Welcome to the 2015 edition of the nursing and midwifery mentor bulletin.

We hope you enjoy reading the articles within this edition and find them useful for your own mentorship practice. In this edition there is a noticeboard and reference list so you can access further resources, while within each article the linked NMC domains for mentoring are identified.

The mentor bulletin can be used for:
- Information
- Sharing good mentorship practice
- Generating ideas
- Encouraging discussion
- Motivating mentors to seek more information
- Enabling reflection on articles for continuing professional development

Contact your Practice Education Facilitator (PEF) or Care Home Education Facilitator (CHEF) for further information.

In this edition there are articles which focus on:
- Underachieving students
- Emotional touchpoints
- Remote placements
- Third sector placements
Emotional touchpoints

Emotional touchpoint interviews were first developed by Edinburgh Napier University as a useful method to gain feedback and allow insight into an experience (Dewar et al., 2009). We recently introduced this concept with pre-registration students at the Golden Jubilee National Hospital, having successfully used the method with patients and families to gather information about their experiences of the healthcare they receive.

Emotional touchpoints involve collecting stories from students about how they perceive their practice experiences. Initially, students are provided with an information sheet, explaining the process involved and assuring them that any feedback given will remain anonymous. Students are under no obligation to take part.

Students choose which aspects of their practice learning experience (PLE) they would like to discuss. Using a NHS Education for Scotland resource called ‘envision cards’ (available at: http://nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/resources/publications/valuing-feedback-envision-cards.aspx), students choose a theme card related to an aspect of their PLE (see Box 1). Alternatively students can discuss other aspects of their PLE, significant to them.

Having selected their themes (usually two or three), students are shown a variety of cards which display emotional words. Both positive and negative words are available (see Box 2 for examples). The emotional trigger words chosen by the student are then used to facilitate a discussion, allowing them to tell their story.

Emotional touchpoints complement the formal evaluations completed by students on return to university. The information gathered is valuable and helps us gain a deeper understanding of student experience, providing the opportunity to explore in detail comments made thus allowing enhancement of the student experience. For example, first year students now have the opportunity to visit theatre, where previously this had not been recognised as an appropriate learning experience.

Box 1: Titles on theme cards
- Caring for patients
- Carrying out procedures
- Starting on the ward
- Using knowledge in practice
- Working on competency/achievement record
- Working with the team

Box 2: Examples of positive and negative words
<table>
<thead>
<tr>
<th>Valued</th>
<th>Trusted</th>
<th>Heard</th>
<th>Included</th>
</tr>
</thead>
</table>
| Confused | Awkward | Unsupported |}

Lorraine Allan
Practice Education Facilitator,
NHS Golden Jubilee National Hospital

Linked NMC Mentor Domains: 1, 4 & 5
Far from home...

Supporting students in island communities

NHS Shetland and NHS Western Isles offer remote island placements for pre-registration student nurses. Students can be placed on remote islands with journeys of up to five hours by ferry from the main island communities. Not only are students isolated from their student peers and main university campus, but can find themselves needing to adapt to a very different environment, community and culture very quickly. Mentors provide pastoral care for their students by helping them integrate into the island community. They also assist students with difficulties specific to these environments such as extreme winter weather, long journey times and restricted social and leisure facilities.

Mentors are supported by their PEF who visit mentors in their local communities. Mentor resources are available online and the use of technology is invaluable for communication and support to practice staff when face-to-face visits are not possible.

Students can gain an invaluable range of experiences in these settings. The scope for inter-professional learning is increased and the multi-disciplinary teams embrace the opportunities to work with student nurses.

Students also gain an insight into how practitioners work in remote areas, in particular rising to the challenges of autonomous working, advanced practice and looking after critically ill patients whilst awaiting transfer to a tertiary centre. Remote island placements are also ideal for students to gain their additional practice outcomes in other fields of practice.

Mentors are also well placed to engage students in remote and rural practice which has the potential to entice newly qualified practitioners to work in these communities. Practice experiences can dispel any myths and showcase the great benefits for students who wish to pursue a career in these remote islands.

"Whilst on placement in Yell I worked with a range of health care professionals...All of these health care professionals were eager and enthusiastic to take me under their wing for the length of time I had with them."

