Welcome…

...to the 2016 edition of the nursing and midwifery mentor bulletin.

In April 2016 the Nursing and Midwifery Council (NMC) Revalidation will come into effect. We hope that within this year’s edition we highlight how roles that support learning in practice can be used to provide some of the evidence required for revalidation. Remember this bulletin can also be used as part of continuing professional development (CPD) hours too. We hope you enjoy reading some of the inspirational stories from mentors across Scotland.

We have also linked each article to the NMC Standards to Support Learning and Assessment in Practice (NMC, 2008). A reference list has been included along with useful articles and links for you to access.

In this edition there are articles which focus on:

- Useful educational resources
- Practice teachers
- Specialist practice learning environments
- Care home learning environments
Revalidation provides us all with the opportunity and responsibility to know and embed the Code (NMC, 2015) within our daily practice.

Personally I see the Code as a professional and critical friend, one who holds the same values, I trust implicitly and turn to in order to inform my actions and practice, especially when I need additional guidance or reassurance.

As mentors you are well placed to provide evidence of meeting NMC Revalidation and suggestions about how you can do this are helpfully outlined in the following articles. For me though, revalidation is about much more than meeting the minimum requirements. Your role in helping students understand and showing them what professional nursing and midwifery practice looks like will bring the Code alive.

To be a mentor is both a responsibility and a privilege and “the role of the mentor in demonstrating compassion, dignity and professionalism as they deliver high quality, evidence based care to patients and families is the most powerful influence on a student’s learning” (Ferguson C as cited in NES 2013:4). This is why revalidation matters to me.

Belinda Emmens
Practice Education Coordinator,
NHS Education for Scotland

Mapping my experience as an associate mentor to the Code for revalidation

I will be one of the first staff members who will be following the new revalidation process when I apply for renewal of my NMC registration in April 2016. This means I will be required to reflect on the Code in my practice as a nurse and use it as a reference point for all the requirements of revalidation. As part of this process I will be required to provide five reflective accounts on either my practice related feedback, continual professional development or an event or experience in my practice.

In my first year of practice I felt supported to develop myself. I observed my registered nurse colleagues mentoring pre-registration student nurses and this led me to think about how I could perhaps help support learners in practice. As my confidence increased I felt more capable as a newly registered nurse and I discussed the possibility of mentoring students. I knew that to become a mentor I would have to undertake an NMC recognised mentorship preparation programme and I was encouraged to apply as there was a waiting list of more than a year. Fortunately at the end of 2014 the new ‘associate mentor’ role was introduced in my area.

Being an associate mentor made me feel both anxious and excited as it allowed me to support mentors in assessing individual student competencies without having overall responsibility for their assessment. This role enabled me to link my own practice to several themes of the Code providing evidence for revalidation.

Becoming an associate mentor encouraged me to actively seek feedback regarding my practice within this role from students and colleagues. This has helped potential mentors to recognise the benefits of the associate mentor role to assist with supporting students. It also allowed them to reflect on the experience and to gain feedback in relation to the Code when preparing for their own NMC revalidation.

Evia Mavura
Staff Nurse, NHS Lothian

Linked NMC Mentor Domains: 2, 3, 4, 6 & 8
Using mentorship for revalidation: My experience in the revalidation pilot

With revalidation going live from April 2016, many registrants may find themselves feeling anxious with the preparation, collection, and presentation of evidence required. However it needn’t be so, especially if you are a mentor!

The NMC stipulates that registrants must record five written accounts on their continued professional development and/or their practice-related feedback and/or an event or experience in their practice, and how this links to the Code. As mentors we can use the evidence we acquire through supporting students in practice, such as student practice learning evaluations, as one of our five pieces of feedback. Attending yearly mentor update sessions can count towards your participatory learning, and why not use your experience of mentoring students as one of your five reflective accounts?

In my role I work as a community nurse and I was keen to participate in the Scottish revalidation pilot. The majority of the evidence I provided came from being a mentor, which in turn will be used again for my triennial review. For those who are worried about revalidation, I would firstly assure you that from my experience revalidation should not be feared. It is a manageable process, which with preparation over the three year period, will be easy to achieve. Keep an eye on the NMC revalidation website for the most current and up-to-date information and find out who is leading revalidation in your place of work and what support is available to you. Don’t forget there are resources available to support your learning and demonstrate your evidence in the Effective Practitioner webpage, NHS ePortfolio and the Knowledge Network.

