Welcome to the 2012 edition of the Nursing and Midwifery Mentor Bulletin, which has been prepared by Practice Education Facilitators (PEFS), mentors and clinicians from across Scotland to enhance your mentoring activities and stimulate enthusiasm for further development.

This edition has been themed around updating mentors, future development and personal experiences in relation to the mentor role. New this year are Frequently Asked Questions and a Crossword.

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References
There are as many ways of getting an annual Mentor Update as there are mentors – the trick is to recognise occasions when you are developing in your role as a mentor and then to produce evidence that you have ‘updated’. The NMC (2008) has stated that an annual update must include “an opportunity to meet and explore assessment and supervision issues with other mentors/practice teachers” – your annual mentor update must have a ‘face-to-face’ part where you can discuss how you have developed as a mentor.

Here are some examples of update activities.

• You could have a face-to-face update session with your Practice Education Facilitator (PEF) – as part of a formal Mentor Update Session, as part of a small group from a number of clinical areas (e.g. mentors from the medical wards of a regional hospital and the PEF) or as small groups or one-to-one meetings in a clinical area.

• You can easily demonstrate that you have attended these update sessions by noting the date, the update activity and how this has helped you to develop as a mentor. The ‘face-to-face’ part can be evidenced because you have directly interacted with the PEF.

You could have a mentor update between yourself and other mentors/practice teachers.

• Perhaps you have a student orientation pack that needs to be updated – if two or three of you get together to update the pack then you have all given each other a ‘Mentor Update’ – you just need to write some detail about what you have done and how this has helped you to develop as a mentor.

• Perhaps you are part of a mentoring team for a student who is exceptionally competent and you want to extend their learning opportunities to stretch their development. You and your colleagues will discuss with your partner university what learning opportunities are available and how you are going to assess the student. This provides evidence that you have just updated each other by extending your mentoring activities. However ensure you document some reflective evidence.

• You may read this Mentor Bulletin and find that there are points in here that might give you ideas and will help you to develop as a mentor. You could write down a short piece of reflection answering questions such as:
  - What caught your attention?
  - Can you give examples or illustrate what you have learnt?
  - How can you demonstrate what you have learnt?
  - What information can you share with your peers?
  - What would you like to learn more about?
  - How do you plan to achieve this?

You can then show the holder of the Mentor Register your reflection so that they can mark your mentor update on the register – discussion surrounding this evidence will constitute the face-to-face component of the update.

Many Health Boards are now introducing electronic training resources such as learnPro NHS™ with mentor update modules being hosted on these websites. Completion of these modules can be easily evidenced to the holder of the mentor register.

You might do sections from a Mentor Update Workbook or activities from a website supporting mentors in practice, the list of update activities is endless, you simply have to recognise situations when you are updating and produce some form of concrete evidence that can be shown to (and maybe discussed with) the holder of the mentor register that you belong to.

The key point is - ‘You don’t need to be ‘UPDATED’, you can update yourself as long as you include a ‘face to face’ component for your annual update.

John Hammerton
PEF, NHS Tayside
Practice Education Facilitators (PEF's) from Forth Valley attended a regional workshop on equality and diversity organised by NHS Education for Scotland (NES). The session was extremely helpful as this was acknowledged as an area of rising concern in practice. Two outcomes for Forth Valley PEFs resulted from this study day; the development of an equality and diversity session within a local study day for mentors, and increased collaboration with the university in relation to equality and diversity and support of students in practice.

The aim of the equality and diversity session was to disseminate and share the new knowledge and understanding of common equality and diversity issues.

Within NHS Forth Valley equality and diversity training / updates are delivered as part of statutory training for all staff but are not specific to supporting learning. Issues specific to education may arise, resulting in mentors being faced with challenges that they feel ill equipped to deal with in relation to supporting students’ learning. Locally it is estimated that 10% of students in practice at any one time have disclosed a disability to their Higher Education Institution (HEI), therefore this is an area of topical interest that would have a direct impact on the student and mentor experience.

Two mentor study days were planned that would incorporate a session on equality and diversity utilising the expertise of the NES Equality and Diversity Adviser (Kristi Long). 120 mentors booked with 96 attending (80%). The session consisted of a presentation giving a background to the topic and current legislation, and an interactive workshop covering common issues in practice. An overall satisfation survey was gathered on the day and a further evaluation was sought two months after the event seeking information on impact and behaviour changes. This utilised Kirkpatrick’s (1967) four levels of evaluation model at levels 1 and 3.