Erin Ramsey, 2nd year Student, Robert Gordon University

Tamsin Smith
Practice Education Facilitator, NHS Western Isles

Angela Bruce
Practice Education Facilitator, NHS Shetland

Linked NMC Mentor Domains: 1, 2 & 5
Using a wide variety of placements can expose student nurses and midwives to valuable experiences. This article shows the opportunities available when students are placed with a charity.

The Fife Chest Heart and Stroke nursing Service (CHSS) was established in 2004. Jointly funded by NHS Fife, CHSS works with stroke patients, families and carers for up to a year providing ongoing post discharge support. As a team we are well supported by the NHS and CHSS through education and development. The PEF ensures we are up to date with the Quality Standards for Practice Placements (NES, 2008).

In 2010 the team facilitated student nurses from various stroke wards on educational visits. Feedback was positive but the students asked for a longer time with the team, so now the service has become a placement in its own right.

Some of the learning opportunities available to students are:

- Visiting stroke patients in their home environment and the impact of this
- Addressing the holistic care (including psychological and spiritual needs) of the patient and carers
- Following the journey of the patient through involvement with members of the multidisciplinary team

Some of the other opportunities specifically related to CHSS’ charitable status include:

- Visits to the CHSS head offices to allow students to understand the ethos of the charity
- Understanding of the stroke advice line
- Understanding of the public relations with regards to the organisational running of CHSS
- Involvement with fundraising, e.g. students took part in the running of a recent ‘pop up’ shop to raise funds and provide information to the public
- Raising awareness of the different career paths available to registered nurses

Feedback from students who have completed their placement with the team has been extremely positive. The students felt that they had a great experience, enhanced their communication skills and had a greater awareness of the physical and psychological impact of stroke. The team continue to enjoy mentoring students helping them to develop transferable skills to care for stroke patients in a variety of settings.

“Having student nurses allows me to reflect on my own practice, this being a two way learning process. We, as mentors, can keep abreast of current changes to the student curriculum and the student can appreciate the stroke pathway, enabling them to observe often challenging situations out with the clinical environment.”

Jane Chalmers, Lead Stroke Nurse and mentor

Jane Chalmers
Lead Stroke Nurse and mentor, NHS Fife

Elizabeth Adamson
Practice Education Facilitator, NHS Fife
How individual student perspectives improve practice in NHS Forth Valley

The specialist mental health service at Forth Valley Royal Hospital comprises of a number of practice learning environments offering a wide range of learning opportunities. All students attend an induction morning, giving an overview of the service and the available opportunities for learning.

Students are encouraged to select another mental health service or ward that they would like to spend some time in during their practice learning experience, giving them the opportunity to access other services and enhance their learning.

"The broad induction ensures that student and mentor time is spent efficiently and discussions can take place at an early stage of the placement to establish additional learning opportunities."
Duncan Westall, Deputy Charge Nurse and mentor

Students are given one study day to facilitate this presentation. This has proven to be valuable practice for the students, enabling them to develop skills in delivering presentations and encouraging reflective practice. It is also benefits the service in terms of learning from the students about areas that could be improved upon.

"...It encourages us to give feedback to not only improve the student experience but experience for the patients, nurses and other team members.""  
Graeme Tainsh, Student Nurse, graduating 2014

Ross Cheape
Senior Charge Nurse and mentor, NHS Forth Valley

Linked NMC Mentor Domains: 1, 2, 4, 6 & 7

Staff deliver tutorials to students which cover aspects of mental health nursing, for example:
- Mental health legislation
- Medications
- Psychiatric assessment

As part of the practice learning experience students are asked to develop a presentation, giving specific feedback on areas of excellence and areas for development.

Students in their penultimate placement, present work they have completed as part of their Quality Improvement Practicum, a small project which forms the assessment for this module. This work is carried out in partnership with the University of Stirling and The Institute for Healthcare Improvement (IHI). Successful completion of this practicum leads to the student receiving a certificate from IHI.
Dementia Care in Acute Services... Active Care in Care Homes... Dignity in Nursing Care... Have you considered how your practice is informed by policy?

The NMC standards to support learning and assessment in practice (2008) advocate that mentors must support students in applying an evidence base to their own practice. Mentors routinely achieve this in daily practice as they deliver safe, effective and person centred care. This, in turn, contributes to providing an effective learning environment for student nurses. The following three case studies provide examples of how policy has been met through everyday practice within acute services and care homes.

