing care and support to the patient at a distance.

Students do not have direct contact with patients. Mentors support the students to apply their current assessment, decision making and communication skills within this technological environment using scenarios.

Emma Cameron, a third year student, described her experience and learning within NHS 24.

**Emma’s Story**

“Having attended the lecture on Telehealthcare and NHS 24, I had an understanding of what to expect when I came to NHS 24. There were lots of different learning activities like, presentations, e-learning and discussion. What I found most useful was listening to calls with my mentor and taking calls within the simulated environment. It was great to see how she identified what was best for the patient so she could develop a person-centred care plan.

I was struck by the confidence of the nurses making difficult decisions when she could not see or touch the patient. It was interesting to see the patients’ journey within unscheduled care. My mentor and I reflected on structured assessment, communication and decision making and then I tried it myself!

My mentor acted as the patient and the calls were recorded so we could reflect on them together.

I learned the importance of actively listening, hearing what was said and what was not said, using my questioning skills to gain a picture and never to assume my understanding is the same as the patients. The skills I used in NHS 24 are transferable and I now use them in my current role as a staff nurse”.

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**Susan Rae**
Senior Nurse, Practice Development, NHS 24

**Carolyn Campbell**
Practice Education Facilitator, NHS 24

**Audrey Jarvie**
Nurse Practitioner and Mentor, NHS 24

**Emma Cameron**
Registered Nurse

Linked NMC Mentor Domains: 1, 2, 3, 5, 6 and 8
The student experience

Making Connections, Increasing Opportunities: Hub and Spoke Models for Practice Learning in NHS Greater Glasgow and Clyde

The Nursing and Midwifery Council’s (NMC) revised Standards for pre-registration nurse education (2010) require nurse education providers to offer student nurses opportunities to learn in a variety of healthcare settings, thus reflecting contemporary healthcare and the patient journey.

One way of ensuring these standards are met is to employ a ‘Hub and Spoke’ model for practice learning experience. Glasgow Caledonian University (GCU) introduced this model from September 2012 in partnership with NHS Greater Glasgow and Clyde (NHSGGC) for all pre-registration nursing fields. The model has been built on the findings of three case studies commissioned by NHS Education for Scotland (Roxburgh, Banks and Conlon, 2012).

The following articles illustrate how GCU’s Child and Mental Health fields implemented a Hub and Spoke model for their students.

Child Health

The specific Hub and Spoke model utilised at Glasgow’s Royal Hospital for Sick Children (RHSC), involves students being allocated to a ‘hub’ which forms a base practice learning environment (PLE). Students spend over 40% of their practice learning hours in their hub, returning to it at set times, throughout their three year programme. During their time in the hub, students access practice learning ‘spokes’, giving them an insight of the patient journey.

To begin implementation of the Hub and Spoke model for GCU’s child field pre-registration programme, a working group was set up consisting of a clinical educator, a lecturer from the child field team, a practice education facilitator and nurses. The group identified hub PLEs and their potential spokes and considered the learning opportunities offered within each to ensure all students gained equity of experience and exposure to a range of skills to enable them to become safe, effective, person-centred practitioners.

To formalise this, a placement flow and a Hub and Spoke diagram were generated for each PLE. See figures 1 and 2 for examples for an oncology ward.

To maximise the learning opportunities, given the high number of students in each PLE, it was agreed that it was beneficial to organise specific facilitated spokes for two weeks with all students rotating on the same day. The rationale being to expose students to the full patient journey.

Each hub PLE also developed an induction pack to provide students with information on potential learning experiences and opportunities throughout the three years, building up from fundamental nursing care in first year, through to more advanced skills by third year.

To highlight the changes to the student programme we held a series of Hub and Spoke road shows which were attended by mentors, as well as allied health professionals, teachers and play specialists.

Initially some mentors were anxious about the changes, whilst specialised areas, such as the paediatric critical care, theatres and oncology were apprehensive about supporting first year students as they had not previously supported students at this early stage of learning. Mentors from all areas felt that students would only develop skills relevant to their hub speciality.

However, following implementation of our Hub and Spoke model and development of our induction packs, anecdotal feedback from mentors is positive, especially from areas that did not previously support first year students. They feel more confident in mentoring students on the new programme and feel a sense of investment in the students who will return to them throughout their three years.