Helen Clouston, Practice Education Facilitator, NHS Orkney

Sylvia Campbell, Practice Educator, NHS Orkney
In the following article the mentor has used the NMC reflective questions to capture a reflective account.

Student fitness to practice - a personal witness perspective

What was the nature of the CPD activity and/or practice-related feedback and/or an event or experience in your practice?

A number of concerns were raised by practitioners, regarding a student, resulting in the university being contacted and subsequently resulting in a fitness to practice hearing. I was contacted by the university to discuss what I had witnessed regarding this student and asked to provide a timeline of events. I felt reassured when I was told that my evidence matched that of other witnesses.

I then provided a written statement, verifying my verbal information. I clearly remembered the actions of the student, but I couldn’t recall with clarity exact times that events occurred.

I was invited to attend a formal fitness to practice hearing convened by the university. Despite having worked in the NHS for over 30 years, I had never attended a hearing of this nature. I was unsure who would be in attendance and how I would be received.

The panel was larger than I had anticipated with 12 individuals in attendance, including academic staff, legal representation, the student and their representatives. Questions related to my statement were asked of me by all members of the panel.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

I was thankful that I had refreshed my memory beforehand by reading my statements and notes.

I felt confident and articulate with my responses, despite the student’s representative strongly challenging my thinking and interpretation at times. Although this made me feel uncomfortable, I was in no doubt of what I had witnessed in terms of the student’s actions and was therefore confident in reiterating this to the panel. It was reassuring and comforting when the panel chair interjected and stopped certain lines of questioning when it was deemed not appropriate to the case.

I honestly felt that the panel were impartial and were collating facts of the case, building a picture of events, enabling them to make judgements based on credible information.
Reflecting on the experience, my learning recommendations would be:

- keep a detailed timeline, including exact times of discussions and actions
- be articulate and answer clearly and succinctly
- demonstrate professionalism.

It is vital for mentors who make difficult decisions regarding students’ competencies and behaviours to realise that their views are listened to, respected and acted upon when necessary.

How is this relevant to the Code?

Promote professionalism and trust - I cooperated with the request to be a witness as stated in section 23 of the code.

Preserve safety - my professional duty of raising concerns about this student, and following the agreed protocols ensured that the safety of the public was protected.

If you need more information about revalidation this can be found on the NMC website. [www.nmc.org.uk/standards/revalidation/](http://www.nmc.org.uk/standards/revalidation/)

There is also a Revalidation Community of Practice on the Knowledge Network. [www.knowledge.scot.nhs.uk/revalidation.aspx](http://www.knowledge.scot.nhs.uk/revalidation.aspx)
How can NES learning resources you already use support revalidation?

There are many learning resources currently available through NHS Education for Scotland (NES). With NMC Revalidation in mind the following resources could contribute to practitioners developing portfolios of evidence and they are based on the themes of Revalidation.

**Scope of Practice**

The Post Registration Career Development Framework allows practitioners to identify and explore key aspects within their scope of practice. There are linked learning resources to validate, refresh or progress their level within the framework.

www.careerframework.nes.scot.nhs.uk/

**Continuing Professional Development**

**Effective Practitioner** allows practitioners to identify areas of strengths and areas to develop through self assessment. It provides guidance and templates to aid development of robust objectives and action plans to meet any identified CPD needs.

Practitioners can access a wide range of work-based, reflective learning activities and templates to record their CPD. These activities are mapped to the core dimensions of the Knowledge and Skills Framework (KSF). This website ensures quick effective access to current, quality assured learning resources, policies and strategies.

www.effectivepractitioner.nes.scot.nhs.uk/Default.aspx

**The Knowledge Network** provides access to eLearning on national drivers. There are resources that enable interaction with practitioners across NHS Scotland with similar scopes of practice/interests via People Connect and the Communities of Practice. This will provide evidence of participatory learning. From here you can access evidence based resources through the Library.

www.knowledge.scot.nhs.uk/home.aspx
Feedback

One requirement of revalidation is registrants must obtain practice related feedback. **Little Things Make a Big Difference** is a hub, housed in the portal section of The Knowledge Network. This provides access to resources designed to look at using feedback; comments and complaints to drive service improvement in a person-centred way.

www.knowledge.scot.nhs.uk/making-a-difference.aspx

**Listen, Learn, Act** focuses on harnessing the power of the patient story. It includes information and guidance on how to use patient feedback as a mechanism for learning and development of individuals and teams.