Case Study 1: Promoting excellence in dementia care

Three dementia champions collaborated to deliver an educational programme for acute services staff in NHS Greater Glasgow and Clyde. Mentors from dermatology and theatre services attended these ‘informed’ level sessions based on the ‘Promoting Excellence’ framework (NES, 2011). Students were welcome to attend these sessions.

The rolling programme of development sessions focus on person-centeredness, caring, compassion, communication and the impact of the patient journey on people with dementia, their carers and families. The programme raises an awareness of:

- The number of people affected by dementia
- The impact of dementia nationally
- How to access dementia related educational resources
- The impact of the hospital environment on people with dementia and their carers
- The implications for the person with dementia’s individual care needs
- The importance of using the ‘Getting to know me’ document (Alzheimers Scotland and Scottish Government, 2013)

Evaluation highlights that mentors are taking this new knowledge into their own practice. This allows mentors to role model and advocate best dementia practice to their students, direct them to current dementia educational resources and link practice to student learning outcomes. In addition, dementia champions are now delivering sessions directly to students within local universities. Ultimately, this initiative supports delivery of safe, effective, person-centred care for people with dementia, their families and carers.

Scott Hamilton
Practice Education Facilitator and Dementia Champion, NHS Greater Glasgow and Clyde

Emma-Louise Kerr
Practice Education Facilitator and Dementia Champion, NHS Greater Glasgow and Clyde

Katherine Malloch
Senior Charge Nurse and Dementia Champion, NHS Greater Glasgow and Clyde

Linked NMC Mentor Domains: 1, 2, 6 & 7
Case Study 2: Highlighting dignity awareness

As a result of attending a dignity awareness session run by the local PEF, the newly appointed senior charge nurse on the surgical ward of Caithness General Hospital, decided to introduce ‘dignity champions’. As part of this initiative, a ‘dignity awareness’ notice board was developed. This is being used as a learning resource to help staff and students focus on dignified and person-centred care.

Mentors have been able to use this resource, reporting that using the board and working alongside dignity champions has heightened the students’ awareness of person centred care. It has been a positive learning experience for both students and their mentors and introduced students to the importance of continuing professional development.

Linked NMC Mentor Domains: 1, 2, 5, 6 & 7

Case Study 3: Introducing Active Resident Care

The care home education facilitator (CHEF) team in Dumfries and Galloway sought support from local care homes to introduce a more robust approach to care planning through the implementation of Active Resident Care (ARC). ARC is an interpretation of intentional rounding and the delivery of individually prescribed care. Mentors have been instrumental in supporting students in the implementation of this mode of care delivery and suggest that the impact upon the learning environment has been positive.

Initial anecdotal feedback, suggest that student learning activities are now centred around the Ten Essential Shared Capabilities (Department of Health, 2004) and the implementation of ARC supports students to understand the theoretical underpinning of these capabilities.

All staff members are now actively engaged in the prescription and delivery of care which has resulted in an environment that encourages, questions and delivers new ideas, so ensuring safe, effective, person-centred care in line with the Health Care Quality Strategy for NHSScotland (Scottish Government, 2010a) and Scotland’s National Dementia Strategy (Scottish Government, 2010b).

Linked NMC Mentor Domains: 2, 5, 6, 7 & 8
Do your students work with health care support workers whilst in your clinical area? Have you ever wondered how to involve them more with your students’ learning experience?

All members of the health care team have knowledge and skills that contribute to student nurses’ learning. Following evaluations from student nurses and feedback from health care support workers’, education sessions were developed for a pilot project that commenced in January 2014 within community, acute and care home settings. These sessions were designed to support health care support workers to recognise and explore how their role can have a positive impact on patient care through practice learning. The sessions linked with the development and implementation of quality improvement to drive person-centeredness, clinical effectiveness and patient safety.

Student nurses’ final assessment in a practice learning environment should take into account the views and contributions of all staff supporting learning in practice. The pilot found that health care support workers are seldom asked for their input.

Four sessions were developed covering the following topics:
- The learning environment and health care support workers’ role
- Role modelling
- Relationships, culture and conformity
- The student journey

The evaluations were extremely positive and participants agreed that they would recommend the sessions to others. They also highlighted that they had gained a greater understanding of pre-registration nurse education and the elements that impact on the student journey throughout practice learning.

Health care support workers who attended reported they felt more confident about communicating with student nurses and recognised their own contribution as role models in the practice learning environment.

