



## ***A GUIDE TO THE PRACTICE DOCUMENTATION FOR THE 2012 ALL DEGREE NURSING CURRICULUM***

Leicester, Leicestershire and Rutland NHS and Independent Placement Providers  
In Partnership with  
De Montfort University  
School of Nursing and Midwifery  
Faculty of Health and Life Sciences



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### Acknowledgments;

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## **Introduction**

This information pack is designed to give an overview of the Practice Documentation for the 2012 Curriculum. Throughout both the academic and practice components of the programme students will engage with and be supported by a range of individuals and it is essential that these individuals are aware of their responsibilities and are adequately prepared to carry out their role. The information held within this document is designed to offer guidance to everyone with a responsibility for supporting students on the 2012 Curriculum.

This booklet has been written to include a short guide to all of the Practice Assessment Documents associated with the 2012 BSc Nursing Programme; examples have been given to demonstrate how students and mentors can get the maximum benefit from the learning experience. This document has been written for Mentors and also gives students greater awareness of both the role and expectation of the mentor and how to complete the documents

Practice Learning Leads, Personal Tutors and the Programme Team are available for support to any students, mentors and tutors who are having difficulty navigating the documents.



### Role of the Practice Learning Leads

Practice Learning Leads are employed within Trusts, each practice experience students encounter throughout the programme will have an identified Practice Learning Lead. It is important to note that titles may vary slightly between organisations, it is important that you are aware of who your Practice Learning Lead (PLL) is and how you can contact them. The PLL will be working closely with De Montfort University academic staff to ensure that practice experiences meet with the requirements of the programme and that mentors have access to relevant information to enable mentors to offer students the best possible opportunity. Practice Learning Leads also have an important role to play in the quality monitoring of the practice learning environments and will work closely with managers and mentors to ensure that all local, regional and national standards are met.

The PLLs are well aware of the challenges that mentors may face when mentoring students on a new programme and will be able to answer any questions or concerns you may have- therefore it is essential that you are aware of who they are and that all mentors within the practice experience know how to contact them; to support this a contact list has been included.

Clinical Placement Facilitators across UHL will support students and mentors clinically within practice areas and work closely with the PLLs

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### Role of the Mentor

The role of the mentor is pivotal in helping students to translate theory into practice. The Nursing and Midwifery Council (NMC) Standards for pre-registration education require pre-registration nursing programmes to be fifty per cent theory and fifty per cent practice (NMC 2010). Within the new standards the importance of effective mentoring is emphasised, mentors must be suitably prepared to undertake their role and must be aware of their responsibility and accountability when supporting and assessing students. Mentors are responsible for ensuring that students have access to a range of learning opportunities which will allow them to develop the skills and competencies required to become a registered nurse. Mentors can be described as the lynch pin in the student learning environment. "Mentoring taps into a basic instinct which most people share – the desire to pass on their learning, to help other people to develop and fulfil their potential" (Hussain 2009).

Throughout the pre-registration nursing programme mentors will be expected to support students to gain a range of experiences, students may be from any of the four Fields of Practice of Adult, Child, Mental Health and Learning Disability (previously known as Branches) it is important that mentors are able to identify different learning needs and support students to gain the experiences they need. The aim of this pack is to enable mentors to develop an understanding of practice based



assessment, develop an awareness of the course structure and advice and guidance as to how to manage students who may be struggling to meet either professional requirements or competencies.

### **What is a mentor?**

An NMC mentor is a registrant who, following successful completion of an NMC approved mentor preparation programme - or comparable preparation that has been accredited by a university, as meeting the NMC mentor requirements – has achieved the knowledge, skills and competence required to meet the defined outcomes.

### **A mentor is a mandatory requirement for Pre-registration nursing and midwifery students.**

Mentors who are assessing competence must have met the NMC outcomes defined in stage 2 of the Standards to Support Learning and Assessment in Practice (NMC 2008), or be supervised by a mentor who has met these outcomes. Those who sign-off competence must have met the additional criteria to be a sign-off mentor. Once mentors have been entered on the local register they are subject to triennial review.

### **Mentors are responsible and accountable for:**

- Organising and co-ordinating student learning activities in practice, including developing experiences which support students to understand the patient journey and learning with other professionals.
- Supervising students in learning situations and providing them with constructive feedback on their achievements.
- Setting and monitoring achievement of realistic learning objectives.



- Assessing total performance – including skills, attitudes and behaviours.
- Providing evidence as required by programme providers of student achievement or lack of achievement.
- Liaising with others (e.g. mentors, sign-off mentors, practice learning leads, practice teachers, personal tutors, programme leaders) to provide feedback and identify any concerns about the student’s performance and agree action as appropriate.
- Providing evidence for, or acting as, sign sign-off mentors with regard to making decisions about achievement of proficiency at the end of a programme.
- The Standards to support Learning and Assessment in Practice (NMC 2008) give very clear direction as to the roles and responsibilities of a mentor and sign off mentor, including expectations and accountability. As a mentor it is your responsibility to be familiar with the content of this document. For further advice contact your Practice Learning Lead.