www.nes.scot.nhs.uk/media/2478328/listen-learn-act.pdf
The Nursing and Midwifery Career Long ePortfolio enables practitioners to input, store, edit and present evidence that has the potential to meet KSF and NMC revalidation in an electronic format. This includes collating information on practice and CPD hours and recording elements from learning experiences. For revalidation, ePortfolio provides a platform for recording reflections, their impact and future actions using different models/templates as well as the NMC mandatory documentation.

https://www.nhseportfolios.org

Reflection

Reflection and reflective accounts formulate a large part of how nurses and midwives evidence CPD. Numerous NES resources incorporate learning through reflection. Flying Start NHS® provides a comprehensive unit which is of equal benefit to both newly qualified and established practitioners.

www.flyingstart.scot.nhs.uk

NES resources provide an opportunity to access, undertake, reflect on, collate and present learning. This evidences your CPD, meeting local, national and regulatory expectations. The practice education infrastructure can support practitioners to utilise these tools to meet CPD requirements with a view to ultimately impacting on professional development and service improvement.

Keith Dow
NHS Education for Scotland Nursing and Midwifery Practice Educator

Linked NMC Mentor Domains: 5, 6 & 8
Using clinical supervision alongside Flying Start NHS®

Clinical supervision brings together practitioners and skilled supervisors to reflect on practice with an aim to identify solutions to problems, improve on practice and increase understanding of professional issues. It has been instilled in professional practice for many years and in doing so it seeks to “safeguard standards of practice, develop the individual both professionally and personally and to promote excellence in care” (Bishop, 1998).

Having recently implemented an Integrated Community Support Team within a community nursing setting, recruitment of nursing staff was necessary. Historically experienced staff nurses were recruited into community posts however changing culture has meant that newly qualified practitioners (NQP) are being recruited into these posts. In line with local policy there is formal induction and a programme of ongoing support and development for the NQPs which includes undertaking Flying Start NHS®.

This programme incorporates clinical supervision with meetings taking place on a monthly basis. With mutual agreement a formal contract is developed stipulating that protected time was set aside in both parties diaries and that there were no interruptions.

Staff used the headings and topics based on the learning unit within Flying Start NHS®. For example Communication, Clinical Skills, Teamwork, Safe Practice, Research for practice, Equality and diversity, Policy, Reflective Practice, Continuing Professional Development and Careers. They also use templates already available within the website which had recording headings and discussion points to aid discussion. These were stored in their individual portfolios and used to reflect on their own individual learning and growth. It was essentially a record to remind them of topics discussed and any action points. The fact that these sessions were dated and timed was evidence of clinical supervision taking place.

To date staff have advised that they feel empowered and encouraged with not just the Flying Start NHS® programme but the fact that they are able to have this protected time and share their experience and reflect on practice. There was also recognition that this process could generate evidence for revalidation and annual appraisal.

Alastair Munro
Professional Lead Nurse, NHS Lanarkshire

Linked NMC Mentor Domains: 1, 2, 4, 5, 6, 7 & 8

Mentor Bulletin 2016
Effective Practitioner: developing staff in their role

Effective Practitioner development days were introduced to support a number of new Band 6 nurses recently employed within NHS Fife Community Health Partnership. This facilitated networking between the Band 6 nurses. It also enabled us to share experiences and gain a better understanding of our new roles. At the beginning of our journey we all completed the Effective Practitioner self assessment tool and a learning needs analysis form to be used to plan our ongoing training. These tools were extremely valuable to establish what we wanted to achieve and were easily accessible on the Effective Practitioner website. There was clear instruction for their use which allowed us to individually identify areas for our own career development.

The outcome of our initial assessment indicated that many of us would benefit from gaining experience in another area of our choice to develop ourselves within our roles. We then progressed onto using the Effective Practitioner self assessment action plan to draw up a clear vision of what we wanted to achieve and how we were going to achieve it. One of the group chose to spend their time developing whiteboard rounding on the ward and visited two areas where this was already well established. At a glance they could instantly see any action for the day and the reason for any possible delays and therefore took these positive experiences back to their ward. Another of the group chose to spend the day shadowing a clinical skills lecturer at the university and found the teaching strategies they observed to be very beneficial to their learning as a mentor for student nurses and newly qualified nurses.

We then used the reflective account template on Effective Practitioner to record our learning and development, and reflect on our days spent in our chosen areas. The whole experience has given us better insight into what is expected of us as Band 6 nurses and we have gained new confidence from being able to support ourselves in developing our own careers. The Effective Practitioner website helped immensely and we would certainly recommend it to other members of our teams and fellow nurses to assist with revalidation.

