**Pre-registration Nursing**

**Mentor update**

**Workbook**

**2016-17**

****

**Contents:**

Page

3 NMC Requirements

4 New pre-registration nursing course overview

5 Recognising and celebrating philosophical and cultural difference and similarities between mentors and students.

6 Giving feedback, rigorous assessment, seeking support and failing to fail

7-8 Hub and Spoke Placements: Definitions, Roles and Responsibilities

9 Form: Student feedback direct to the mentor/practice assessor

10 Record of triennial review meeting

11 Oxford Brookes University Practice Assessor/Mentor evaluations.

12 Pre-registration Nursing Course Philosophy

14 Pre-registration nursing learning teaching and assessing strategy

16-23 Guidance for mentors and link lecturers: using RUBRICs and allocating a grade for practice

24 Template: Hub learning opportunities

25-30 Self-assessment form: Standard to support learning and assessment in practice (8 Domains) & SOM

31 Useful resources from the Practice Education Unit (PEU) Web pages

32 Additional resources and web links

**The NMC requires that you ‘update’ every year:**

It is part of your continued professional development (CPD)

If you have been a mentor for 3 years or more you need to have a ***triennial review*** every 3 years (usually at your appraisal/PDR). At this review:

* You should self- assess against the 8 domains to identify your ***strengths and weaknesses*** and then write an ***action plan*** for your mentoring role
* Keep a log of the students you have mentored (the Standard states you should have a minimum of 2 students in 3 years).
* You should gather ***feedback*** from others (colleagues and students) to validate your self-assessment
* If you are a ***sign-off mentor*** (SOM) then you should self-assess against the additional SOM criteria too

You can use all this evidence for your Triennial review and also ***NMC revalidation***

* If you are on our Practice Education Management System (PEMs) system you should be sent and evaluation form by email to complete

**Exciting New Pre-Registration Nursing Curriculum**

* Starts Sept 2016
* It is underpinned by a new philosophy and learning teaching and assessment strategy (see appendix)
* Applied to Adult, Child and Mental Health Fields and combined fields (Adult/MH, Child/MH) and MSc pre-registration courses
* Developed by wide consultation
* Competencies are the same (NMC 2010)
* Grading of practice will be introduced for all students on the new course
* Adopting ‘hub and spoke’ mentoring model

**Recognising and celebrating philosophical and cultural difference and similarities between mentors and students.**

We have a rich and diverse range of mentors and students from a variety of backgrounds, cultures and with a range of experiences – It is important to consider this when supporting students on placement

**Discuss:**

**What was your nurse education like? When, where and what was it like?**

**What do you value as important in professional nursing (consider nursing fundamental care, person centred care, technical skills)?**

**What do you consider to be the role of the student (e.g. partner, adult learner, subordinate, apprentice)?**

**How might your responses to the above questions impact on your approach to mentoring?**

**How and when might you discuss the above issues with students?**

**Giving feedback, rigorous assessment, seeking support and failing to fail**

**Discuss:**

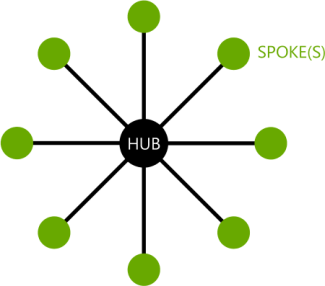
How you rigorously assess and give constructive feedback from the start of the placement?

What you would do if a student’s knowledge, skill or attitude concerned you?

How do you get support and ensure you are fair and transparent?

What are the challenges of supporting a student who may fail?

**Hub and Spoke Placements: Definitions, Roles and Responsibilities**



Following consultation and the redesign of our nursing programmes we are implementing a placement learning model called ‘Hub and Spoke’ from September 2016. This model will allow students to formally increase the breadth of their experience to meet the NMC [Standards for Pre-registration Nurse Education (2010)](http://standards.nmc-uk.org/PreRegNursing/statutory/background). You may have already been informally supporting your students to have this style of placement; we are now formally implementing this for all nursing students in all years of the programme.

**Hub Placement:**

This is the setting where the student has been allocated for the main part of their placement. It is where the mentor is based and where their summative practice assessment will take place. To be appropriately assessed the student will need to be supervised by their mentor directly or indirectly for a minimum of 40% of the time during the placement allocation. The Hub placement will be a minimum of 4 weeks long. It is expected that the majority of students will spend some time away from their Hub mentor and placement experiencing Spoke visits. A Hub placement may be a rotation of more than one placement.

**Spoke placement**s:

To enhance learning experiences, the student will access Spoke placements. The spoke placement is often clinically linked to the Hub but may not be, with learning opportunities related to, for example, essential care needs, patient pathways, education, research or leadership. All spoke placements are deemed to be formative or observational. They will be overseen by a range of supervisors who will feedback to the Hub mentor in order to contribute to the student’s summative assessment. If the Spoke placement is seen as a regular and essential part of the placement experience attendance by the student is non-negotiable\*. There are two different types of spoke placements: ‘Long Spoke Experiences’ and ‘Insight Spoke Experiences’. For all spoke placements the student should keep a record of the experiences that they have accessed in their Practice Assessment Document *‘Spoke Placement Learning Log’*. The student has the responsibility of maintaining their practice documentation so that there is an on-going record of their achievements.

**Long Spoke Experience**

During some ‘Hub’ placement experiences, students may\* undertake ‘Long Spoke’ placements. These long spoke placements will be between 3 days – 4 weeks long and are undertaken either in one block or spaced over the duration of the placement block.

For ‘Long Spoke’ experiences the Spoke supervisor and student should complete the *‘Short / Spoke Placements’* paperwork. There is the expectation that the Hub mentor and Spoke supervisor will communicate with each other regarding the student’s progress, particularly if the student has demonstrated competence whilst on the spoke placement, (especially in situations where the competence could not be achieved in the hub placement). The spoke supervisor can document how the student has achieved a competency in the spoke placement and this may, if felt necessary, be followed up by an email or telephone conversation between the spoke supervisor and hub mentor. Only when the Hub mentor is satisfied with the learning experience and the documented outcomes should they sign-off the competency for the student.