Level 1; reaction to the session was obtained on the day where mentors were asked to identify what ‘they had found most useful’. This provided many positive responses to the session such as:

“Felt all was very relevant, particularly Kristi Long”

This demonstrated that participants had enjoyed the session and it was relevant to their practice. These positive responses also indicated that learning was achievable during this session.

In order to evaluate the impact within practice, approximately two months after the event mentors were asked if attendance at the equality and diversity training had resulted in them dealing with any issues differently within practice. This was aimed at analysing level 3 of Kirkpatrick’s model. The preliminary results are being collated and when further information is obtained this will inform a final report.

It is intended to measure data in relation to level 4 by a comparison of the type of queries received from mentors prior to this session and six months after the session. This will allow PEFs to assess the effectiveness of this form of equality and diversity training.

The increased collaboration with the University of Stirling has resulted in the establishment of a partnership group of academics and practice representatives looking at ways to improve equality and diversity for students in practice. PEFs have felt more enabled to express the issues and possible solutions to the situations that mentors often face in practice. A success of this group so far has been the discussion around introducing smart-phone technology in the clinical areas for use by students with dyslexia, allowing them access to resources such as on-line dictionaries and thesaurus. The identification of a possible ‘reasonable adjustments required in practice’ document is also under development.

In summary the PEF attendance at the equality and diversity workshop has stimulated an increased understanding for themselves and others of this subject and has allowed them to be more effective in their support of mentors, through the inclusion of this topic at a link mentor day.

Nicola Riddell, Anne Lackie, PEF’s NHS Forth Valley

“Support for people with learning problems, equality and diversity”

…”...
Mentor Update

E-resources for mentors: An innovation for NHS Tayside

Many Health Boards are using electronic learning systems to support staff to gain access to learning resources. This article describes an example of how an e-system can be used to support mentors, in addition to face to face sessions required by the Nursing and Midwifery Council (2008).

Since the introduction of the NMC Standards to support learning and assessment in practice (NMC 2008) mentors are now required to provide evidence that they have undertaken an annual mentor update. In Tayside, the Practice Education Facilitators (PEFs) have become increasingly aware of the challenges mentors face to attend mentor updates in order to stay on the local register of mentors.

PEFs continue to deliver mentor updates in a variety of styles being mindful of minimising time mentors spend away from clinical areas. This may include formal classroom based updates, small group updates in clinical areas or one-to-one updates in response to an individual’s learning needs. In response to the need for additional, accessible, work-based methods of completing a mentor update, a small group of PEFs came together to develop an e-resource which would enable staff to access activities within their clinical areas or from home based computers.

learnPro NHS™ is an e-learning package developed expressly for the NHS. Following the introduction of learnPro NHS™ in Tayside, the PEF team have been working in collaboration with the eHealth Implementation and Training Department to develop a library of learning modules. The modules specifically focus on the knowledge and skills surrounding mentorship and factors which affect the provision of a positive clinical learning environment. It enables us to create, deliver, track, assess, record and report on all work-based development activities by mentors who are using the system.

Supporting students giving cause for concern is a module that has been developed from a blank template and has been the first of our modules to go live. We are currently working on another, Effective Learning, Effective Teaching, which we are modifying from an existing module. Other modules which will become available are:

- The role of the mentor
- Assessment
- Feedback
- The Learning Environment
- The Triennial Review
- The role of the mentor in Flying Start™
- The Quality Standards for Practice Placements

This list is not exhaustive and other topics will be added in response to new policy drivers and feedback from our clinical areas.

NHS Tayside PEF team are very proud to be one of the first Health Boards in Scotland to utilise e-learning as a method for mentors to help achieve their annual mentor update and would be delighted to share our thoughts and ideas with our NHSScotland colleagues.

Dawn McFawns
Practice Education Facilitator
NHS Tayside
Frequently Asked Questions

Q: Our student has a long-term medical condition. They have told some but not all of the staff what this condition is. What can we do to support this student?

A: If the student has a long-term medical condition or impairment, it is likely that the condition would be defined as a ‘disability’ under the Equality Act 2010. In the Act, disability is defined as a physical or mental impairment which has a substantial and long-term impact on a person’s ability to carry out day to day activities. In such cases, the Board would have a legal duty to make reasonable adjustments to take account of a person’s disability. Although there is no legal requirement in the Act for a student or any other person to disclose their disability, it is obviously difficult or impossible to make reasonable adjustments without the information.