“…..the facilitators acknowledged nursing auxiliary knowledge and skills in the learning environment and encouraged us to realise the impact we have on student education in practice.”

S Murray, participant

Gillian Hutchison
Practice Education Facilitator, NHS Fife

Linked NMC Mentor Domains: 1, 2, 3 & 5

1. Health Care Support Worker is the terminology used within this article but locally you may use other titles such as nursing auxiliary.
The development of a DVD for mentors

Many learners favour the visual delivery of information (Frankel, 2009). Role-play is widely used as an educational method for learning, however individuals’ prior experiences of role-play may influence the way in which they engage in this method (Nestel and Tierney, 2007). The NHS Ayrshire and Arran PEF/CHEF team used a role-play session from the ‘Mentorship in Professional Practice’ module at the University of the West of Scotland (UWS) and, taking on the roles themselves, developed a DVD. The DVD aimed to illustrate two sides of mentoring, the effective mentor and the ‘not so effective’ mentor.

The DVD was shown to a cohort of student mentors who all acknowledged it demonstrated examples of both good and ineffective mentoring.

When asked the following questions they responded:

What did you see?
“INEFFECTIVE MENTORING!!! This actually happened to me.”

So what have you learned?
“INEFFECTIVE MENTORING CAN HAVE A NEGATIVE IMPACT ON STUDENTS’ LEARNING.”

“TO HELP DEVELOP GOOD NURSES YOU NEED GOOD MENTORS. IT IS IMPORTANT TO WELCOME YOUR STUDENT, PLAN AND ACHIEVE GOALS AND UNDERTAKE TIMELY ASSESSMENT.”

Now what learning from this will you put into practice?
“It’s important to speak to your manager to ensure time is allocated for mentorship.”

“To remember how I felt as a student, my good experiences due to good mentors (role models) and I aim to be like them.”

The team also spoke to a cohort of mentors who had recently passed the mentorship preparation module to ascertain what learning from the DVD was transferred into their practice as a mentor. When asked this they replied:

“I have continued to reflect on my own personal experiences…and avoid the poor practice demonstrated in DVD.”

“I continue to ensure that I am a good role model.”

“I am mindful of how demeanour and attitude affects students.”

“I am aware of the importance of the clinical area being well prepared to ensure a quality practice learning experience and make my student feel welcome.”

“I ensure I make time with the student throughout their placement.”

The DVD has been positively received by mentors and is now used on all UWS campuses. It is available to support the development of mentors within NHS Ayrshire and Arran via the intranet and has also been shared with PEF/CHEF colleagues across Scotland.

**Ann Burley**
Care Home Education Facilitator, NHS Ayrshire and Arran

**Debra Heron**
Practice Education Facilitator, NHS Ayrshire and Arran
One mentor’s experience of supporting an underachieving student

“It’s maybe just me” were the words in my head as we were approaching the midway assessment for this student. Previous assessments had been good and no concerns had been raised. The student didn’t vocalise any concerns or learning needs that would have given me an indication as to the work required to get her to an acceptable level of practice. At this point I was feeling awful, mean, guilty and also annoyed that this student’s learning had progressed so far without any concerns being raised. Had there not been any previously?

This was not a familiar situation that I was in and I did feel out of my depth but thankfully I had another colleague who was associate mentor for this student who shared my concerns. How to tackle this was my next challenge. It felt really mean to be telling a pleasant young woman that she wasn’t up to scratch, particularly after she had received so many good assessments. However it was clear to me that any concerns I had needed to be dealt with and not ignored in the hope that another mentor would deal with it in a later placement.

As expected there were a lot of tears but also acceptance of the situation as the three of us sat down to discuss how to address our concerns. However, we needed help to make a plan for this student with learning outcomes that were realistic.

We informed the student’s personal tutor and our PEF, whose input, was greatly appreciated. Through emails and a few face-to-face meetings, a plan was put in place and goals were set.

By having everyone involved, the pressure seemed to be less and we felt reassured that we were managing this correctly.

All of the assessment, documentation and planning was done at pre-arranged times when it was likely that there would be no interruptions. I felt that this enabled the student to understand the issues, reflect on them and ask us any questions. However I felt that the dynamic between the student and I had shifted. It felt as though I had knocked the wind right out of this girl’s sails and she couldn’t see a positive outcome. By the end of the placement, I think everyone felt drained. The final outcome was that the student failed the placement.