**Insight Spoke Experience**:

During all Hub placements students should organise and attend ‘Insight Spoke’ experiences. These can last from 1 hour to 2 days. These visits still require the student to consider learning objectives and note their learning post visit. The aim of the experience is to enhance students’ overall understanding of health and social care and contribute to their specific learning needs. The student is required\* to attend these experiences but the choice of visit is decided in negotiation with the Hub mentor, and documented in the initial and midway action plans – this allows the student opportunity for flexibility in the design of their experiences. It is not anticipated that a student would be able to demonstrate competence solely by undertaking an Insight Spoke experience. Supervisors should document feedback about the student on the ‘*Feedback from other professional / non-mentor*’ form which the Hub mentor can take into account when assessing the student.

**\*Students not achieving:**

For students where there are concerns regarding their development towards the achievement of competence a decision is required by the mentor regarding the value of attending spoke placements. In the majority of cases students in this situation should not be undertaking Insight Spoke Experiences. If the student is failing and has a Long Spoke experience planned, the length and appropriateness of the placement to meet the requirements of the retrieval action plan, should be gauged by the mentor before making a decision as to whether the student should attend this spoke.

The decision to “allow” a student to undertake a spoke placement always rests with the mentor.

If a student is not achieving competence, or is potentially failing to achieve, the mentor should apply the guidance found on [**http://www.hls.brookes.ac.uk/images/pdfs/plu/guidance-for-mentors-pre-reg-students-event-student-failing-competencies-practice.docx**](http://www.hls.brookes.ac.uk/images/pdfs/plu/guidance-for-mentors-pre-reg-students-event-student-failing-competencies-practice.docx) and also contact the University Link Lecturer, as soon as they have concerns and/or make this decision.

See Appendix for some planning forms

**FACULTY OF HEALTH AND LIFE SCIENCES: PRACTICE EDUCATION UNIT**

**STUDENT FEEDBACK DIRECT TO THE MENTOR/PRACTICE ASSESSOR**

Please tick the box which reflects your views.

1=Strongly agree. 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **My Practice Assessor…….** | **1** | **2** | **3** | **4** | **5** |
| 1 | was enthusiastic about facilitating my learning |  |  |  |  |  |
| 2 | established ground rules of what was expected of me during the placement e.g. professional behaviour, knowledge. |  |  |  |  |  |
| 3 | ( or another staff member) provided an informative induction at the beginning of the placement. |  |  |  |  |  |
| 4 | provided opportunities for me to be involved in the multi-professional team, where appropriate. |  |  |  |  |  |
| 5 | took into account my stage of training and past experience in relation to facilitating my learning. |  |  |  |  |  |
| 6 | provided an appropriate level of supervision (direct-indirect) throughout the placement, appropriate for my stage of development. |  |  |  |  |  |
| 7 | facilitated a good working relationship/ partnership |  |  |  |  |  |
| 8 | helped me to understand the relationship between theory and practice. |  |  |  |  |  |
| 9 | encouraged me to take responsibility for developing my own learning |  |  |  |  |  |
| 10 | was approachable and open to feedback and being asked challenging questions. |  |  |  |  |  |
| 11 | provided me with insight into their clinical reasoning and problem solving processes. |  |  |  |  |  |
| 12 | challenged my level of competence appropriately and gave me feedback throughout my placement |  |  |  |  |  |
| 13 | was aware of the level of performance expected at this stage of my programme. |  |  |  |  |  |
| 14 | Used a variety of methods to assess my competence: e.g. observation, listening, feedback from others, questioning, reflection and discussion of my self-assessment. |  |  |  |  |  |
| 15 | Made appropriate time to discuss my progress throughout my placement e.g. mid-way and end of placement assessment discussions or weekly meetings. |  |  |  |  |  |
| 16 | Acted as a good role model for high quality, evidence based practice |  |  |  |  |  |

**If you answered any question with a 4 or 5 please provide details overleaf**

**Please hand directly to your practice assessor in an envelope at the end of the placement. \*\* You can ask for more descriptive, constructive written feedback too.**

**RECORD OF TRIENNIAL REVIEW MEETING**

The NMC (2008) requires all mentors to maintain and develop their knowledge skills and competence as a mentor through regular updating. Hence there is a requirement that all mentors are appraised in their mentor role. This triennial review takes place every 3 years and is undertaken as part of the annual appraisal process.

I can confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has:

*(Please Tick) √*

* Attended annual Mentor Updates
* Mentored a minimum of two students in the last three years
* Have evidence of CPD in relation to Mentoring/Practice Teaching (see self- assessment form below)

plus

* Been reviewed against the 8 domains of the NMC Standard for supporting learning and assessment in practice (SLAiP 2008).

**For ease of use you can complete this self-assessment form**

<http://www.hls.brookes.ac.uk/images/pdfs/plu/self-assessement-of-standards-to-support-learning-and-assessment-in-practice.pdf>

For full document see <http://www.nmc-uk.org/Educators/Standards-for-education/Standards-to-support-learning-and-assessment-in-practice/>

Signature of Reviewer /line manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Reviewer/line manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional role\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of next triennial review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action Plan (optional):

See the full Mentor Profile form on the PEU webpages <http://www.hls.brookes.ac.uk/peu/nmc-standards>

**Oxford Brookes University Practice Assessor/Mentor evaluations.**

**You should be sent this evaluation form at the end of the placement, so long as the Oxford Brookes PEMS system has your email next to the named student you are** supporting (so make sure your link lecturer knows your email )

* I was given sufficient notice that I would be supporting/supervising/ and/or assessing a student in practice
* My allocated student contacted me/ the placement area prior to the placement
* The student was able to inform me of the learning outcomes/competencies they would be working towards during the placement
* I was able to meet with the student at the beginning of the placement to discuss how they could achieve the learning outcomes for the placement
* The student was adequately prepared to commence the placement
* The student has had an initial induction programme where they were orientated
* I have been offered support from a named Link Lecturer
* I find the Practice Education Management System (PEMS) a useful means of accessing information https://pems.brookes.ac.uk/Login.aspx
* I find the Practice Education Unit Web Pages http://www.hls.brookes.ac.uk/peu a useful means of accessing information
* There was appropriate time available for me to support the student in practice
* I had a clear understanding of the requirements for the student’s practice assessment
* My assessment of the student was informed by confidentially sharing my practice assessing experiences with other registered practitioners
* The student was given the opportunity to gain experience as part of a multi-professional team
* The student was given the opportunity to learn from, and with other professionals
* The student was given the opportunity to experience the provision of care over the complete time spectrum of the service available (e.g. on-call, weekends, all shift patterns, night services)