Students should be encouraged to disclose any health conditions or impairments which might impact their work so that reasonable adjustments can be identified. Research suggests that they will be more likely to do so if the environment feels safe and they do not fear discrimination. Being open and supportive is usually helpful. Occupational health departments can make recommendations about reasonable adjustments.

Check with your organisation to see if you have a Disability policy. Your local Equality and Diversity manager or adviser may be a good source of local information and support. The university’s disability advisers can also provide advice about encouraging disclosure and making reasonable adjustments, although they are not allowed to disclosure personal information about individual students.


Q. I have left my post to join a new team. What do I do as far as the mentor register is concerned?

A. If your new job is within the same NHS board you should speak to your line manager to discuss your mentor status. The information regarding updates, triennial reviews and mentor status should transfer with you and if you have a copy of your triennial review document then this will also have the information you require. If you are moving to an area which is not currently a student practice placement, you may wish to discuss with the senior nurse/midwife options to retain your mentor status and explore the possibility of becoming a placement, for example a spoke placement. If you are moving to a different NHS area or the Independent Sector you may want to obtain a print out of your mentor details from your local mentor register holder or ask your PEF/Senior charge nurse to confirm your mentor status in writing to your new manager.

Q. How do I become a sign off mentor?

A. The NMC originally stated that to progress from mentor status to sign off mentor status that a practitioner should have “been supervised on at least three occasions for signing off proficiency by an existing sign-off mentor”. The NMC now states that two of these instances can be replaced by activities that have been agreed by the NHS Board and the partner university. The mentor who is progressing to sign off mentor status should refer to local policies regarding what is required in their region. Once the mentor has acquired the evidence of having undertaken the required activities they should present this to the holder of their local register of mentors (usually a Senior Charge Nurse, Team Leader or PEF). They will then be entered on to the register as having sign off status.

Q. I haven’t done my annual update. What can I do?

A. Some ideas can be found in the article ‘Recognising Mentor Update Activities – and providing the evidence!’ in this newsletter.
This table offers examples of evidence for your triennial review. The list is not exhaustive and you may have a number of examples to evidence each NMC domain.

<table>
<thead>
<tr>
<th>Mentorship Domain</th>
<th>Suggestions for Evidence</th>
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| Establishing Effective Relationships     | • A reflective account that demonstrates your effective communication skills and demonstrates how this supported the student's integration into practice  
• Written evidence from colleagues that confirms your abilities to be an effective team worker and how this has enhanced the student experience  
• Do you co mentor/team mentor? Provide a written account demonstrating how this may have identified gaps in your mentoring knowledge and enhanced your personal development  
• Written evidence of your collaborative working relationships with university colleagues  
• Written reflective accounts which demonstrate examples of effective working relationships in practice which have enhanced the student journey  
• Do you have a student placement pack/orientation programme – is it up to date? If not, evidence of what was undertaken to address this |
| Facilitation of Learning                 | • Written student feedback which demonstrates how you have supported students effectively in practice  
• Student feedback on the most effective strategies of teaching and learning  
• Evidence of mentoring models implemented to support students e.g. co-mentorship/ team mentorship/interdisciplinary mentorship and how this was facilitated effectively |
| Assessment & Accountability              | • Written evidence of your understanding of your accountability as a mentor/Sign off mentor  
• Evidence which supports your reliable, valid and fair assessment  
• Written evidence of your understanding of formative and summative assessment  
• Written accounts of your understanding of placement support protocols regarding the escalation of concerns with students |
| Evaluation of Learning                   | • Information from student placement evaluations and any subsequent actions  
• Written evidence of review and evaluation of student placement packs  
• Written evidence of self and peer evaluation – how you identify your own and colleagues’ development needs  
• Written evidence of clinical supervision and how this has supported your mentor role |
| Creating an environment for Learning     | • A copy of your completed Quality Standards for Practice Placement audit, corresponding action plans and outcomes  
• Development/review of a practice placement profile for students to access prior to their placement  
• Evidence of student placement packs – are they up to date/ in need of development? If so, the action you have taken  
• Written evidence of learning opportunities relevant to the range of students placed and the decision for the choice of these activities |
<table>
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<tr>
<th>Mentorship Domain</th>
<th>Suggestions for Evidence</th>
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| Context of Practice       | • Evidence of action planning  
• Written reflective accounts following attendance at mentor updates, mentor forums, meetings with academic staff  
• Knowledge and understanding of current healthcare and educational policies demonstrated through discussion with charge nurse / team leader / manager and a written summary of the main points discussed  
• Written witness testimony summarising your involvement with practice developments, e.g. policy/standard implementation |
| Evidence Based Practice   | • Copies of up to date reading lists and websites applicable to your area of practice for utilisation by students and mentors  
• Written reflective accounts of attendance at evidenced based development opportunities/initiatives  
• Written evidence of the utilisation of local mentor resources e.g. NHS Boards and Higher Education Institutions (HEI) Student Mentor Zone and how this has enhanced your practice  
• Written accounts of your participation in audits |
| Leadership                | • Extracts from practice placement planners which demonstrate effective student allocation for optimal learning opportunities  
• Written evidence to demonstrate effective planning and management of a student placement  
• Written accounts demonstrating your support and guidance for less experienced students/newly registered mentors |
The Nursing and Midwifery Council (NMC) is now in the second year of approving programmes against the 2010 Standards for pre-registration nursing education (NMC 2010). In Scotland, four institutions have been formally approved; four are going for approval in academic year 2011/2012 leaving one for the final year, 2012/2013.