Emma Espie
Senior Charge Nurse, NHS Fife

Sharon McLellan
Senior Charge Nurse, NHS Fife

Linked NMC Mentor Domains: 1, 2, 4, 5, 6, 7 & 8

The Effective Practitioner website can be found here:
www.effectivepractitioner.nes.scot.nhs.uk/Default.aspx
Releasing Time to mentor: A training log for effective mentorship

Utilising NHS Education for Scotland’s Releasing Time to Learn resource, the practice development nurses identified the need to create a local system of recording training and mentorship. They developed a training log and database which incorporates the principals of “knowing how we are doing, well organised ward and status at a glance”.

Knowing how we are doing
The training log is used to gather information, monitor and audit data collection. It measures the number of mentors within each ward area and records how many staff have completed or requires annual mentorship updates.

Well organised ward
The log provides concise centralised information that can be shared with senior managers, practice education facilitators (PEFs) and learning and education departments. This aids forward planning. Allocating mentors prior to a student’s arrival on the ward provides equity of work distribution amongst the team and reassures students that support is available from a named mentor. This complies with the Quality Standards for Practice Placements (NES, 2008) and assures the proficiency of mentors involved in supporting practice learning.

Status at a glance
The training log is a visual tool used to display training information which can be updated regularly, seen at a glance and used effectively. The wall planner is accessible to all staff to input and review their mentorship training requirements. It is quick to complete and the senior charge nurse collates the information each month for entry into the database.

This method of recording mentorship meets with the aims of Setting the Direction (Scottish Government, 2014). It empowers nursing staff to have ownership, leadership and accountability of their learning and personal development as set out within the Leading Better Care programme (NES, 2007) and the revised Nursing and Midwifery Council code (NMC, 2015).

Geraldine Hutton
Practice Development Nurse, NHS Greater Glasgow and Clyde

Noreen Corrigan
Practice Development Nurse, NHS Greater Glasgow and Clyde

The Releasing Time to Learn resource can be found in the Releasing Time to Care Community of Practice.
www.knowledge.scot.nhs.uk/rtccommunity/time-to-learn.aspx
As people are living longer, there is a need to ensure our future nurses are adequately prepared to deliver care to meet their needs.

Ensuring students have the opportunity to experience learning in care homes as part of their pre-registration education will provide students with an understanding of the diverse role of the nurse within this setting. The following articles highlight the benefits of care homes in student learning.

**For Me You Have Built a House: A mentor story...**

I really enjoy being a mentor. Care homes are great learning environments for students as they have so many different learning opportunities including person centred care, communication, compassionate care and management of long term conditions.

The public often only hear about the negative aspects of care homes in the media. In the majority of cases, students’ perceptions of care homes are changed during their placement. Students often feel that the learning they have achieved is far greater than they ever expected from a care home. As students come to the care home in the first year of their programme, I explain that I am giving them the building blocks upon which they can build in future placements. One of the nicest things a student has ever said to me is, “You say you are only giving me building blocks, but for me, you have built a house” - this in itself is a great compliment and lets me know I am helping each student develop. Although it is the students who are on placement to learn, this is a two-way process, as I myself learn new skills as a mentor. Giving students the opportunity to experience a care home placement is excellent for their learning and promotes the career opportunities available within the sector.

**Anita Kay**  
**Peacock Care Home**

**Linked NMC Mentor Domains: 1, 2, 4 & 6**
Valuing the care home practice learning experience

Care homes are recognised as a valuable practice learning experience (PLE) and can provide students with ideal opportunities to learn clinical skills and increase knowledge about caring for the older adult.

As mentors we know that a care home placement can provide nursing students with ideal opportunities to practise their nursing skills and learn about the specialist knowledge and skills required for the managed care of older adults (Banning, 2006).

Nursing our elderly population enables students to expand their knowledge and understanding of gerontology. It allows them to see it as a rewarding career.

Feedback from first year student nurses during their PLE has been positive.

Due to the students exposure in year one to this type of placement there is now an increase in the amount of third year students opting to repeat placements in nursing homes (Agnew, 2008).

“My year one practice learning experience in the care home gave me an important insight to the truly holistic approach to care. Following my experience I felt that this was an area that I wanted to go into when qualified. I was often asked where I would like to work and on most occasions when asked “Why a care home?” I would say “why not!” I was successful in securing a full time post since qualifying and have no intentions of moving from the place I love”.