I am aware of the disciplinary framework relating to students in practice, e.g. the Standards of Conduct and Fitness to Practise (<http://www.hls.brookes.ac.uk/images/pdfs/plu/standards-of-conduct_pre-registration-students.pdf>)

I have completed appropriate preparation to undertake the role of practice assessor 1 (including meeting professional statutory regulatory body requirements)

How much protected time did you have as a mentor, on average per each 37.5 hours, whilst the student was in placement? (please see definition of protected time on <http://shsc.brookes.ac.uk/plu/resources-for-supporting-students>

How has working with students impacted upon your clinical knowledge, skills and reasoning?

**\*\* you could keep this as evidence for your triennial review and revalidation**

**Oxford Brookes University**

**Pre-registration Nursing Course Philosophy** (abridged) (2 pages)

**Definition of Professional Nursing:**

*“Nursing is an autonomous profession that uses practical skills, clinical judgement, critical thinking, evidence and reflection to assess, plan, implement, deliver and evaluate care that is person-centred, compassionate, safe and effective, to individuals and groups of all ages in all settings”.*

Central to all nursing practice is **the person**; the person exists within a wider context for example, the **family, community and culture**. Families come in many forms and are not exclusively people with biological or legal ties.

**Nurses:**

* Make decisions
* Competently work with others to educate, promote health and prevent illness and by caring and supporting people, their families and carers so that they may cope with illness and disability and maintain or improve health
* Work within professional body standards

**The context of nursing education is:**

* An ever-changing, challenging and dynamic healthcare environment

It includes and recognises:

* Emerging public health agendas, demographic changes
* An increasingly frail and vulnerable older population
* Cultural and ethnic diversity,
* The changing landscape of health and social care teams
* A greater emphasis on meeting people’s physical and mental health needs out of hospital and within a community environment

**Future nurses will need to:**

Have the attributes and skills to respond positively and creatively to this change.

Be leaders, needing political awareness in order to be influential within the wider healthcare context.

Have the ability to assess, plan, deliver and evaluate holistic, competent and compassionate care within an environment of often challenged resources.

Demonstrate the attributes of resilience, adaptability and self-efficacy.

Be able to care for each other, both as individuals and within and across teams.

Be able to demonstrate competence in the fundamentals of nursing care across the lifespan.

Develop more specific skills within a specialist field of practice.

Have the ability to work flexibly and inter-professionally and collaboratively in a way which is meaningful and relevant is essential.

**As knowledge and information sources grow and are shared rapidly through digital media**:

The ability to work with established and emerging technologies, in order to provide contemporary patient care within a digital age.

**Students should recognise:**

Practice learning as a central theme to their development - It is underpinned by sound theoretical frameworks and analysis of contemporary evidence.

That nurses need the skills for evidence-based practice including being able to form practice questions, search for and critically appraise evidence and use clinical and professional judgement in order to influence practice.

That this is fundamental to achieving high quality care and engagement in a culture of safety and learning, in which students feel safe to raise concerns, is essential.

**The attributes of the graduate nurse** are reflective of both the University and profession's values and expectations. The curriculum is underpinned by the University graduate and post graduate attributes of academic literacy, research literacy, critical self-awareness and personal literacy, digital and information literacy and active citizenship.

It fosters critical and reflective thinking allowing for increasing levels of complexity and the development of evidence based competence in the student’s field of practice.

**The attributes of the good nurse**, such as compassion, courage and commitment are helpfully developed and nurtured through the study of broader philosophical, moral and ethical theories and reflect both the values of the NHS Constitution and the University’s guiding principles of confidence, enterprising creativity, connectedness and generosity of spirit.

**Students are making a transition** from applicants, with diverse backgrounds, to registrants with a professional identity:

* A core theme within our spiral curriculum is the **developing nurse**, with the ability to understand and manage their own academic and professional development and identity.
* Students as **partners** are engaged as co-creators of their educational experience through a range of learning experiences within a **transformational learning experience** as outlined in our teaching, learning and assessment strategy.

**The future nurse** will have the opportunity to:

Positively influence the national and global healthcare agenda and fundamentally transform health care outcomes of individuals, their families/their significant others and the wider population.

This curriculum will give graduating nurses the knowledge, skills and attitudes required to influence this change and support them to develop their own professional responsibility towards the fundamental purpose of the profession.

**Oxford Brookes University: Learning, Teaching and Assessment Strategy:** (2 pages)

‘**Transformational Learning’**, a form of adult learning derived from the work of Mezirow (2003 p5).  It is based on how learners come to education courses with sets of established beliefs and values and how through critical reflection on these beliefs, students’ perspectives can be changed and transformed.

The curriculum uses a **‘spiral’ design** so that learning in both practice and the University is structured incrementally from one year to the next.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Spiral Curriculum Design** | **Year focus** | **Progression** | **Throughout the course** | **Course themes** |
| **3** |  | Complex care of people with multiple co-morbidities and the need for health and social care services to be integrated | Increasingly complex  Increasing field - specific (child, Adult, Mental health)  Increasingly independent and supportive of others | Self-care  Well-being  Confidence  Resilience | * Nursing Practice * Professional values, ethics & law * Communication & interpersonal skills * Public Health: * Leadership, management & collaborative practice * Decision making: * Evidence based practice: * Health Informatics & digital technologies: |
| **2** | Specific nursing interventions, co-created with patients to meet care outcomes. |
| **1** | Communities (local and national), health and well-being, lifespan and values |

This model was developed as a result of the consultation process and the incorporation of key drivers and policy for nursing and healthcare including Shape of Caring Review (Willis 2015).

**Approaches** to learning and assessment are underpinned by and reflect:

* The programme **philosophy**, the **graduate attributes** and Oxford Brookes **University guiding principles.**
* Relevant **local, national and international drivers** from education and health and social care.
* **The person** in the students care and their family at the centre of the educational experience.