Managing the underachieving student is a situation that I hope I do not have to deal with again in the near future as it is stressful for all concerned. However, having had this experience I feel that I have a better understanding of how to deal with it should I need to again. As mentors it is vital that we have a full understanding of how to approach this situation and support each other and that we know how and where to access the appropriate advice and documentation.

The input from the university and PEF definitely helped and I would have no hesitation in seeking their support and advice in the future.

* A mentor
After reading this mentor’s reflection you may wish to explore this topic area further. You may find some of the following articles useful.


- Woodcock J., (2009). Supporting students who may fail, *Emergency Nurse*. 16 (9), pp.18-21. This article examines the role of mentors in supporting students who are at risk of failing and explores the factors that may affect student performance.

- Stevens E., (2013). Conducting interviews with failing students, *Nursing Times*. 109 (8), pp.22-24. This article looks at the role of the mentor in supporting students who are underperforming in practice with a particular focus on effective interim and final assessment interview skills.

- The Effective Practitioner website [http://www.effectivepractitioner.nes.scot.nhs.uk/learning-and-development/recording-learning-and-development.aspx](http://www.effectivepractitioner.nes.scot.nhs.uk/learning-and-development/recording-learning-and-development.aspx) - provides a variety of forms including a reflective tool which you can formalise and use to record your learning after reading these articles.
Mentor Story 1

A period of service redesign within NHS Forth Valley saw new community hospitals being built. As a result of this change, student learning opportunities within our ward area required to be revised. Following attendance at an annual mentor update with our PEF, we discussed the importance of student orientation packs. We reviewed our current pack and decided that it offered limited information as it was out of date. We felt as mentors that the information within the pack should allow students to focus on their learning outcomes.

The new orientation pack was aimed at all levels of students, from both mental health and adult fields of practice. Information included the client group, learning opportunities, ward routine, facilities, transport times and contact numbers. The orientation pack has been well received by the students who find it very useful to help them throughout their placement.

Our local PEF has recognised the good practice of this work and utilised the content to develop a template for other practice areas to replicate.

Katrina Anderson
Registered Nurse and mentor, NHS Forth Valley

Eze Uzoanya
Registered Nurse and mentor, NHS Forth Valley

Mentor Story 2

I am a mentor on a ward for people with learning disabilities in Fife. My manager asked me if I would like to take the role of link mentor. I accepted, and love this role. My main responsibility is to promote the ward as a positive learning environment and help support the mentoring team. I communicate regularly with the PEF and university and have built positive professional relationships with them. I am available to give all students and mentors support at ward level enabling certain queries and issues to be resolved and I update the PEF regularly with student’s and mentor’s progress. This role can be difficult at times, however it is an enjoyable part of my job. The main challenge is that staff expect me to have the answers to all their questions! My main aim is to continue developing the role of the link mentor by continuing to show the benefits this can have for learning and I have been approached by another ward who want to develop this role. I enjoy being part of a wider learning network and would like to expand my knowledge and skills in the future.

Yvonne Beveridge
Registered Nurse and link mentor, NHS Fife

Mentor Story 3

Our Clinical Decisions Unit (CDU) was opened as a new unit in 2014 to streamline patients from A&E. As link mentor, my first task was to ensure our unit was an effective learning environment for students, health care support workers and newly qualified staff. This was achieved by identifying strengths, weaknesses, opportunities and threats and ensuring up-to-date qualified mentors within the unit.

Prior to taking students, an educational audit was carried out with our partner university. Developing a practice placement profile and orientation packs enabled me to explore my new work environment and identify learning opportunities and barriers to learning for students and staff. One health care support worker commented:

"The orientation packs enabled me to have a good insight and understanding of what CDU’s aims and objectives were. It is also providing me with a structured learning plan to improve my skills and meet competencies with support evident within CDU."

Gillian Corbett, CDU, Ayr Hospital

All staff, although experienced in other areas, were entering a new innovative workplace and are now more aware of the daunting experience the student nurse and newly qualified staff nurse may have when entering a new work environment.

Paula Telfer
Registered nurse and link mentor, NHS Ayrshire and Arran
Mentor Story 4

On paper, hub and spoke looks quite simple. You have a main placement where your mentor is (hub) and lots of other related learning opportunities (spokes). The good news is that it is so much more than that! We have been able to build up excellent mentoring relationships with our students and feel they are part of our team. We can tailor their placements to build on their previous learning. Our students can return to placements knowing what to expect, meaning they can make the most of their learning experiences straight away, and they don’t have that dreaded fear of what am I doing, where am I going and how will they treat me?