It is hoped that implementing our Hub and Spoke model our students will acquire the requisite knowledge and skills for safe, effective, person-centred care. Further evaluation of the model is planned.
**Placement flow for a child field student nurse allocated to an oncology ward as their hub**

<table>
<thead>
<tr>
<th>Year</th>
<th>First Year</th>
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<tbody>
<tr>
<td></td>
<td>Three weeks introduction to nursing - hub ward</td>
</tr>
<tr>
<td></td>
<td>Eight weeks community - school for children with additional needs</td>
</tr>
<tr>
<td></td>
<td>Two weeks in hub ward</td>
</tr>
<tr>
<td></td>
<td>Two weeks facilitated spoke - oncology day care</td>
</tr>
<tr>
<td></td>
<td>Four weeks in hub ward</td>
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</tbody>
</table>

**Number of weeks within the practice learning environments:**
- Hub ward = 27 weeks
- Other acute areas = 22 weeks
- Community = 15 weeks

Figure 1

**Oncology Hub - Potential spoke visits for student nurses**

![Oncology Hub diagram](image)

- First Year
- Second Year
- Third Year

Figure 2

**Mentor Bulletin 2014**

Julie Smith
Practice Education Facilitator, NHS Greater Glasgow and Clyde

Gillian Paton
Clinical Educator, NHS Greater Glasgow and Clyde
Mental Health

Prior to programme-wide implementation of the Hub and Spoke model by GCU, the model was piloted across Child and Adolescent Mental Health Service (CAMHS) in NHSGGC.

The aim of the pilot was to increase:

- Student placement opportunities within CAMHS
- Student understanding of the child, young persons and family’s journey in CAMHS
- Staff opportunities to facilitate student learning

The pilot consisted of 14 third year GCU student nurses who participated in an eight week Hub and Spoke PLE. Evaluation of the process was undertaken by GCU and a CAMHS representative through a one-off evaluation group for students and mentors separately. A number of themes were identified.

Students reported a positive experience of the Hub and Spoke model with an increased sense of the overall service and the way that different clinical areas connect. They reported that establishing relationships with mentors and co-mentors was also positive.

Mentors were keen to make connections about the CAMHS experience emphasising the patient journey. Furthermore, students reported that when spoke mentors recognised the significance of their role in the Hub and Spoke model, this also enhanced their overall learning experience.

A common suggestion for development of the model from students and mentors was to increase the length of the Hub and Spoke practice learning experiences, therefore increasing the overall learning opportunities within the service. Staff reported that the pilot was a successful way for students to experience CAMHS. Effective communication between Hub and Spoke mentors was also key for staff in the service to enhance student learning.

Since the pilot a number of the student participants have chosen CAMHS as a career option. They commenced post with a deeper appreciation of the service and opportunities available. This pilot was valuable to GCU in developing the overall Hub and Spoke PLE Model. The results from this evaluated pilot supported the findings from a similar study in another Scottish NHS board (Gray, Conlon and Blue, 2011).

Michael Follan
Practice Development Nurse
NHS Greater Glasgow and Clyde

Supported by NHS Education for Scotland, GCU are currently undertaking a longitudinal research study in relation to the Hub and Spoke model for practice learning. For further information please contact:

Dr Jacqueline McCallum:
jacqueline.mccallum@gcu.ac.uk or

Dr Chris Darbyshire:
chris.darbyshire@gcu.ac.uk

Linked NMC Mentor Domains: 1, 2, 5 and 8
Creative Engagement with Learning Disability Nursing Students in NHS Fife

In NHS Fife, learning disability students often request to meet with learning disability nurses working within specialist roles on an individual basis. Consideration was given to the most effective way of managing both clinician and student time, whilst promoting creative learning opportunities. For this purpose, a one day workshop was arranged with a range of specialist nurses that work within the learning disability service.