**Facilitation** will be in partnership with practice and academic staff who:

* Meet **professional standards and guidance**.
* Will **value each student** as an individual and enhance their strengths and challenge them in order that they can develop academically, personally and professionally.

Students will be encouraged to **learn by discovery** as they move from being primarily supported and dependent to being supportive and independent in learning and practice. This approach to learning and assessment will help them.

* To identify their strengths and areas for development.
* Reach their personal and professional potential and become confident, safe and effective professional registered nurses.

The teaching and learning approaches have been designed to reflect the transformational ethos of the philosophy.

**Learning will be facilitated by** a range of approaches during both the practice and university experiences such as:

* Experiential learning e.g. practice learning, simulation, action-learning, debate and discussion, reflection.
* Mentoring, coaching and supervising e.g. questioning, challenging, supporting, observing, giving and receiving feedback
* Active learning e.g. projects, role-play, educating others such as patients, the public or peers.
* Student-centred learning e.g. self-assessment, reading, finding evidence, production of resources
* Blended and on-line learning: e.g. using digital resources such as ‘virtual family’, quizzes, specialist lectures
* Use of technology and informatics e.g. social media and networking, mobile health (mHealth), Electronic Patient Records (EPR), big data and the professional boundaries required when using such technology.
* Collaborative learning with other disciplines, interprofessional learning, cultures and agencies e.g. multi-professional team working and simulation, exploring global perspectives
* Problem-based/solution-focussed learning e.g. small group working using complex, multi-faceted scenarios, prioritising or decision making in practice.

**Guidance for mentors and link lecturers: using RUBRICs and allocating a grade for practice**

At the midway and final reviews, both the student and mentor will use the RUBRICs to allocate a grade for the student’s practice.

The RUBRIC’S are used at midway to provide a formative grade and will help to feedback and further develop the students professional practice. At the final review, the **mentor’s assessment** will contribute to the overall grade of the module (in Education in Nursing Practice modules 3, 4, 3a, 4a, 5 and 6).

Each domain of practice has 3 – 4 criteria on which to base the decision about this grade. The mentor should circle the appropriate level that the student is performing at and then in the right hand column the document the mark for each of the criterion. The mentor and link lecturer will then total the sum of these marks. This total will then be divided by the number of criterion giving the average score for the domain (NB if this average mark is >0.4 the mark will be rounded up, otherwise it will be rounded down – for example an average of 4.25 would result in a score of 4, but an average of 4.5 would result in a score of 5). The average mark for all 4 domains will then be added together and this will provide the overall score for practice. This overall score can then be converted into a percentage grade using the following table (the grading of practice is worth up to 50% of the total module grade):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Score from all 4 Rubrics** | **Module mark** | **Total Score from all 4 Rubrics** | **Module mark** | **Total Score from all 4 Rubrics** | **Module mark** |
| 4 | 10% | 9 | 22.5% | 15 | 37.5% |
| 5 | 12.5% | 10 | 25% | 16 | 40% |
| 6 | 15% | 11 | 27.5% | 17 | 42.5% |
| 7 | 17.5% | 12 | 30% | 18 | 45% |
| 8 | 20% | 13 | 32.5% | 19 | 47.5% |
|  |  | 14 | 35% | 20 | 50% |

When student self-assessment and mentor assessment is conducted using these RUBRICs it is important to understand the levels that are expected throughout the course. The following information is based on Benner’s (1984) level descriptors and must be considered during the assessment process:

**Progression point 1 – NOVICE Level**

Although students often have, a range of prior experiences Benner contends that student nurses are beginners. By the end of this NOVICE year, the student will be able to identify, describe, explain and discuss fundamental knowledge, and will have the skills to contribute to and participate in a range of activities and experiences to enhance and develop those fundamental skills for practice. The student will need to be guided and supported in applying those fundamental rules, which can gradually be applied to different situations and activities. Teaching and learning should focus on objective details such as fundamental personal and psychological care, and rudimentary patient assessments. For example, by the end of the first year students should have the ability to accurately perform a heart rate assessment, understand the underlying physiology and the normal parameters. This along with a range of fundamental knowledge and skills can be applied to the objective assessment of an individual, irrespective of the clinical environment. The student nurse is generally in need of supervision during this year but has the potential to become increasingly independent in fundamental care delivery. Therefore, it is possible for a student to achieve the highest mark if their performance is judged independent within the context of the NOVICE practitioner.

**Progression point 2 – ADVANCED BEGINNER Level**

Having acquired the necessary knowledge and skill at progression point one, the student proceeds to the level of ADVANCED BEGINNER. At the start of this year, the student utilises the previously acquired knowledge to guide their actions in practice. The student’s knowledge at the start of this year enables them to focus on an individual’s needs but they will still require support and guidance to support people with more complex care needs, whereby experience will begin to inform knowledge and decision making. By the end of this level, the student nurse’s increasing knowledge and skill enables them to take greater responsibility for the assessment, planning, implementation and evaluation of care. This is done with increasing collaboration with patients and other practitioners.

**Progression point 3 – COMPETENT Level**

The student is able to practice independently. They are able to conduct a holistic assessment, incorporating a whole range of objective and subjective data. The student is able to effectively plan short and long term goals with the patient/family, and can efficiently prioritise care for a group of people in a range of settings. The student consistently demonstrates competent practice required to gain entry to the register.

The following diagram highlights the process for the assessment of practice:

**Process for the Assessment of Practice**

The student draws upon previous leaning in University and Practice to establish ideas for goals and learning outcomes for the placement.

Pre Placement

Midway

Final Week

Link Lecturer available to provide pre placement support

Initial Interview reviewing previous mentor feedback and RUBRIC scores. Setting of goals within the action plan. Identify competencies to complete.

The Link Lecturer will meet with the student once during the placement as a minimum to review progress.

The Link Lecturer should be contacted during the placement:

* If the student has concerns
* If there are concerns about the student’s performance

The Action Learning sets will facilitate reflection on practice and facilitate linking theory to practice.