Louise Pettigrew
Abbotsford Nursing Home

Georgette Langan
Abbotsford Nursing Home

Mary Kerr
Suncourt Care Home

Mary-Jane Nicolson
Suncourt Care Home

“As first year students we have found our time at the home invaluable. The staff have not only accommodated us in promoting independence with our essential nursing skills, but we feel that they have went out of their way to make our placement an informative, educational and memorable experience.”
With the ever increasing number of specialist clinical areas there are exciting opportunities to utilise these as practice learning environments (PLEs).

Any clinical area that delivers safe, effective and person centred care can be an effective learning environment for student nurses and midwives. Increasingly universities are adopting the hub and spoke model for practice learning. A hub placement is a practice learning environment where a student can be placed for an extended duration and will also return to at different times during their programme. Spoke placements are normally shorter placements that are associated with the hub placement as part of the patient’s journey. They will provide experiences that will help students achieve their practice learning outcomes (McCallum et al, 2015).

The findings of the study by McCallum et al (2015) of the hub and spoke model showed that first year pre-registration nurses can be placed in a specialist clinical area as their hub placement. These specialist areas had previously only supported final year students. Feedback from students evidenced these were really positive PLEs.

The following articles highlight a wide variety of specialist areas that have been recognised as valuable learning environments.

Specialist student learning within the homelessness team “spoke” placement

The homeless mental health team in Glasgow provides assessment and treatment to meet the needs of the homeless population in the city and manages a wide spectrum of mental health issues. This service is provided within a variety of settings. These include homeless units, emergency, temporary and bed and breakfast accommodation. It also includes people who are sleeping rough and are destitute. We support both hub and spoke learning environments and provide student nurses with the opportunity to experience caring for a patient group that often have complex and chaotic lifestyles.

Students returning to their hub have the opportunity to experience further stages in the patient’s journey often witnessing progress in patient presentation and recovery. Whilst visiting for their spoke experience, students have the opportunity to observe and recognise the relationship between homelessness and mental health.

Mentors within the team are aware of the potential for patients to disclose very sensitive and distressing information. This is highlighted to students during their induction. Students who are exposed to such disclosures are encouraged to discuss and reflect on this information with their mentor. They are also encouraged to participate with other members of the team in formal team and peer supervision. They also benefit from our team culture which encourages reflective practice.

The student’s experience with our team ensures that they will have an understanding of the impact of homelessness that they can take with them to other learning experiences in the future.

Colin Jack
Mental Health Nurse and mentor, NHS Greater Glasgow and Clyde

Linked NMC Mentor Domains: 1, 2, 5, 6 & 8
The sky’s the limit…..an insight into RAF nursing

The Princess Mary’s Royal Air Force Nursing Service (PMRAFNS) is committed to providing skilled, knowledgeable staff, delivering high quality care in response to the dynamic nature of RAF Nursing both in peacetime and during military operations.

The civilian and military practice nurses at RAF Lossiemouth not only support military student nurses but also offer spoke experiences for pre-registration student nurses from NHS Grampian (NHSG) and NHS Highland in their final year of study. This unique environment gives them a snapshot of both civilian and military nursing, as well as an insight into life within the Armed Forces, as we ensure our patient population is fit for deployments and occupational roles.

Students observe our daily routine which includes travel health, vaccinations, health promotion activities, minor illness and injuries, well woman health, sexual health and chronic disease. Service nursing also has an occupational role, seeing personnel for full medicals. Military personnel are mandated to be fit for duty which requires a high standard of fitness monitored through biannual fitness tests and annual key performance indicators.

It’s rewarding to know that students have benefited from their time here on placement.

The civilian PN (Practice Nurse) undertook mentor preparation with NHSG and RGU, as will the military PN next year. Mentoring encourages a reflective and questioning approach by challenging our clinical skills and knowledge.

We are supported by the local PEFs and receive regular email updates including invitations to local training events, which helps to keep us updated. Our remote location means limited access to face to face Service support, but this local arrangement with the NHS promotes partnership and networking, and helps students see how the RAF integrates with the local NHS Board.