But the real depth of hub and spoke came to life for me last week. My student’s hub is a neonatal unit and I was her mentor in the spoke placement, a children’s asthma clinic. How does this link with other paediatric areas? Well, at least six of the children in the clinic had been premature infants and had spent time in my student’s hub. She was able to see how these children grow and develop after their premature birth and could see some of the possible future complications they can face. It was a great learning experience for her and a great teaching experience for me.

"I felt very confident and comfortable returning to my hub in second year as I was familiar with the team, along with having an understanding of how the service works."

Lorna Stoke,
2nd Year Child Health Student nurse

Elaine Anderson
Paediatric Respiratory Nurse Specialist and mentor,
NHS Lanarkshire

Lynne Allan
Paediatric Epilepsy Nurse Specialist and mentor,
NHS Lanarkshire

Mentor Story 5

Newly qualified nurse’s experience of Flying Start NHS®

Having secured a position within a district nursing team, I attended PEF support session about Flying Start NHS®. Working through the modules allowed me to reflect on my nursing practice in a structured manner. I especially liked the wide variety of different activities available and found these useful tools to help initiate discussion about practice with other team members. Being a newly qualified practitioner I found it reassuring that I had a mentor who was able to provide guidance.

I thoroughly enjoyed undertaking Flying Start NHS® and believe completing the programme has made me a more confident and competent practitioner. Ultimately, I feel that it has helped me to secure my current permanent position working as a staff nurse within a community nursing team.

Mentor’s experience

I recently mentored a newly qualified practitioner through Flying Start NHS®. We had never had a newly qualified nurse within the team so this gave us a programme to follow for the first year in practice. I found this experience very rewarding, enjoyable and increased my own knowledge in the process. Working as a mentor within community, it was beneficial to be involved in this light touch mentoring, especially in assisting the practitioner to identify and acknowledge their strengths.

Lesley Dowds
District Nurse and mentor, NHS Forth Valley

Laura Johnson
Registered Nurse, NHS Forth Valley

"I felt very confident and comfortable returning to my hub in second year as I was familiar with the team, along with having an understanding of how the service works."

Lorna Stoke,
2nd Year Child Health Student nurse

Elaine Anderson
Paediatric Respiratory Nurse Specialist and mentor,
NHS Lanarkshire

Lynne Allan
Paediatric Epilepsy Nurse Specialist and mentor,
NHS Lanarkshire

Linked NMC Mentor Domains: 1, 2 & 5
A celebration event...10 years on

A national practice education event took place in May 2014 in Glasgow.

Practice educators, academics, PEFs, CHEFs and mentors attended the day which had five key learning themes:

- Celebrating 10 years of the nursing and midwifery practice education infrastructure (PEFs)
- Capturing, analysing, reporting and sharing practice learning data to support quality of care
- Enhancing mentorship
- National approaches to practice education
- Looking to the future of nursing and midwifery practice education

Arriving delegates were welcomed with a showcase of poster presentations, highlighting the work PEFs and CHEFs are undertaking nationally. This facilitated the opportunity to network with colleagues from all over Scotland before moving onto the morning speakers and smaller concurrent workshop sessions:

- Session 1 – Quality Management of the Practice Learning Environment (QMPLE)
- Session 2 – Excellence in supporting the supervision of learners
- Session 3 – Collaborations for pre-registration nursing and midwifery
- Session 4 – National consistency to support learning in practice

For the full event programme and a selection of photos, videos, posters and tweets from the day, visit the NES website:


Lorraine Malcolm
Care Home Education Facilitator, Fife

Irene McDade, NES Practice Education Co-ordinator
West region provides some further insight to the Quality Management of the Practice Learning Environment (QMPLE) Project.

Background

It is recognised that a crucial aspect of ensuring the quality of practice learning is evaluation and feedback from the students themselves. Consequently, the Nursing and Midwifery Council (NMC) recommends that regular monitoring and feedback from students is used to inform both academic programmes and practice learning experiences (NMC, 2013).

What is it?