Following early approvals Mott MacDonald, our quality assurance provider, produced “top tips” http://www.nmc.mottmac.com/nmc/sep09/4/. These highlight some of the common issues arising from approvals.

There have been innovative aspects to curriculum design with more flexible approaches to practice learning. In Scotland, the role of the Care Home Education Facilitator in supporting students in practice is a positive step to improving learning experiences in the independent sector. The Standards to support learning and assessment in practice (NMC 2008) will be reviewed next year to find ways of improving student support, and mentors will be asked to contribute to this work as key stakeholders.

The degree level programmes have been welcomed by the profession. There are examples of collaboration with service partners in clinical academic roles to enhance the ‘graduateness’ of programmes and encourage further development and use of practice based research.

Nicola Rowlands, Education Adviser (NMC)

In January 2011 the NMC appointed Cathy Cairns as Assistant Director for Scotland and Northern Ireland Affairs. Cathy is based in the NMC’s new office at 114–116 George Street, Edinburgh. Cathy’s role is to work with NMC colleagues to ensure that policy development takes account of emerging policy and practice issues and to raise awareness of the NMC’s role. The offices in George Street provide a base for fitness to practice hearings in Scotland and will be the base for the new UK wide standards and ethics helpline in 2012. All enquiries about registration, fitness to practice and other policy areas should go to London as previously, not to the Edinburgh office.

Cathy Cairns, Assistant Director (NMC) Scotland and Northern Ireland Affairs

Development

Standards for pre-registration nursing education 2010: Nursing and Midwifery Council (NMC) Update

The need for a single educational audit tool originated from the Golden Jubilee National Hospital (GJNH) and was identified by the then practice education facilitator (PEF). GJNH supports pre-registration students from three universities; Glasgow Caledonian University (GCU), the University of Glasgow (U of G) and the University of the West of Scotland (UWS), as well as a small number of learners from other institutions. Previously GJNH had two separate audit cycles, one conducted annually (UWS) and the other biennially (GCU and U of G), and each used a different educational audit tool. In order to streamline processes with a view to optimising the quality of the learning environment it was identified that there was a need to standardise the current educational audit documentation and introduce a single educational audit cycle.

Concurrent work in NHS Greater Glasgow and Clyde (NHSGGC) around placement capacity and cross-boundary placements also identified the need for a single educational audit tool. The Lead PEF for NHSGGC Acute Services was invited to chair a short life working group (SLWG) of representatives from NHSGGC, GJNH and partner education institutions to take this work forward.

Initial work of the SLWG focused on comparisons of the local documentation from GCU/ U of G and UWS and a review of other audit documentation from elsewhere in the UK. What was apparent from the local documentation was that, other than sections pertaining to legislation and care planning, issues of quality with regards to the learning environment were not being addressed.

Development of the single educational audit tool was escalated in 2011 in preparation for revalidation of GCU pre-registration nursing programmes.
following publication of the Standards for pre-registration nurse education (NMC 2010). The work that the SLWG had started was taken forward and a new single educational audit tool developed. In order to address issues of quality with regards to the learning environment it was agreed that there was a need for the inclusion of quality monitoring criteria in the new educational audit tool.

Subsequently, the NHS Education for Scotland (NES) Quality Standards for Practice Placements Audit Tool (NES 2010) was chosen as a suitable tool to address quality-monitoring criteria as completion of the tool requires the organisations to:

- Demonstrate, through evidence, how the standards are being met
- Agree if the evidence meets the standard
- Provide a description of any action required to meet the standard
- Complete an accompanying action plan where necessary in order to meet the standard.