### Practice Documents for the 2012 Curriculum

Year One	Year Two	Year Three	When should students bring this in to practice?
Practice Assessment Document Progression Point 1	Practice Assessment Document Progression Point 2	Practice Assessment Document Progression Point 3	Within the first week an initial interview must be conducted. Students will have 2.5 hours a week away from practice for reflection and should not be asking for time during practice hours. The book will not need to be in practice all the time; however mentors need to arrange dates with students when they want to see the book and review progress- this <b>must not</b> be left until the middle interview or the end of the experience.
Ongoing Achievement Record			Within the first week for review at the initial interview and again at the final interview.
Skills Log			Daily; students and mentors <b>must</b> confirm achievement of skills on an ongoing basis.
Interprofessional Working Student Diary			For review at the initial interview and again at the end. Students <b>must</b> also ensure that they bring the book in when working inter-professionally.
Service User Questionnaire			During the initial interview this must be discussed, though it does not need to be produced daily it must be available for mentors to take opportunities as available.





## Assessment Framework

**The Assessment Framework should be referred to throughout the assessment and used as a guide to determine progress.**

↑ <b>Assessment of Practice</b> ↓ Students can travel in both directions	Underpinning Knowledge	Level of Support Required	Quality of Practice Indicators	Expectations for Student Achievement		
	Demonstrates a broad knowledge base and critical understanding is evident to support practice	Requires little or no prompting is able to use own initiative with minimal supervision	<ul style="list-style-type: none"> <li>- Demonstrates <b>consistency</b> in practice</li> <li>- Consistently proficient</li> <li>- Consistently confident</li> <li>- Consistently uses own initiative</li> </ul>	End of Year 1	End of Year 2	Professional Registration
	Transfers acquired knowledge and demonstrates application of knowledge and skills to practice	Requires occasional prompting and frequent indirect supervision	<ul style="list-style-type: none"> <li>- Proficient</li> <li>- Confident</li> <li>- Uses own initiative at times</li> <li>- Requires only <b>indirect supervision</b></li> </ul>			
	Has some ability to identify essential knowledge base, is safe, but needs to develop further understanding	Requires frequent prompting and direct supervision	<ul style="list-style-type: none"> <li>- Proficient throughout most of performance when assisted or <b>directly supervised</b></li> </ul>			
	Has limited ability to identify essential knowledge base, is safe, but needs to develop further understanding	Requires constant supervision and high level of prompting	<ul style="list-style-type: none"> <li>- <b>Limited or marginal</b> ability to demonstrate own initiative</li> <li>- Limited ability to apply problem solving skills</li> </ul>			
Not Competent in Assessment of Practice	Minimal knowledge without connecting it to practice and is not able to demonstrate an adequate knowledge base of care.	Requires continuous supervision and prompting	<ul style="list-style-type: none"> <li>- <b>Unsafe</b> level of practice</li> <li>- Very poor performance</li> <li>- Not able to follow directions.</li> <li>- Unable to demonstrate safe practice</li> </ul>			

Based on Bondy (1983) and applied knowledge from Benner (1984)



## Practice Assessment Documents

- There are separate Practice Assessment Documents (PADS) for each Year. It is important to become familiar with these documents and which sections apply to you.
- The PAD is formatted with all interviews and practice related documentation at the front; Initial, Mid-Point and Final and Assessment of Professional Conduct for each Practice Experience during each year. The Mid-Point Interview also includes an Action Plan to help direct Mentors towards developing individual Action Plans, this is applicable to all students and not only for struggling students. Interviews should be carried out to ensure goals and learning opportunities are identified and there is development through the experience, as placements are of varying length it is not possible to put a weekly time scale however; The Initial Interview must be within 5 days of starting placement, Mid Point Interview approximately half way through and Final Interview in the last few days. During the Initial Interview at the start of each year Mentor's will need to see evidence that Mandatory Skills have been completed- this is located in the Skills Log.
- There is space in each of the PADs for feedback from the Practice Learning Team to facilitate communication between placements
- Outcomes have been identified by the NMC (NMC 2010) and are supported by the Essential Skills Clusters, students are expected to work towards all of their Outcomes in each placement; final (Summative) assessment is made by the Mentor at the end of the Module, in this case at the end of each year.
- Location of Evidence must be clear; this can be the PAD or any other supportive documents or individually developed portfolios/ reflections. Students are given a template for reflection which clearly identifies the outcomes it relates to.
- The Practice Assessment Documents can be contributed to by a variety of staff, including other registered professionals and non qualified staff as appropriate. This is to provide evidence for the mentor who will verify that this is reflected in the practice and then be able to sign that progress has been made or outcomes achieved.