Week 1

Review of progress to include:

* Student to present complete self-assessment of each domain – competencies and RUBRIC scores, providing evidence of progress
* Mentor assessment of each domain – competencies and RUBRIC scores, Midway interview paperwork completed. Formative level of performance is determined and recorded.
* Review of action plan identifying complete and/or ongoing and/or new goals

End of Placement Assessment:

* Student to present complete self-assessment of each domain – competencies and RUBRIC scores, providing evidence for the summative assessment
* Mentor assessment of each domain – competencies and RUBRIC scores, final interview paperwork completed. Summative level of performance determined and recorded.
* Review of action plan identifying completed goals.
* Learning for next practice experience are Identified

The Link Lecturer will validate that due process was followed during the assessment process and that the competencies and final grade are accurately calculated and recorded in the Practice Assessment Document and competency checklist submission documentation.

Submission to University for the Education in Nursing Practice Module

It is the student’s responsibility to ensure the competency checklist and final grade for practice is signed by the Link Lecturer and submitted by Education in Nursing Practice Deadline. A percentage of Practice Assessment Documents will be submitted for Moderation. These will be randomly selected and the student informed 1 week prior to the deadline date.

|  |  |
| --- | --- |
| Student Name: | Student Number: |
| Year of Study: | Placement Number: |

**Assessment of practice RUBRIC:** ***Domain 1 Professional Values***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bondy Scale Label** | **Independent** | **Supervised** | **Assisted** | **Marginal** | **Dependent** |  |
| **Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point** | **No supporting cues required – no more direction than is expected at this level** | **Requires occasional supportive cues – more direction than is expected for this level** | **Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level** | **Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level** | **Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved.** | **SCORE FOR EACH CRITERION** |
| **DOMAIN CRITERION/SCORE** | **5** | **4** | **3** | **2** | **1** |
| Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory. Respects diversity, individual preferences, rights and choices, and provides care that is person/family-centred. | Demonstrates excellent and consistent professional behaviour to all people and can discuss a range of choices with individuals. | Provides person/family-centred care in a professional manner, providing sound rationale when prompted. | Demonstrates professional behaviour and shows understanding of impact of own practice on person/family-centred care. | Demonstrates professional behaviour towards others, but is not always able to recognise impact of own practice on delivery of person/family-centred care. | Little awareness or insight, unprofessional, careless approach. Concerns raised regarding honesty and integrity. No insight shown when discussed. |  |
| Practises with honesty and integrity, applying the principles of *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2015)* Displays a professional image in their behaviour and appearance. | Demonstrates honesty, a professional image and integrity at all times and is able to discuss the principles outlined in The Code (NMC, 2015). | Demonstrates honesty, a professional image and integrity at all times and is able to discuss the principles outlined in The Code (NMC, 2015), when prompted. | Demonstrates honesty, a professional image and integrity at all times. Aware of the NMC Code (2015) but not able to fully explain the principles. | Requires frequent support to understand and demonstrate the need to act with honesty and integrity and reflect a professional image. Is unable to recall the NMC Code (2015). | Overall behaviour and appearance is not consistent with the professional values descriptor. |  |
| Understands the principles of confidentiality and data protection. Treats information as confidential, except where sharing is required to safeguard and protect people. | Can consistently evaluate and apply principles surrounding data protection, disclosure and safeguarding. | Is aware of the principles surrounding confidentiality, disclosure and safeguarding. Can discuss some aspects without the need for prompting. | Is aware of the principles surrounding disclosure and safeguarding. Can discuss when prompted. | Is aware of confidentiality and safeguarding but unable to discuss in detail or link to policy and related practice. | No or extremely limited awareness of safeguarding or confidentiality. |  |
|  | | | | | | **TOTAL SCORE:** |
| **AVERAGE SCORE:** |

Midway review of progress: Domain 1 Professional Values

|  |  |
| --- | --- |
| Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing in relation to the competencies and rubric in domain 4. You should provide examples and reflections from your practice. | Student  Self Assessed Score |
| Mentor: Please comment on the student’s performance, strengths and areas for development in relation to the competency domain 4. Provide the student with evidence for the decisions you have made in relation to their development in domain 4.  *NB: This would be repeated for each of the Rubrics but is omitted in this document to save paper.* | Mentor  Assessed  Score |

|  |  |
| --- | --- |
| Student Name: | Student Number: |
| Year of Study: | Placement Number: |

**Assessment of practice RUBRIC:** ***Domain 2 Communication and Interpersonal Skills***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bondy Scale Label** | **Independent** | **Supervised** | **Assisted** | **Marginal** | **Dependent** |  |
| **Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point** | **No supporting cues required – no more direction than is expected at this level** | **Requires occasional supportive cues – more direction than is expected for this level** | **Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level** | **Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level** | **Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved.** | **SCORE FOR EACH CRITERION** |
| **DOMAIN CRITERION/SCORE** | **5** | **4** | **3** | **2** | **1** |
| Communicates empathetically, therapeutically and respectfully with all people, including those who are unwell, anxious or distressed, including in a challenging or complex situation. | Understands and sensitively selects and applies a wide range of professional and therapeutic communication methods, based on a comprehensive assessment. | In most situations, independently selects and applies an appropriate, wide range of professional and therapeutic communication methods. | With frequent guidance, applies an appropriate, wide range of professional and therapeutic communication methods. | Requires continuous support. With frequent guidance, applies an appropriate, wide range of professional and therapeutic communication methods. | Unable to communicate with professionalism and fails to demonstrate therapeutic communication methods. |  |
| Maintains accurate, precise and timely written communication. | Consistently maintains accurate, precise and timely records, as stipulated in the NMC Code of Conduct (2015). | In most situations, independently maintains accurate, precise and timely records, as stipulated in the NMC Code of Conduct (2015). | With support, maintains accurate, precise and timely records as stipulated in the NMC Code of Conduct (2015). | Needs guidance to maintain accurate, precise and timely records as stipulated in the NMC Code of Conduct (2015). | Fails to maintain accurate, precise and timely records as stipulated in the NMC Code of Conduct (2015). |  |
| Maintains professional communication whilst building, maintaining and ending therapeutic relationships. Communicates relevant verbal and written information during and beyond the immediate context of care, for example in transition or transfer to other care settings. | Demonstrates skill and sensitivity in establishing, maintaining and ending therapeutic relationships with people who are transferring to different care settings and/or transitioning to other services. Understands and uses relevant inter-professional communication approaches to support safe and effective care in new contexts. | Appropriately establishes, maintains and ends therapeutic relationships with people who are transferring to different care settings and/or transitioning to other services. Uses relevant inter-professional communication approaches in such contexts. | Effectively contributes to establishing, maintaining and ending relationships with people in transition / transfer contexts. With support, contributes to inter-professional communication in such contexts. | Requires significant support to contribute to establishing, maintaining and /or ending relationship with people in transition / transfer contexts. Does not independently contribute to inter-professional communication in such contexts. | Unable to contribute to establishing, maintaining and/or ending relationships with people in transition / transfer contexts. Does not contribute to inter-professional communication in such context. |  |
|  | | | | | | **TOTAL SCORE:** |
| **AVERAGE SCORE:** |