The NES QSPP audit tool is now used in conjunction with an educational audit summary document providing key information on the nature of the care context of the placement and contact details. In addition a practice placement profile outlining the type of placement and the key learning opportunities are also available. A re-audit of all practice learning environments across NHSGGC acute services and GJNH has recently taken place and anecdotal feedback from those involved in the tripartite process is that the new audit tool is much more robust with the focus on the quality of the learning environment welcomed.

Lorraine Allan, Practice Education Facilitator, NHS National Waiting Times Centre Board, Golden Jubilee National Hospital

David Lamont, Lead Practice Education Facilitator, NHS Greater Glasgow & Clyde Acute Services Division
Development

Nursing and Midwifery ePortfolio

Mentor ePortfolio

Over the last 2 years NHS Education for Scotland (NES), in partnership with NHS Boards and universities, has developed and piloted mentor preparation and mentor CPD ePortfolios. These have enabled mentors to evidence achievement of the NMC mentor competencies and to demonstrate how they are achieving the NMC requirements for annual updating and triennial review (NMC 2008).

The evaluation of the mentor preparation ePortfolio will inform the further development and wider implementation of both mentor ePortfolios across Scotland during 2012/2013.

Alongside the mentor CPD ePortfolio, NES has been working with the national Knowledge and Skills Framework (KSF) implementation team to align mentor CPD activities with those of the KSF. This has been achieved through the development of a KSF outline for the nursing and midwifery mentor role and guidance for mentors on using ePortfolio and e-KSF.

During November 2011, mentors in NHS Dumfries and Galloway and NHS Grampian have tested out linking their Personal Development Plan (PDP) activities between e-KSF and ePortfolio.

Some of the feedback we’ve received so far includes:

“I found starting the mentor CPD ePortfolio quite daunting at the beginning although I had been given all the information and was aware of what I was expected to achieve. Once I got started it all just seemed to fall into place and make sense. I realised that logging my activities would provide evidence of work done with my student and would facilitate claiming mentorship competencies, NMC requirements for annual updating and triennial review. The links between the activities, the mentorship competencies and the KSF core dimensions became apparent. I look forward to the next step of linking ePortfolio, the KSF core dimensions and my Personal Professional Development. More and more in our chosen career we are expected to provide evidence of our ‘lifelong learning’. Having the majority of your evidence stored electronically in one place will be a great benefit”. Catriona Brown, Staff Nurse and Mentor, Oban, NHS Highland

“...”

Jo McAulay Health Visitor and Mentor, Elgin, NHS Grampian
Career-Long ePortfolio

Using the early lessons and feedback from the above pilots, NES has now developed a career long ePortfolio for nurses and midwives. The function of the career-long ePortfolio for nurses and midwives is to provide a valuable electronic means of generating and storing evidence to demonstrate professional development.

It is anticipated that the Career-Long ePortfolio will be used to:
- Provide evidence for KSF development review
- Provide evidence for maintaining their registration with the NMC
- Store information about employment and professional development for career and employment purposes.

To obtain copies of the above publications or for more information on ePortfolio please contact your local practice education facilitator or the access the NES website at: http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/practice-education-initiatives/eportfolio.aspx

Glossary of Titles associated with Practice Education support roles used for Nursing and Midwifery in the NHS

NHS Education for Scotland (NES) has recently published the updated 2nd edition of the Glossary of Titles associated with Practice Education support roles used for Nursing and Midwifery in the NHS (NES 2011). This includes new roles that support learning and education in practice, case study examples and describes how these link to current NES programmes for nurses and midwives. It has been designed as an easy to use online resource and can be accessed at http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/practice-education-initiatives/eportfolio.aspx

Your suggestions, feedback and comments to inform further editions are welcomed via a feedback form included at the end of the document.
Across

2. the required skills and knowledge needed to become proficient. (12)

5. a clinical area where you teach and develop knowledge and skills (8,11) - and 3 down

7. once every three years (9)

9. a folder of evidence (9)

11. Tolkien’s walking, talking tree with a button on the front is matriculated (7)

14. I am not an amateur - I can affirm that the electron is on holiday (12)

16. it sounds like this makes perfect care (8)

18. a sequence of steps that need to be taken for a strategy to succeed (6,4) – and 23 down

20. I go all faint if you pass that confused student (7,2,4) – and 15 down, 19 down

22. a rule or principle that is used as a basis for judgement and comparison (8)