The QMPLE project is an online database that has been developed by NHS Education for Scotland (NES) in partnership with colleagues from both practice and universities. It is currently being piloted in NHS Greater Glasgow and Clyde and NHS Golden Jubilee National Hospital with Glasgow Caledonian University and University of Glasgow. The project seeks to enable all stakeholders responsible for the quality of nursing and midwifery practice learning to access and share data used for evaluating and monitoring the quality of the practice learning experience (PLE) of student nurses and midwives (i.e. Quality Standards for Practice Placement Audits, educational audits and student evaluations of their PLE).

What can it do for you?

This pilot project will allow timely, accessible information relating to the student learning experience to be more readily available for senior charge nurses, team leaders and mentors. This will ensure that student feedback is used to highlight areas of good practice as well as improving the student learning experience for the future.

Where can you get more information?

Further information on this project is available by emailing: qmple@nes.scot.nhs.uk
Some participants offered the following insights of the day:

“As a senior nurse and mentor, I am enthusiastic regarding the proposed implementation of a national feedback tool for student nurses (QMPLE). The application of this tool will allow us to establish an understanding of the quality of the placement learning environment and identify areas we need to be more focused on, and areas where we work well as mentors, in order for us to provide optimum learning for each student on placement in our area. I feel it will enhance the student nurse experience enabling us, as mentors to explore their constructive feedback whilst allowing them to feel they are being listened to with the optimum aim of helping them feel safe, supported and able to question and explore practices within each placement area. The tool will have a positive effect within our practice areas as it will allow the student to feel valued and part of our team which in turn will allow for a higher standard of patient care.”

Tracey Falconer, Charge Nurse and mentor, NHS Tayside

“I really enjoyed the conference; it made me reflect on my role as a mentor. I enjoy being a mentor, teaching students and helping change the perception of nursing homes.”

Amanda Ross, Care Home Mentor, Lothian

“It was a privilege to be involved in the celebration of ten years of the PEF infrastructure.”

David Thomson, Neurology Specialist Nurse and mentor, NHS Forth Valley

“Listening to the presentations throughout the day made me realise how much work and effort has gone into student nurse training.”

Anita Kay, Care Home Mentor, Lothian
Useful articles

Do you mentor students during their final practice learning experience? Recently articles related to the role of the sign-off mentor have been appearing in the nursing literature. Here are some that you may find useful to read and reflect on as part of your continuous professional development as a sign-off mentor.


This discursive article outlines some of the opportunities and challenges inherent in undertaking the role of sign-off mentor when supporting students during their final practice learning experience in a community setting.


This qualitative study explored two research questions namely, what is the experience of being a sign-off mentor in an acute trust and how has the role impacted on mentorship responsibilities? The paper presents the findings of the data collected following interviews conducted with six sign-off mentors.


This research paper reports on the findings of an evaluative study which explored participants’ understanding of the sign-off mentor role. In total 164 questionnaires were returned and analysed. The qualitative findings themed as benefits, challenges and solutions associated with the role are presented within the article.
Non Nurse mentors

The concept of ‘due regard’ was introduced by the NMC to enable students to undertake experiences in non-traditional healthcare environments e.g. schools, nurseries, day care centres... As a mentor do you sometimes organise students to go to practice learning experiences where there are no registered nurses? If so you may find the following two projects of interest.

A small scale project to measure compliance with, and strategies which support, the principle of due regard was undertaken by the Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN). The final report ‘An Exploration of the Interpretation and Application of Due Regard in Pre-registration Nursing Programmes’ Project (NES 2013) is available at: http://www.nes.scot.nhs.uk/media/2063154/final_project_report_due_regard_28_3_13_recd_140513_wsv.pdf

In the second stage of the project on ‘Due Regard’ SCEPRN evaluated a pilot of the effectiveness and validity of a practice learning environment Equivalency Tool for non-nurse practice learning environments. The final report ‘Assessing the validity of a national assessors equivalency tool’ is available at: http://www.nes.scot.nhs.uk/media/2731988/assessing_the_validity_of_a_national_assessors_equivalency_tool.pdf

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


Here are some NES resources that you may find useful...

**Effective Practitioner**
www.effectivepractitioner.nes.scot.nhs.uk

**Flying Start**
www.flyingstart.scot.nhs.uk

**Nursing and midwifery career ePortfolio**

**Post-registration career development framework**
www.careerframework.nes.scot.nhs.uk

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 PEF/CHEF or send an email to:
NMAHP.Events@nes.scot.nhs.uk
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