The specialist nurses presented on the following topics:

<table>
<thead>
<tr>
<th>Specialist Nurse Role</th>
<th>Topic covered in workshop</th>
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<tbody>
<tr>
<td>Acute liaison nurse</td>
<td>Issues pertaining to people with learning disabilities accessing acute hospital services</td>
</tr>
<tr>
<td>Epilepsy specialist nurse</td>
<td>The role of specialist nurse and management of epilepsy in people who have a learning disability</td>
</tr>
<tr>
<td>Primary care liaison nurse</td>
<td>The health needs of people with learning disabilities and accessing primary care services</td>
</tr>
<tr>
<td>Community forensic charge nurse</td>
<td>Risk management and the needs of people with learning disabilities who offend</td>
</tr>
<tr>
<td>Challenging behaviour nurse specialist</td>
<td>Positive behaviour support in practice</td>
</tr>
<tr>
<td>Transition nurse</td>
<td>The support of young people and families during the transition from childhood to adulthood</td>
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The student experience

The workshop ensured student nurses did not have to travel long distances, created the opportunity for group discussion and enhanced the learning experience. Students provided useful feedback:

“Insight into specialist services in Fife”
“Opened up views to job opportunities”
“Use information to improve holistic approach”
“Vast amount of learning and references available within each specialist service”

Students identified other specialties they would be interested in learning about, which included:

- Learning disability nurses working with children and young people
- Parenting support for people with learning disabilities
- Understanding more about Attention Deficit and Hyperactivity Disorder

Students and clinicians provided feedback that informed the development of further half day workshops provided over four days. In addition mental health student nurses were also invited to participate.

The specialist nurses included:

- Child development nurse – overview of the work of the child development nurse within the clinical psychology department, in supporting children and young people with learning disabilities
- Reducing restrictive intervention advisor – contributory factors for challenging behaviour and the legal aspects of managing difficult behaviour
- Community learning disability nurse – overview of the support provided for parents who have identified learning disabilities

These workshops are currently being evaluated.

As a service, we are committed to developing the concept of creatively engaging with students whilst on placement within NHS Fife learning disability service. This is particularly pertinent with the embedding of the national model of pre-registration learning disability nursing, as there will be increased student numbers within the learning disability nursing field in the near future.

Claire McCulloch
Transition Nurse, Learning Disability Service, NHS Fife

Linked NMC Mentor Domains: 2, 4 and 8
Enhancing an Inclusive Learning Environment in NHS Forth Valley

Practice education facilitators (PEF) have been involved in a partnership short life working group between NHS Forth Valley and the University of Stirling to promote a more inclusive learning environment for students who have disclosed a disability. So far this has culminated in the development and implementation of a process with supporting documentation - Disability Disclosure and Agreement of Reasonable Adjustments in Practice (DDARAP) form - which recognises the requirements of the Equality Act (2010), the Nursing and Midwifery Council Standards for pre-registration nursing education (2010) and the Quality Standards for Practice Placements (NHS Education for Scotland, 2008).

This work began as a result of NHS Forth Valley and the University of Stirling noting:

- Increased student numbers with a disclosed disability
- The processes to support disability focused predominantly on academic teaching and learning
- University disability service staff were unfamiliar with practice learning environment requirements
- An apparent reluctance of students to disclose their disability in practice
- Mentors’ lack of experience/knowledge to determine reasonable adjustments for specific disabilities
- Risk assessment documentation was unsuitable for practice learning purposes

A short life working group was established to discuss and explore these issues and seek advice from university and NHS advisors on equality and diversity, risk management and disability matters.

The group wanted to ensure the outcome of this work would provide a person-centred approach to learning through:

- Proactively responding to specific individual learning needs
- Providing guidance and directions for mentors
- Promoting opportunities for students to disclose relevant information
- Providing a solution-focused approach

Guidance and supporting documentation is detailed in Figure 3.

Process

- Corporate risk assessment undertaken by NHS on process to support disabled students in practice
- Student discloses disability to HEI
- HEI assesses needs for academia and provides an ‘Agreed Record of University Adjustments’ (ARUA)
- Student meets with academic and practice reps to identify reasonable adjustments required in practice
- Completion of DDARAP form
- Student provided with advice and support on disclosing to practice
- Mentors advised of new process through annual updates

Figure 3
To increase the awareness of this process, PEFs have provided information at annual update sessions and link mentor events, posted on the practice education intranet page and highlighted the process through informal/formal conversation with mentors in practice.

Evaluation is at an early stage and anecdotal evidence supports achievement of intended outcomes of the group’s work. Initial student feedback suggests that having documentation in relation to their specific needs in practice provides relevant guidance for mentors. This information helps to promote a positive learning experience.

One mentor even indicated that the opportunity for:

“This discussion increased trust between mentor and student”.

This work on enhancing an inclusive learning environment has won the 2013 Nursing Times Teaching Innovation Award.

Anne Lackie, Janine Stewart, Nicola Riddell, Christina McColl
Practice Education Facilitators, NHS Forth Valley
Supporting nurses and midwives beyond registration

Flying to Completion...