24. awareness of facts, truths and principles sounds like you are eating a shelf! (9)

25. a wise and trusted friend (5)

The highlighted letters make an anagram
Anagram clue - act impeccably while wearing Haute couture (4,5)

Down

1. one who lectures (it really is that easy!) (8)

2. verbal or non-verbal – tell me about it, I’m listening! (13)

3. a clinical area where you teach and develop knowledge and skills - and 5 across (8,11)

4. drink fortified wine to help you stay up (6)

6. newsletter that lets you know when you have been shot. (8)

8. final placement mentor (4,3) - and 12 down

9. first off, a Practice Education Facilitator (3)

10. the clinical area a student is assigned to (9)

11. are you good at getting through a brisk illness? (5)

12. final placement mentor - and 8 down (4,3)

13. where I have been assigned is a place to be (10)

14. work done beforehand to improve the learning experience (10)

15. I go all faint if you pass that confused student - and 19 down, 20 across (7,2,4)

17. this is an annual requirement; needed to stay current and to remain on the mentor register (6)

19. I go all faint if you pass that confused student - and 15 down, 20 across (7,2,4)

21. not da Vinci, the NMC! (4)

23. a sequence of steps that need to be taken for a strategy to success - and 18 across (6,4)
Personal Experiences

Writing for the NES Mentor Bulletin

I would advise anyone to write for the NHS Education for Scotland (NES) mentor bulletin to share areas of good practice. Two of my colleagues from clinical practice and I wrote a small piece for the mentor bulletin about using emotional touch points in mentorship (NES 2011). We used the NES template, which is prescriptive about word count and layout and although our article (which we thought was small) went slightly over the specified criteria, NES got back in touch asking us to expand on some areas to give a little bit more explanation around themes which may not be familiar to different areas.

The writing did not take long as it was about something we were doing in practice and knew really well.

The work had been going on for around a year and had been publicised at other events i.e. Royal College of Nursing education conference and a Compassionate Care conference. However, the benefits of having the article in the NES bulletin meant that the article could reach people who could not attend these conferences. In addition the publication was highlighted to higher management by my Nurse Manager. This resulted in the Director of Health and Social Care visiting the unit and meeting with the staff and students.

This ultimately has resulted in the three of us who were involved in writing the article being nominated for a Celebrating Success award! Celebrating Success is an annual award ceremony supported by Edinburgh and Lothian Health Foundation which recognises and celebrates the inspiring work that takes place across NHS Lothian.

Overall I have found this experience motivating, and I particularly enjoyed the collaboration with others in practice. The process resulted in greater involvement in other projects for all three of us.

Alison Thomson
Practice Educator NES, hosted NHS Borders/PEF NHS Lothian

The Positives of the Hub and Spoke Model: An Individual Student and Mentor Perspective

In 2009, Robert Gordon University received funding from NHS Education for Scotland to run an innovative approach to education and practice placements for their nursing students. This was a system wide approach across the whole curriculum of the mental health branch. The model allows the student to return to the same two hub placements each year, over the duration of the course. Spokes are discussed and negotiated between the mentor and student and these clinical areas are then visited to further experience the placement area and the patients’ journey of recovery. This article describes our experience in relation to the hub and spoke model which we would like to share.

Dan, Student Nurse;
“Having been thrown into the hub and spoke model in my second year of university, myself and my classmates were suspicious of its merits. However I have found personally that I utilised this model effectively to enjoy an excellent and varied learning experience.

My two hub placements were an adult Community Psychiatric Nurse (CPN), and an adult acute admission ward. Both placements provided different learning opportunities and challenges. The first positive to take from having a hub is the continuity enjoyed by both myself and my respective teams. Building relationships in my second year placement made it easier to hit the ground running in my third year placements, already being familiar with staff and routines. There are benefits to the human dynamics between the student and staff team, and the patient is greeted with a familiar face which can sometimes make all the difference between an immediate therapeutic relationship and a laboured one.

I feel that spokes, when used appropriately, can be an excellent way of complementing, and sometimes even filling gaps in a placement experience. It
should be the responsibility of the student to identify their learning needs, and after discussions with mentors, to organise the spokes they would benefit from most. My most valuable spokes were ones in which there was a level of continuation. For example, whilst on my CPN 3rd year placement, I spent one morning a week, for fourteen weeks, at the psychotherapy department. This was a very enjoyable and fruitful time, in which I managed to build relationships and gain an understanding of the service. These rewards cannot be achieved in spending maybe one or two days with a service.