Joanna Fraser
Practice Nurse and mentor, Princess Mary’s Royal Air Force Nursing Service

Nicola Shannon
Corporal and mentor, Princess Mary’s Royal Air Force Nursing Service

“I enjoyed my learning spoke at RAF Lossiemouth. It introduced me to career options that I had not previously considered. I found working with a healthy population interesting”
Heather Mitchell, Student Nurse Robert Gordon University (RGU)

“My spoke opportunity at RAF Lossiemouth provided the opportunity to become familiar with both a civilian and military nursing role. Time was available to talk with personnel from various branches of the RAF e.g. medics and engineers. I gained information that highlighted the social and professional opportunities offered by joining the RAF.”
Anne Robertson, Student Nurse RGU

“I enjoyed my learning spoke at RAF Lossiemouth. It introduced me to career options that I had not previously considered. I found working with a healthy population interesting”
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Anne Robertson, Student Nurse RGU
Preparing a medium secure forensic unit as a Clinical placement for students

Forensic Medium Secure Care units are complex environments with daily challenges in terms of prioritising patient care in a safe and secure environment. Rohallion Secure Care Clinic houses the first Medium Secure Unit providing care for north of Scotland patients and opened in July 2012.

Openness, respect, availability and accessibility were paramount enabling effective networking meetings with the Medium Secure team to explore whether this newly evolving service could be considered as a practice learning environment for students.

The development and implementation of a robust student induction was a priority to ensure safety and security practices were understood, meeting both local and national criteria. All staff who work within the unit must receive a security induction.

The induction training also describes the development of the service, the forensic estate in Scotland and the legislation and policy drivers that underpin development. Students will develop knowledge of care pathways and the integration across levels of security, patient profiles, exit pathways and community services.

The induction has a clear security focus and covers the three core elements of security; physical, procedural and relational. This affords students the opportunity to understand how these impact on care.

Cross-boundary networking and resourcefulness was pivotal in facilitating the growth and development of this learning environment, creating exciting new learning opportunities for third year mental health nursing students. This has been a great achievement for the service and our staff look forward to welcoming students.

Nuala Christie
Senior Charge Nurse, NHS Tayside

Sarra Kettles
Charge Nurse, NHS Tayside

Heather Robb
Practice Education Facilitator, NHS Tayside

Linked NMC Mentor Domains: 1, 2, 5, 6 & 8
Recognising the value of specialist midwifery practice learning environments

There are many challenges for students and midwives within the Early Pregnancy Assessment Service (EPAS). Student midwives currently have a short placement within EPAS however some peers feel that it is not a suitable learning environment due to the specialist nature of the department.

Although I have supported and taught students throughout my midwifery career, undertaking the mentor preparation course has encouraged me to recognise valuable learning and teaching opportunities and provide these NMC required competencies, in a structured and assessed format.

With support from my supervising mentor, I tailored the opportunities within EPAS to provide learning opportunities that acknowledge the value of transferable skills, such as documentation, history taking, triage and clinical assessment. Undertaking the mentor preparation course enabled me to assess my mentoring skills and ensured that students received a quality practice learning experience.

I would thoroughly recommend becoming a mentor as it provides a high level of job satisfaction. The mentor preparation course also provided excellent support from the course facilitators and other student mentors.

By fully understanding the student competencies that are required, mentors can appreciate learning opportunities available within all departments, including specialist areas such as EPAS. The learning within the mentor preparation course can facilitate this.

The support of an experienced supervising mentor was also essential to completing the course.

Jane Scott
Midwife and mentor, NHS Greater Glasgow and Clyde

Emily Smith
Midwife and mentor, NHS Greater Glasgow and Clyde
A mentor’s story: The impact of mentorship preparation

Prior to commencing the mentorship preparation module, I had worked with students but had not really appreciated the complexities of developing students and the impact that we, as mentors, have on their practice and enjoyment of their practice learning experience. During the course, we explored different learning styles, and the importance of adapting to meet the needs of each individual student. I learned about the importance of timely, constructive feedback in the development of student’s practice and discovered that regular feedback from students about my performance as a mentor was crucial in my personal development and abilities as a good mentor. Encouraging students to give feedback on mentor performance instils mutual respect and leads to a positive student-mentor relationship.

In midwifery we are fortunate, as our students return several times over their programme which also promotes excellent student-mentor relationships. This in turn allows for greater understanding of each student’s requirements and allows us, as mentors, to be confident in a student’s ability and provides a more positive experience for students.

Overall, the mentorship preparation module has made me reflect closely on how to teach and develop students practice as well as encouraging me to reflect on my own practice. I now have a greater understanding of the student experience and needs as well as my responsibilities as a mentor.