Flying Start NHS® supports the ethos of lifelong learning for our newly qualified practitioners (NQP) and builds the foundations for a sustainable learning culture within NHSScotland.

The Scottish Government’s Everyone Matters: 2020 Workforce Vision (2013) is committed to ensuring that all staff:

- Recognise the workplace as a major source of learning
- Have fair and appropriate access to learning and development opportunities
- Have time for learning

In the recently published strategic statement of support for Flying Start NHS®, the Scottish Government is clear in its expectation that all NQPs in NHSScotland will complete Flying Start NHS® in their first year of employment and that NHS Boards are fully committed to supporting them through the development programme.

To support NHS Boards in this endeavour the following changes have been made to Flying Start NHS®:

- Mobile enablement of the website to provide access to the learning units from a variety of internet devices
- Revision of the learning units ensuring activities are relevant to the delivery of safe, effective and person-centred care
- Reporting of Flying Start NHS® completion rates twice a year by NHS Boards
- Review of the mentor area within the website to inform the development of resources that support mentors in their role

In addition five NHS Boards are piloting a ‘dashboard’ that will enable NHS Boards to track registration and engagement with the programme locally. Following this pilot phase the dashboard will be rolled out across NHSScotland.

Flying Start NHS® mentors, practice education facilitators (PEF) and care home education facilitators (CHEF), senior charge nurses (SCN) and team leaders all have an integral role to play in the success of the programme.

See overleaf for two examples of how completion of the programme is being supported in Scotland.

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Mentor Bulletin 2014

15
...in NHS Lanarkshire

The first cohort of Scottish Government OYJG: internship scheme NQPs commenced employment within NHS Lanarkshire in 2011. An evaluation on the experience of NQPs joining the organisation was carried out with NQPs, SCN, team leaders and senior nurses.

The common themes identified were:

- Inconsistencies in their core induction process
- Interns’ perceptions of their role and responsibilities as registrants
- Clinical teams’ understanding of the OYJG
- Inconsistent support for personal development including the Flying Start NHS® programme

Based on these findings, a modified induction process for NQPs was designed. This programme was developed and facilitated by the PEF/CHEF team and includes:

- Corporate Induction on day one which focuses on the accountability and responsibility of NQPs as registrants in NHS Lanarkshire
- A focus on care and compassion, person-centredness and safe and effective practice on day two
- A PEF/CHEF facilitated day three to ensure registration, orientation and opportunity to discuss the Flying Start NHS® programme and health board mandatory online modules

Following further evaluation of the programme, day two has been reviewed and now includes all nurses and midwives entering the organisation.

NHS Lanarkshire now provides a streamlined process in which practitioners receive an induction into the organisation that clearly identifies their accountability and responsibility as registered nurses and midwives.

Ann Price
Care Home Education Facilitator, NHS Lanarkshire
Dale Bell and Lynn Penman
Practice Education Facilitators, NHS Lanarkshire

...in NHS Forth Valley

Supporting completion of the Flying Start NHS® programme in NHS Forth Valley is a priority for the practice education facilitator (PEF) team. A strategy was introduced to increase compliance with Flying Start NHS® and enhance NQP development which consisted of a structured programme to take the practitioners through their first year of practice. The target group were NQPs who had registered after September 2012 and were employed within NHS Forth Valley on a one year job guarantee: internship scheme (OYJG) (Scottish Government, 2010) or a substantive post.

After deciding the target group, the PEF team identified generic topics that would be covered within the Staff Nurse Development Programme and could be mapped to Flying Start NHS®. It was imperative that the topics were generic as the NQPs would be from all fields of nursing and midwifery.

To begin with, the PEF team met with the associate director of nursing who fully endorsed the investment into NQPs. Subsequently the team met with senior charge nurses to discuss programme content and give them the opportunity to contribute any ideas.

To date, the development programme has evaluated well and incorporates the following topics mapped to Flying Start NHS®:

- Clinical decision making
- Medicines management
- Managing complaints
- Equality and diversity
- The NHS Knowledge and Skills Framework (Department of Health, 2004)
- Communication
- Flying Start NHS® support sessions

It is anticipated that there will be increased engagement with Flying Start NHS® and a formal overall evaluation of the programme is planned.