I feel that the hub and spoke model is excellent if used wisely, using spokes to complement learning, and maybe address gaps present in the hub placement."

Kevin, CPN: “This initial pilot for me as both a practitioner and a mentor was a very positive one. The extended time together as mentor and student allowed for a more enhanced trusting relationship, which in turn allowed me to take some positive risks, particularly when giving the student the opportunity to practice new learned skills within his clinical practice. I was more able to assess and see a real progression in the knowledge, skills and general nursing practice as the student returned back the following year to the hub base. The time spent together also allowed for a closer working relationship and this was also felt by fellow Community Mental Health Team colleagues. For the clients themselves, I could see the familiarity of having a ‘known face’ return was a positive one too.

Finally, I felt more equipped and confident to act as sign-off mentor having seen the safe and increased confidence of the student, the use of less direct supervision and general ability to work in a more autonomous fashion during the practice placement.”

Kevin Barclay, Community Psychiatric Nurse
Dan Warrender, Staff Nurse (formerly student nurse)
NHS Grampian
Involvement of student nurses within duty service in an Adult Community Mental Health placement

Experiences of empowerment for student nurses in practice are fundamental to their development, learning and integration into the team. This has been recognised within the East Ayrshire Community Mental Health Team (CMHT) in Ayrshire and Arran where participating in duty service offers an excellent learning experience for students.

Duty service allows the student to work alongside experienced clinicians and deal with challenging dilemmas and referrals. The student is involved in the single point of access which facilitates referral pathways, urgent assessments, and joint working with a wide variety of other disciplines/agencies. Students are given the opportunity to observe initially and then participate in the care and treatment of service users with a wide range of mental health problems.

Over the past twelve months there has been harmonisation between two duty systems within East Ayrshire, which now offers a new practice experience for student nurses. Prior to this, student nurses had only been allowed to shadow clinicians on duty, however with the recent alterations and significant development students can now be fully supported whilst participating in the provision of the duty service. This can only be facilitated due to the presence of a Charge Nurse and a Registered Nurse, ensuring patient safety, appropriate governance and live supervision for the student themselves. This has allowed our service to establish set criteria complementing the students’ management placement.

Clinicians undertaking duty service can be met with a varying degree of challenges which reflect the broad spectrum of the service users which the East CMHT supports. It offers a consistent service for people in crisis, carers who have concerns and a source of specialist knowledge for other clinicians. Duty service allows students to develop a varied range of skills with a focus on good communication and documentation. In addition there is an opportunity to become familiar with the relevant policies, protocols and guidelines and reflect and utilise evidence based practice.

Student feedback:
“During my placement at the Centre, I was able to take part in their duty service. I found this beneficial to my learning as I was able to speak directly to service users and provide them with information and support. This increased my knowledge of the services provided within Ayrshire and Arran and increased my confidence. I was always supervised and supported whilst taking calls which again increased my confidence. I found the experience beneficial to my learning as I felt more like part of the team. Prior to receiving any calls I was briefed on what calls I could take and what to do if I was unsure of anything. This also improved record keeping skills and the importance of documentation. I found that just by listening to the other nurses on duty provided me with knowledge surrounding attitudes towards service users and the importance of verbal communication.”

Charleen Sim. Nursing Student Year 3

Martha Grier, Community Mental Health Nurse. NHS Ayrshire and Arran
Feedback from events

Mentoring Matters Conference 2011

NHS Greater Glasgow and Clyde (NHSGGC) Practice Education Facilitators (PEFs) organised this conference for mentors at the Ebenezer Duncan Centre at the Victoria Infirmary on the 30th September 2011. The conference was seen as an innovative way to update mentors and would cover the annual update requirements for attendees. This was a cost effective way of updating mentors, celebrating best practice, showcasing examples of implementing policy into practice, and building on the success of previous PEF conferences. This was the first conference since 2007 where both acute services and community had come together to deliver such an event. The conference was free to mentors with refreshments and lunch provided. The number of delegates who attended on the day was 75.

The aim of the conference was to enable mentors to have the opportunity to meet NMC Standards to support learning and assessment in practice (NMC 2008), to recognise the implementation of the NMC Standards for pre-registration nurse education (NMC 2010) and provide examples of the experiences that keeps mentoring at the core of practice.

The day consisted of morning lectures and an afternoon of workshops facilitated by the PEFs. The topics covered in the morning were:

- Optimising placement capacity - A new approach
- NMC Standards for pre-registration nursing education (NMC 2010)
- Supporting students in clinical practice – Equality and Diversity
- Mentoring - The Bigger Picture
- Do mentors feel pressurised to pass student nurses?