Charlotte Hallows
Midwife and mentor, NHS Forth Valley

Linked NMC Mentor Domains: 1, 2, 3, 4, 5, 6, 7 & 8
A new educational booklet called ‘Interactive Teaching and Assessment Strategies’ has been developed by the practice education facilitator (PEF) for nursing and midwifery mentors to use within NHS Fife. Due to the ‘hands-on’ nature of clinical practice interactive methods of teaching are common and have been found to be acceptable, motivating, engaging, suit many learning styles and improve learning (Hughes and Quinn, 2013, Bastable, 2014). The pocket-sized resource is a prompt for mentors to use innovative and interactive teaching methods to facilitate learning.

The seven strategies detailed are adaptable for many differing situations: ‘Spot the Mistake’, ‘Pair-Share’, ‘Grab Bag’, ‘Sticky Situation’, ‘Questioning for Thinking’, ‘One Minute Mentor’ and ‘Scavenger Hunt’. On reading through the new booklet I thought that using the Scavenger Hunt strategy would help to engage the student nurses placed within the Children’s Unit as all are required to attend an orientation day. This helps to outline what is expected of them by staff, and to inform of what we have to offer in terms of clinical experiences and learning environment. I was looking to make the induction day more interactive and help them to orientate to the area using alternatives to listening to talks and PowerPoint presentations.

The Scavenger Hunt was easily devised specific to the various aspects of the Children’s Unit. Students were asked to perform certain tasks, find out information from staff members and find objects within the clinical area. Student feedback suggests that it was a fun way to help with orientation and I will use this approach again it can easily be adapted for use with nursing students in their second and third years, incorporating theory relevant to their year group and also for staff new to the unit.

The quick and easy strategies contained in the booklet create a positive learning environment and make a valuable contribution to the mentors’ teaching toolkit.

Christine MacDonald
Clinical Educator and mentor, NHS Fife

Alison Lowrie
Practice Education Facilitator and Supervisor of Midwives, NHS Fife

Linked NMC Mentor Domains: 1, 2, 3, 4, 5 & 8
The ageing workforce and the review of district nursing services, combined with the shift in the balance of care and social and health care integration, have highlighted a need for an increase in Specialist Practitioner (District Nurse (DN)) education. In addition as a response to the Children and Young People (Scotland) Act 2014 Scottish Government announced investment in the education of health visitors (HV) and the creation of 500 new HV posts. In order to continue to support and develop DNs and HVs, there has to be practice teachers within NHS Boards. Practice teachers experiences can vary thus demonstrating the diversity of supporting post registration education in practice across Scotland.

Practice teachers (PTs) supporting DN and HV students have a different role to the role they have as a mentor to pre registration students. Mentors support pre registration student learning experiences in the short term whereas PTs support DN and HV students through their entire programme which can last up to two years. Student DNs and HVs may be based in different locations from their allocated PT therefore the ability of the student to be able to provide reflective accounts of their practice and learning is essential. PT’s have a key role in helping the student develop the skills of critical reflection.

Experienced PTs, in addition to supporting their own students, have responsibility for the supervision and support of new PTs and in turn their students. They are also seen as a role model and resource for mentors of pre registration students. Excellent time management and the support of colleagues and the PT network are essential. This includes the support they are provided by local practice education facilitator teams.

Despite these challenges the role also generates a number of rewards.

“Seeing a student develop their practice, building confidence and expertise as they progress through the programme, brings enormous job satisfaction. Students also prompt us to constantly review and develop the evidence base for our own practice. We are passionate about the role of the District Nurse and its centrality in providing high quality, safe, effective and patient centered care to people within their own homes. As practice teachers we can share our passion and help shape our future workforce and leaders. We can ensure that our values continue to be practiced and promoted.”

Gillian Birnie
Practice Teacher, NHS Greater Glasgow and Clyde

May Cameron
Practice Teacher, NHS Greater Glasgow and Clyde

Madeline Wilson
Practice Teacher, NHS Greater Glasgow and Clyde

Liz McLure
Practice Education Facilitator, NHS Greater Glasgow and Clyde

Linked NMC Mentor Domains: 1, 2, 3, 4, 5, 6, 7 & 8
Practice teaching when your student is on another island

Living in the Western Isles presents challenges to contend with around travel due to the distance in the spread of the caseload or the disruptions our inclement weather presents. Due to these issues the supervision of a student was not possible without utilising long arm mentorship.

Once the placement commenced, we utilised technology to ensure we had open communication, using video conferencing and jabber through the week at set intervals to discuss the contacts and assess the students’ analysis of situations. We also had frequent phone calls and texts and used social media to communicate in the evenings.