Nicola Riddell, Christina McColl, Anne Lackie, Janine Stewart
Practice Education Facilitators, NHS Forth Valley

Supporting nurses and midwives beyond registration

Nicola Riddell, Christina McColl, Anne Lackie, Janine Stewart
Practice Education Facilitators, NHS Forth Valley
Mentoring Early Clinical Career Fellows

The Early Clinical Career Fellowships (ECCF) support enthusiastic and motivated nurses and midwives at an early stage in their career to develop personally, professionally and academically. The fellowships include a part-time masters study, mentorship, action learning sets and master classes.

Mentorship is provided by staff in senior positions such as associate nurse directors, practice development leads and nurse/midwife consultants. Their role is to:

- Support the fellows in their personal, professional and career development
- Assist fellows to explore healthcare within the wider organisational and national context
- Use coaching and facilitation skills to support and challenge the fellow
- Maximise the development of leadership potential with the overall aim of enhancing patient care

ECCF mentoring, as with any other mentorship, is driven by the needs of the individual. Much of the role is to support the person to see this ‘bigger picture’ and learn how to successfully improve their practice and that of others.

Discussion focuses on helping the fellow to think beyond developing their own practice and to consider how to influence change in teams. This may mean challenging assumptions; consulting the evidence to critique commonly held practice beliefs; discussing how practice could best be improved; agreeing who might provide support and how they could evidence their efforts had made a difference to patients.

Mentorship helps the fellow understand how their research topic might fit with strategic and clinical priorities and supports them to secure managerial, clinical and ethical support critical to their dissertation study.

Mentoring ECCF involves using coaching skills and a balance of support and challenge as well as empathy and objectivity. We have found the ECCF fellows to be highly motivated individuals who need support tailored to their personal needs in order that they do not feel overwhelmed. The mentor role is highly rewarding and one that complements the other sources of support fellows have within their programme. The mentor can introduce the fellow to professional and clinical governance structures and processes and connect them with improvement and professional development activities happening out with their own area of practice. This assists the fellow to consider how their research might shape service improvements and broadens their appreciation of future career options.

More information about ECCF and the role of the mentor can be found at:


Debbie Baldie
Senior Nurse, Practice Development
NHS Tayside

Ann Rae
Educational Projects Manager
NHS Education for Scotland
Reflecting on a bulletin article as evidence for your triennial review

Demonstrating reflective practice is a mentor activity that can count towards evidence for your triennial review. The example used in the reflective template (adapted Gibbs, 1988) below demonstrates how you as a mentor can use a bulletin article to share good practice, review aspects of your practice learning environment (PLE) or evidence your mentorship activity. You can find the mentor domains at the foot of each article to enable you to link them to your evidence. You will find a reminder of the NMC mentor domain in the noticeboard section of this bulletin.

<table>
<thead>
<tr>
<th>Title</th>
<th>Reflection on Making Mentorship Matter</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Mentor reflection on their clinical area as a learning environment through a student’s eyes. Students completed a post placement questionnaire – overall positive experience with areas for consideration identified as:</td>
</tr>
</tbody>
</table>
| What happened?         | ▪ Ensuring initial student meeting in first 48 hours  
                         ▪ Ensuring mentor student time of minimum 40%  
                         ▪ Supporting mentors to meet Nursing and Midwifery Council (NMC) mentor standards  
                         Lead for mentorship identified who:  
                         ▪ Allocates appropriate mentors  
                         ▪ Re-familiarised mentors with Quality Standards for Practice placements (QSPP)  
                         ▪ Supports mentors to meet NMC mentor standards                                                                                                                                  |
| **Feelings**           | I feel we offer a good learning experience for students. I am a bit worried they wouldn’t feel the same. I feel terrible I’ve never formally evaluated this with them. I worried not all mentors are following the QSPP. It might be easier to ensure as a team we meet the NMC Standards if someone takes on the role of mentorship lead. |
| What were you thinking and feeling? |                                                                                                                                                                                         |
| **Evaluation**         | I realise that the learning environment is more than the learning experience I provide for a student. I realised our team probably have not even reviewed the student induction pack since the university changed their course. |
| What was good and bad about the experience and why? |                                                                                                                                                                                         |
| **Analysis**           | We promote evidence-based practice everyday; I need to apply this to mentorship. Evaluation of our placement area will ensure we are implementing the QSPP and complying with the NMC mentor standards.                                    |
| What sense can you make of the situation |                                                                                                                                                                                         |
Reflection on Making Mentorship Matter

**Conclusion**
What else could you have done? What would you do if it happened again

I believe our learning environment is a positive experience for students however, as a team, we need to review this to ensure students feel the same. A mentorship lead may make it easier for us to:

- Link with our practice education facilitator
- Ensure appropriate mentor allocation
- Receive student feedback from the university

<table>
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<tr>
<th>Action Plan</th>
<th>What would you change or improve in your practice as a result of this learning?</th>
</tr>
</thead>
</table>

I will check with my manager if we have a mentorship lead. As a team we should review the student induction pack and seek student feedback.