The speakers came from NHSGGC, the University of the West of Scotland, Glasgow Caledonian University and NHS Education for Scotland. The sessions all evaluated well with some comments from mentors as follows:

Having the question and answer sessions at the end of each speaker enables you to hear similar problems faced by mentors in other areas and how these are solved

Topics all relevant to mentors

Very informative and interesting

The two workshops facilitated by the PEFs were:

- Triennial review - the way forward
- Educational Audit, Service Level Agreement and The Quality Standards for Practice Placements (QSPP).

All delegates participated in both interactive workshops in smaller groups of approximately 18 people. One of the questions asked on the evaluation form was what aspect of the day the delegate most enjoyed. 44% highlighted that the workshop component of the day was the most enjoyable and of the most value to them in their role as a mentor. This was highlighted by delegates reporting:
The Role of the Practice Education Facilitator in an NMC review visit

Background
The Nursing and Midwifery Council (NMC) requires that pre-registration programmes are planned and delivered in accordance with a set of standards. Programme approval is currently undertaken by ‘Mott MacDonald’ as the quality assurance provider of the NMC.

An NMC approval of Edinburgh Napier University undergraduate nursing programme, including NHS Lothian and NHS Borders placements was undertaken in 2011. The role of the Practice Education Facilitator (PEF) was pivotal in supporting and preparing the wider clinical workforce for the visit. This included collaboration and consultation with many of the stakeholders.

Preparation
An initial visit to the university was made by the lead reviewer and a representative sample of clinical placements was selected for the approval event. These visits to clinical placements provide an opportunity to explore with students, mentors and senior charge nurses/clinical managers the application of university national and local policies and procedures within practice placements.

The role of the PEF involved discussing the approval process with these groups and preparing them for the possibility of a visit to their clinical areas. This was an essential role as the importance of the visit needed to be emphasised, alongside providing an opportunity for staff to raise any questions or anxieties they may have. As a PEF I was able to provide positive encouragement and support staff to ensure areas were prepared, and supporting documents were available.

Two day review process
A lead reviewer is based at the university meeting relevant staff and reviewing documentation. In addition, two additional reviewers visited practice areas.

The delegates were asked to identify what the PEF team could do to support the mentor.

Responses included:
- Being more visible in the clinical areas
- More information on student paperwork
- Regular workshops.

Many delegates identified they felt supported by the PEF in their area and knew who to contact when they need advice.

Overall, mentors appeared to enjoy the conference and a few requested the conference be run over two days because it was so useful. Given the positive response NHSGGC PEFs hope to be able to continue to run these conferences annually.

Jennifer Pennycook and Annie Anthony
NHS Greater Glasgow and Clyde
Feedback from events

Clinical Visits
A number of placements were visited including community, acute, and older people services which enabled a diversity of practice areas to be explored. The PEF was able to give an overview of service provision and give personal introductions to staff. Time was spent by the reviewers interviewing mentors, students, senior charge nurses and/or managers. In some instances multiple students and mentors were interviewed together allowing a variety of opinions and feedback to be shared.

The reviewer then fed back all information gathered to the lead reviewer for inclusion in the final report. This enabled the reviewers to understand the collaborative working between university and practice areas in relation to student learning and assessment, and mentor preparation and support.

Post visit
Shortly after the visit, preliminary feedback was given to the Head of School and then disseminated to the PEF team, managers and service areas. The PEF role was key to sharing feedback with practice placement staff as it enabled their contribution to the approval process to be recognised and a personal thank you given to the teams.

The formal report was received from Mott McDonald within three weeks and included the following quote showcasing the importance of the PEF role:

‘The Practice Education Facilitators continue to impressively support education in practice settings’.

The role of the PEF in preparing and supporting teams within practice areas is summed up in feedback from one of the mentors:

“I felt comfortable and there was nothing I could not answer or give my opinion on. It seemed to validate that we did a good job of mentoring by demonstrating a high quality service”.

Carol Gunn, staff nurse and mentor.

Within my role, I felt this was a demanding but insightful process that demonstrated the positive contribution that PEFs make to the approval process and effective partnership working between university and practice.

Avril Stobbart
PEF, NHS Lothian

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Mott MacDonald “top tips” (online) http://www.nmc.mottmac.com/nmc/sep09/4/ (last accessed 25 January 2012)


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