|  |  |
| --- | --- |
| Student Name: | Student Number: |
| Year of Study: | Placement Number: |

**Assessment of practice RUBRIC:** ***Domain 3 Nursing practice & decision making***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bondy Scale Label** | **Independent** | **Supervised** | **Assisted** | **Marginal** | **Dependent** |  |
| **Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point** | **No supporting cues required – no more direction than is expected at this level** | **Requires occasional supportive cues – more direction than is expected for this level** | **Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level** | **Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level** | **Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved** | **SCORE FOR EACH CRITERION** |
| **DOMAIN CRITERION/SCORE** | **5** | **4** | **3** | **2** | **1** |
| Practise safe, person/family centred care. Make evidence-based decisions. Seek informed consent/assent where appropriate. | Is proficient in the delivery of safe, person/family-centred care. Articulates and communicates the evidence required to gain informed consent/assent and to justify and support decisions. | Is able to deliver safe, person/family-centred care. Provides relevant information to gain informed consent/assent and can make and justify evidence-based decisions. | Responds to verbal direction in order to deliver safe, person/family-centred care. Requires guidance in order to seek informed consent/assent and make evidence-based decisions. | Practises safe, person/family-centred care under close supervision. Limited ability to seek informed consent/assent and make evidence-based decisions. | Unsafe practice observed which may compromise person/family-centred care and/or safety. Fails to seek informed consent and cannot provide evidence-based decisions. |  |
| Observes safety, including safeguarding and risk management | Has a comprehensive understanding of safety, including safeguarding, and independently implements appropriate risk management strategies. | Observes safety and uses appropriate risk management strategies with occasional support and guidance. | Responds to verbal direction in order to promote safety and to use appropriate risk management strategies. | Needs continuous verbal and frequent practical guidance in order to recognise situations that might compromise safety, and the appropriate risk management. | Cannot recognise relevant safety procedures and/or appropriate risk management strategies. |  |
| Makes a comprehensive assessment of the individual and family’s needs and plans personalised evidence-based care. | Is able to independently carry out an assessment using a range of assessment tools and frameworks, and plans personalised care using evidence and theory | In most cases, demonstrates ability to carry out an assessment and represent the individual/family’s needs within a plan of care, using relevant evidence and theory. | With verbal guidance is able to carry out an assessment of an individual/family’s needs and can develop care plans, with limited links to evidence and theory | Needs guidance to assess an individual’s/family’s needs and to plan personalised, evidence-based care. | . Unable to carry out an assessment of an individual’s/family’s needs and plan personalised, evidence-based care |  |
| Collaborates with individuals and families to evaluate care and revise it in accordance with their changing needs and priorities. | Independently seeks opportunities to collaborate and negotiate with individuals and families to evaluate and revise care in accordance with their changing needs and priorities. | In most cases, identifies opportunities to involve the individual and family in order to evaluate and revise care in accordance with their changing needs and priorities. | With verbal guidance and support, involves individuals and families when evaluating and revising care. | Needs continuous verbal prompting and practical guidance to involve individuals and families when evaluating and revising care. | Does not involve individuals and families to evaluate care in accordance with their changing needs and priorities. |  |
|  | | | | | | **TOTAL:** |
| **AVERAGE:** |

|  |  |
| --- | --- |
| Student Name: | Student Number: |
| Year of Study: | Placement Number: |

**Assessment of practice RUBRIC:** ***Domain 4 Leadership, management & teamwork***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bondy Scale Label** | **Independent** | **Supervised** | **Assisted** | **Marginal** | **Dependent** |  |
| **Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point** | **No supporting cues required – no more direction than is expected at this level** | **Requires occasional supportive cues – more direction than is expected for this level** | **Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level** | **Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level** | **Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved** | **SCORE FOR EACH CRITERION** |
| **DOMAIN CRITERION/SCORE** | **5** | **4** | **3** | **2** | **1** |
| Demonstrates the ability to manage and improve nursing practice and improve standards of health care by being self-aware and reflective; recognises how personal values and beliefs may affect practice. | Consistently demonstrates self-awareness through self-assessment and reflection, understanding of impact of own values and beliefs on practice, and modifying practice accordingly. | Demonstrates self-awareness through self-assessment and reflection, understanding of impact of own values and beliefs on practice | With guidance, shows self-awareness and reflection, understanding of impact of own values and beliefs on practice | Requires consistent support to reflect on practice. At times lacks self-awareness, with little understanding of impact of own values and beliefs. | Lacks self-awareness and insight about own practice despite support. No understanding of impact of own values and beliefs. |  |
| Teamwork, leadership and collaborative practice | Understands and describes the roles and responsibilities of all team members, communicating effectively with them. | Describes the roles and responsibilities of all team members, communicating effectively with them | Identifies the roles and responsibilities of all team members, communicating some appropriate information. | Needs reminding of the roles and responsibilities of all team members, and/or needs guidance about communicating with them. | Fails to demonstrate an understanding of the contribution of self and others within the team. Despite guidance, fails to communicate appropriately with them. |  |
| Time and care management and prioritisation. | Outlines and explains priorities for people / families in receipt of care, and manages time efficiently, with due regard for the needs of others. | Describes the priorities for people / families in receipt of care and manages time well, showing some awareness of the needs of others. | Needs guidance of the mentor and others to identify the priorities of care for people / families. | Requires consistent support when identifying the priorities of care for people / families. | Unable to manage time and identify priorities for people / families in receipt of care. |  |
| Manage own development | Is proactive in own personal, professional and educational development. | Manages own personal, professional and educational development | With guidance, is able to manage own personal, professional and educational development. | Requires consistent support to manage own personal, professional and educational development | Lacks insight into own personal, professional and educational development needs, despite support. |  |
|  | | | | | | **TOTAL:** |
| **AVERAGE:** |