Reflection does not need to be evidenced in this format. You may also wish to choose a published article that you found particularly interesting and use the following questions to reflect:

- What points did you find most interesting about this article?
- What impact do you think reading this article has made to your mentorship practice?
- Could you apply an aspect of this article to your workplace, and what difference might this make?
- What tools/resources would you need to enable you to do this?
- Which NMC (2008) mentor domains would this link to?

For further information on how to use reflection to provide evidence for your triennial review, please contact your local practice education facilitator/care home education facilitator.

**Karyn Hamilton**
Practice Education Facilitator, NHS Greater Glasgow and Clyde

**Julie Smith**
Practice Education Facilitator, NHS Fife

**Linked NMC Domains:** 1, 2, 6, 7 and 8
Useful Articles

While editing and writing the mentor bulletin, the editorial group read the following articles which mentors may find useful. You may want to access these and reflect on them. Remember this can count toward your evidence for triennial review.


This article gives some information about how mentors can be supported to maintain their status on a live mentorship register. Both mentors and managers may find this article useful.


This article discusses some of the challenges associated with mentorship and assessment in practice.


This article highlights practical approaches mentors can use to improve the overall student experience.


This article discusses nurse mentors supporting and assessing pre-registration student nurses.
Releasing Time to Learn
A Complementary Module for the Productive Series

What is it?
Releasing Time to Learn (T2L) has been developed by NHS Education for Scotland in partnership with colleagues across NHSScotland and the NHS Institute for Innovation and Improvement. The learning resource can be used as a complementary module for all Releasing Time to Care (RTC) programmes.

T2L introduces new tools and techniques that supports teams to assess current learning and teaching opportunities within their areas and encourages quality improvements in practice learning.

The learning resource recognises that everyone in the workforce is a learner and that being involved in learning can help promote team working across all disciplines.

What can it do for you?
The structure of this module encourages teams to take a fresh look at how learning happens in practice and where improvements can be made. It encourages all staff to be involved in the process. Time saved by using the module can be reinvested enhance learning opportunities in practice. A great benefit of using the module is that it involves everyone in the team!

Where can you get more information?
More information regarding T2L is available through the Releasing Time to Care web resource.

www.knowledge.scot.nhs.uk/rtccommunity

Useful reminder of mentor domains
1. Establishing effective working relationships
2. Facilitation of learning
3. Assessment and accountability
4. Evaluation of learning
5. Creating an environment for learning
6. Context of practice
7. Evidence based practice
8. Leadership

References

An education and learning opportunity for registered nurses and midwives working in different care areas in Scotland

Funding is available to support the following activities:

- Educational Development Activity
- Small Scale Project (Research / Non-Research)
- Study Tour

In the past the fund has enabled successful applicants:

I am grateful for the opportunity that the GNC has given me to build on my career. Being able to attain my postgrad qualification has led to immense personal growth and doors are opening for my future that could not have been possible without the support from the GNC.

Jody Payne
Community Staff Nurse and Accredited Cognitive Behavioural Psychotherapist, Tayside Alcohol Problem Service

I was lucky enough to be successful in gaining GNC Fund support early in my career. It provided an opportunity to take forward some early audit and evaluation work which formed the basis of a bigger, later research study and practice development initiative. I’ve always recommended the fund as an excellent opportunity for practitioners seeking support to develop their practice, knowledge and influence.

Mike Sabin

You will be required to show how the activity will benefit practice. Priority will be given to applicants who demonstrate initiatives for improving care and people’s involvement in their care.

How to apply

Further information about the scholarship and the application form can be found on the NES website www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/information-for-practitioners/general-nursing-council.aspx

or by requesting an application pack from: Vicki Mitchell, Project Administrator, gnc@nes.scot.nhs.uk