Isabell MacInnes
Practice Teacher, NHS Western Isles

Supporting District Nurse students in the remote and rural setting

Nurses undertaking the Specialist Practitioner in District Nursing course do so at a distance. Throughout my studies I had a strong reliance on technology which I was used to as I use it to maintain my continual professional development. Sometimes, though, this did not always work and this meant that I missed entire days of module theory and group discussions.

This is where the support of my practice teacher was invaluable. Regular meetings took place between me and my PT, the university and the practice education team who supported me to overcome some of the problems encountered.

Lorrain Odie
Specialist practitioner District Nurse Student, NHS Orkney

Linked NMC Mentor Domains: 1, 2, 3, 4, 5, 6, 7 & 8
Thank you mentors. You play a part in the NES Annual Nursing and Midwifery Pre-registration education survey

NES has now been administering the annual Nursing and Midwifery Pre-registration Education Survey for six years. The survey involves all universities who provide pre-registration programmes and their partner service providers, gathering the views of final placement student nurses and midwives, their mentors and charge nurses, team leaders, care home managers and midwifery team leaders.

The survey is taken very seriously by NHS boards who use the findings to inform work with universities and other ongoing developments. Therefore hearing what mentors think is vital to the process.

Survey findings over the last six years are starting to build a national picture of what’s going well with the programmes and practice learning environments. The data provides a national overview of key areas where support is needed. It helps to celebrate success and enables dialogue around the current preparation of nurses and midwives.

One such area is where mentors, charge nurse, team leaders and care home managers rate newly qualified nurses and midwives and highly praise them for their professional attitude and behaviour, caring and compassionate approach and motivation.

Trend data also show that mentors value their role and most have reported that they participate in regular updates.

The next survey goes live at the beginning of January. Please look out for the survey link and have your say in the strengths and challenges of the current pre registration nursing and midwifery programmes.

Jane Cantrell
Programme Director, NHS Education for Scotland

You can complete the senior charge nurse and mentor survey on the following link until the 29th of April 2016.

https://response.questback.com/nhseducationforscotland/nyezbrg4op
http://tinyurl.com/mentor-cn16
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

Reading List

The following articles were reviewed by our editorial team and we think they would be useful for you as mentors. Remember to record your learning as part of your CPD hours.


Never forget that mentoring matters

An inspirational mentor to remember

The concept of mentoring is familiar to most professionals working within the National Health Service. As a newly qualified mental health nurse, I have been fortunate to have had countless inspirational mentors throughout my training. However, my final mentor forensic community mental health nurse Ashley Moffat equipped me with the knowledge, skills and excitement I will require to be victorious in my career as a registered nurse. Unfortunately, Ashley unexpectedly passed away a month following my experience of working with her, and this short article will highlight not only the importance of excellent mentorship, but the skills and zest Ashley brought to the lives of students, colleagues and most importantly, the patients she worked with.

I was introduced to Ashley on my sign-off placement at Birnam day centre forensic community mental health team. I felt I was accepted as a valued member of the team from the start. I was part of a team which was supportive, loyal, dedicated and above all valued patient care. The nursing team at Birnam were always prepared to go that extra mile for their patients. Ashley demonstrated this on a daily basis. Her dedication to caring for patients was one of the mentor qualities Ashley exhibited in abundance and I admired her for this.

Ashley was always friendly, welcoming and interested in what I had to say. She would often ask my advice regarding her decision making and would express an interest in the different ways to approach complex situations. Ashley trusted me with her caseload which she described as ‘precious’ to her from the beginning. Ashley was always on hand to offer advice and guidance when needed, but balanced this perfectly with the level of supervision she knew I required for my learning.

Above all, Ashley’s personality was the crux of her success in being a mentor. She was vibrant, bright, warm, funny and friendly, and was so supportive when I asked for help. Ashley was a true role model and lit up the lives of those she came into contact with. Her approachable and sociable presence truly made her a mentor who mattered.

Kevin Barr
NHS Tayside

Ashley was aware Kevin was writing this article and her family kindly gave permission to publish this article and include a photograph.
Editorial Group

Ailsa Elliott
Practice Education Facilitator, NHS Lanarkshire

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Practice Education Facilitator, NHS Grampian


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:

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

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: gnc@nes.scot.nhs.uk

A study tour of Zambia and London was made possible by the GNC Fund. TB rates have been increasing most years in Scotland since 2005. The Fund gave me a fantastic opportunity to look at the bigger picture, learn from the work of others, and to bring back lessons to help tackle the spread of the disease in Scotland.

Chris Faldon
Health Protection Nurse Specialist, NHS Borders

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