**HUB LEARNING OPPORTUNITIES FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Learning Opportunities specific to the placement area (all year groups, every student):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Opportunity** | **Area/Personnel to approach for this opportunity** | **Links to Domain** | **Suggested Links to competency** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Do an Initial self-assessment and then look at the ideas for collecting evidence for NMC (2008) Standard to support learning and assessment in practice (8 Domains).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| There is a **broad statement** from the standard at the start of each domain and then further detail is given as bullet points \*\* these are adapted from the actual statements | **You are excellent at this** | **You are good at this** | **You have potential to improve in this area** | **Potential Evidence:**  **This can be OBSERVED, DISCUSSED/ REFLECTED ON OR WRITTEN DOWN**  **Consider additional sources of evidence too** |
| **Domain 1. Establishing effective working relationships:**  You build an effective relationship with the student *(as part of a wider team)* to support learning by:   * Helping them to settle into the placement area effectively. * Providing on-going and constructive support to help them to adjust to the placement * Role modelling effective professional and inter-professional relationships *(i.e. use of professional language/non- judgemental language and behaviour and gives constructive (not gossip) feedback to colleagues)* |  |  |  | * Verbal or written student feedback /evaluations * Quick feedback form <http://www.hls.brookes.ac.uk/peu/feedback> * Feedback from peers/managers * Reflective evidence * The student works with you regularly *(\*\*they may avoid you if they do not feel the relationship is good!)* * Thank you/leaving cards etc. * You can state your students prior experience/knowledge/skills |
| **Domain 2. Facilitation of learning:**  You facilitate student learning, encourage them to self-manage learning opportunities and provide support to help them reach their potential by:   * Recognising what stage of the course they are at and helping them to select appropriate learning opportunities * Using a variety of ways to help them to integrate learning from practice and academic experiences *(asking them about their university course/other placements and discussing what to do if there are differences between perspectives)* * Supporting them to critically reflect on learning experiences *(by challenging asking probing questions, using reflective approaches, in depth discussions)* |  |  |  | * You discuss the different expectations you have of the student at different levels.   Student feedback that:   * you help them in setting SMART goals/ objectives that stretch them (different words for different levels) see http://www.businessballs.com/bloomstaxonomyoflearningdomains.htm * Explicitly consider learning preferences specific needs/disability and educational theory such as hierarchy of needs, adult learning, active learning etc. * You are observed promoting increased independence/ decision making and case management * You can state what your student has studied in university recently that is related to the placement |
| **Domain 3. Assessment and accountability:**  You fully assess their learning and competencies by observing skills/behaviour, discussing and questioning knowledge by:   * Helping them to become increasingly responsible/accountable as the placement develops * Considering a range of approaches to assessment *(questioning, direct observation and feedback, reflection, discussion etc.)* * Providing constructive feedback which helps them to identify future learning needs and actions (*particularly and where they may not be performing to a safe or acceptable level - explaining what they need to do to improve and what the consequences are if they do not).* * Recognising and acting on your accountably for confirming that they have met, or not met, the NMC competencies |  |  |  | * You are familiar with the students Practice Assessment documents (PAD) <https://shsc-int.brookes.ac.uk/documents/browse.php?fFolderId=596> *You need to select the relevant branch of nursing or midwifery to get the documents* * You have read the PAD ‘how to use this document sections’ and the examples of completed paperwork (see later in these hand-outs) * Reflection on your experience of assessing * Photocopy or summary of constructive feedback given * You self-assess as confident and competent to fail a student |
| **Domain 4. Evaluation of learning:**  You adopt a variety of strategies for evaluating learning in practice and academic settings by:   * Evaluating *(asking them about*) their learning and assessment experiences – and suggesting changes if appropriate * Self-assessing and asking your peers for feedback regarding your professional and mentoring role development. Contributing to the development of others by constructively offering feedback and support. |  |  |  | * Complete the practice assessor/mentor feedback form at the end of each placement * Verbal and written feedback from peers/managers/Link lecturer * Student feedback - that you check their understanding by questioning and discussion and their skill by observing them |
| **Domain 5. Creating an environment for learning:**  You create an environment for learning, where practice is valued and developed, that provides appropriate professional and inter-professional learning opportunities and support for learning by:   * Supporting students to identify learning needs and experiences that are appropriate to their level of learning (*setting challenging and realistic goals etc*.) * Using a range of learning experiences, involving patients, clients, carers and the professional team * Identifying aspects of the learning environment which could be enhanced – negotiating with others to make appropriate changes * Acting as a resource to facilitate personal and professional development of others |  |  |  | * Copies of SMART goals for performance management and development * Student feedback that you can clearly state/present in writing) a full range of learning opportunities for the different levels of students * You can identify if asked what makes a successful learning environment * Students observe good leadership and teamwork in the placement and evidence of a culture that is open to learning (questioning, challenging) |
| **Domain 6. Context of practice:**  You support learning by drawing on health care and educational policies. You manage change to ensure that particular professional needs are met within a learning environment that also supports practice development by:   * Contributing to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated * Setting and maintaining professional boundaries which are sufficiently flexible for providing inter-professional care * Initiating and responding to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained |  |  |  | * You can discuss current ideas/topics in your profession for example 6 C’s, Francis report, Willis report, changes to the service, quality initiatives, targets etc. * You have accessed the latest report from the student feedback of your placement area (your link lecturer or manager should have access to it). Make some notes on how you can improve the student experience * You discuss raising and escalating concerns with the student |
| **Domain 7.Evidence based practice:**  You apply evidence-based practice to your own work and contribute to the further development of a knowledge and practice evidence base by:   * Identifying and applying relevant research and evidence based practice * Contributing to strategies to increase or review the evidence-base for practice * Supporting the student in applying an evidence base to their own practice |  |  |  | Feedback from the student that:   * You can discuss relevant evidence (see <https://www.evidence.nhs.uk/> ) relating to your speciality such as NICE and NSFs and Cochrane Systematic reviews etc. * You give clear rationale for your practice and if uncertain are proactive in seeking information/evidence * You self-assess that you have/are developing skills in evidence seeking/appraising and applying |
| **Domain 8. Leadership:**  You demonstrate leadership skills for education within practice and academic settings by:   * Planning a series of learning experiences to meet their learning needs * Acting as an advocate and supporting the student to access relevant learning opportunities – involving a range of other professionals, patients, clients and carers * Prioritising work appropriately to accommodate their support. * Providing feedback to managers and to the link lecturer about the effectiveness of learning and assessment in practice. |  |  |  | * You are familiar with the resources for supporting students available on the PEU website <http://www.hls.brookes.ac.uk/peu/resources-for-supporting-students> * You have feedback that you communicate any issues in a timely manner to managers/Link lecturers etc. * You arrange for suitable support for the student in your absence (student and link lecturer feedback) |
| **As a sign-off mentor** *(for final placement or return to practice students only)* | | | | |
| 1. You have informed the student that you are a ‘sign-off’ mentor and meet the criteria to remain a sign off mentor |  |  |  | Discussion |
| 1. You can discuss current programme requirements, practice assessment strategies and relevant changes in education and practice |  |  |  | Discussion |
| 1. You can explain the NMC registration requirements for signing off end of programme competencies and your contribution to this |  |  |  | Explanation, correct completion of paperwork  Reflection |
| 1. You recognise and can discuss your accountability to the NMC for the decision to pass or fail when assessing proficiency requirements at the end of a programme |  |  |  | Discussion  Reflection  Appropriate liaison with Link lecturer |

**Becoming a sign-off mentor:**

|  |  |
| --- | --- |
| **SOMs should be:** | **Sign off Mentors are required for:** |
| * Identified on the live register of mentors. * Registered on the same part of the register * Working in the same field of practice as the student * Have clinical currency and capability in the same field of practice as the student * Met the NMC requirements to remain on the register * Undertake 3 supervised assessments of student’s progress | * Adult and Child Nursing programme final placement students * All Midwifery students * All Specialist Nursing programme leading to a recordable nursing qualifications * Specialist Public Health Nurses * Return To Practice programme Nursing and Midwifery Students |

**All midwives need to be a SOM for all students.**

**If you have been a nurse mentor for about a year you should consider working towards this by:**

* **Self-assessing against the SOM criteria**
* **Being observed by an existing sign off mentor on 3 occasions (the final observation needs to be with an final placement student**

**See additional guidance** [**http://www.hls.brookes.ac.uk/images/pdfs/plu/guidance-on-sign-off-mentor-role-nurses-midwives-jan-2016.pdf**](http://www.hls.brookes.ac.uk/images/pdfs/plu/guidance-on-sign-off-mentor-role-nurses-midwives-jan-2016.pdf)

**Activity: consider the last 12 months in your role as a mentor** *(you can use this as evidence for your NMC revalidation) – you may want to refer to the 8 domains above*

|  |  |
| --- | --- |
| **Strengths** | **Areas for development** |
|  |  |
| **Action Plan** | |

 **Useful resources from the** Practice Education Unit (PEU) Web pages:

Available at: <http://www.hls.brookes.ac.uk/peu> Just Type ‘Brookes PEU’ into your search engine

* Resources for supporting students <http://www.hls.brookes.ac.uk/peu/resources-for-supporting-students>
* Student feedback forms <http://www.hls.brookes.ac.uk/peu/feedback>
* Keeping up to date as a mentor, including:
  + managing challenging experiences
  + Reflection for mentors <http://www.hls.brookes.ac.uk/peu/keeping-up-to-date-as-a-mentor-practice-assessor>
* NMC standards <http://www.hls.brookes.ac.uk/peu/nmc-standards>
* Restricted clinical skills(what students can and can’t do)<https://shsc-int.brookes.ac.uk/documents/view.php?fDocumentId=6493>

You can access the student Practice Assessment Document (PAD) here (top folders) <https://shsc-int.brookes.ac.uk/documents/browse.php?fFolderId=731>

* Placement of the year <http://www.hls.brookes.ac.uk/peu>

**Other resources**

**YouTube** Oxford Brookes students talking about various topics for example

1st day on placement <https://www.youtube.com/watch?v=1j9XzQesgrc>

Making mistakes on placement <https://www.youtube.com/watch?v=uoS4y6LKUDw>

**NEW** NMC (2015) **The Code** <http://www.nmc.org.uk/standards/code/>

**9.4** support students’ and colleagues’ learning to help them develop their professional competence and confidence.

**20.8** act as a role model of professional behaviour for students and newly qualified nurses and midwives to aspire to

NMC (2015) **Duty of Candour** <http://www.nmc.org.uk/standards/guidance/the-professional-duty-of-candour/>

NHS England: Nursing Vision <https://www.england.nhs.uk/nursingvision/>

NHS England (2014) **Compassion in practice 2 years on** <http://www.england.nhs.uk/wp-content/uploads/2014/12/nhs-cip-2yo.pdf>

**The NHS constitution** (2015) <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

RCN (2010) **Dyslexia, Dyspraxia and Dyscalculia toolkit for nurses** <https://www.rcn.org.uk/professional-development/publications/pub-003835>

**Safeguarding Adults and raising and escalating concerns form the NMC** <http://www.nmc.org.uk/standards/safeguarding/> or <http://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/>

**Raising and escalating concerns** (whistle-blowing) Oxford Brookes guidance for students <http://www.hls.brookes.ac.uk/peu/guidelines-for-managing-concerns-in-practice-placements>

Duffy K (2013) **Providing constructive feedback to students** during mentoring. *Nursing Standard*. 27, 31, 50-56. You should be able to access this article through a database search or ejournals at your local library.

**NHS evidence** Great site for NICE Guidelines, BNF online, Clinical Knowledge Summaries<https://www.evidence.nhs.uk/>