- Students are given the equivalent of 2.5 hours a week to complete their reflections and should be encouraged to try and discuss this with their mentor on a regular basis, ensuring that all of the work is not left until the end.
- Each Practice Learning Outcome details the appropriate NMC Domain to be assessed; this should be reinforced during interviews which are structured using the domains.
- The ESCs are detailed for reference in the PAD and the OAR.
- The Assessment Framework should always be referred to when making a judgement regarding progress and skills, mentors must circle the point the student has reached within each outcome on each placement
- Mentors must use the evidence provided within the PAD to make a judgement about progress made; at the end of each placement the descriptors within the Assessment Framework must be used to demonstrate the level of achievement made, for example:



**Example Only**

<b>Assessed NMC Domain: Professional Values, Communication and Interpersonal Skills, Nursing Practice and Decision Making.</b>		
<b>Practice Learning Outcome</b>		
1. Displays a professional image in their behaviour and appearance, showing respect for diversity and individual preferences. (ESC; 1.1, 1.3, 1.4, 1.5, 4.1)		
Objectives to be achieved;		
<ul style="list-style-type: none"> <li>1.1 Articulates the underpinning values of The Code: Standards of conduct, performance and ethics for nurses and midwives (The Code) (NMC 2008)</li> <li>1.2 Promotes a professional image.</li> <li>1.3 Shows respect for others.</li> <li>1.4 Is able to engage with people and build caring professional relationships.</li> <li>1.5 Works within the code (NMC 2008) and adheres to the Guidance on professional conduct for nursing and midwifery students. (NMC 2010)</li> </ul>		
P1; Location of Evidence Reflection 1	P2; Location of Evidence	P3; Location of Evidence
Progression towards outcome Y/N/NA (Sig) <i>Doris Day</i>	Progression towards outcome Y/N/NA (Sig)	Outcome Achieved/ Not achieved (Sig)



## **Reflective Practice**

Students are all provided with Reflective Practice Templates, using Gibbs Cycle of Reflection (Gibbs 1988), to ensure that they are able to structure their work and suggest how they have used their knowledge to enhance future practice. Reflective Practice can relate to more than one outcome, each should be clearly identified and cross referenced within the documentation.

### **Reflection on Practice SAMPLE**

Date 11.1.16	Placement Ward 25 LRI	Reflection Number 1	Mentor Name Doris Day
Outcomes 1, 2,3,4			Mentor Sig <i>Doris Day</i>

<b>Describe what happened</b>
Students should be expected to describe something which happened whilst they are on shift and relate it to their outcomes- in this case these would be around communication, individual values and beliefs and confidentiality which could all easily be linked together. During the first year this would be mainly descriptive, however as students' progress towards second and third year it would be expected that evidence is used to support what is being discussed
<b>What were you thinking or feeling?</b>
This may be very personal but should enable students to rationalise how they felt about a particular situation and how this might impact on their future care delivery
<b>Evaluate- what was good or bad about the experience?</b>
This should become more analytical as a student progresses through the Programme and should suggest areas for improvement that may involve the wider team
<b>What sense can you make of the situation?</b>
Students should be able to consider the impact on the team, individuals roles and responsibilities and their place within this
<b>What else could you have done?</b>
Is there anything else that could have been done to improve this situation?
<b>Action plan, if the same situation arose again what would you do?</b>
How would their own practice be informed as a result of this experience? What might be done differently in future?
<b>Discussion with Mentor</b>
Mentors should feedback on the reflection and students understanding of learning as a result of reflecting on practice



## **Reflective Practice Time**

With the advent of the new all Degree Nursing Programme there have been a number of changes in the way students are supported both in theory and in practice.

Students must reflect on their practice and provide the mentors with detailed information to support the achievement and progression towards each outcome in the Practice Assessment Document (PAD)

Students work a 37.5 hour week with no Study Days during their practice time, in recognition of this 2.5 hours per week (Or equivalent) has been identified for reflective practice- including the completion of their documentation.

### **Negotiating Reflective Time**





- In discussion between Mentor and Student a period equivalent of 2.5 hours per week must be identified as Reflective Time.
- This can be taken as 2.5 hours each week, or can be accrued and taken as a longer period of time e.g. 7.5 hours every three weeks.
- Must be negotiated and agreed with the Mentor, students are not able to dictate how this time is taken.
- This time can be taken within the practice setting, to facilitate discussion with the mentor, or as time away from the practice area.
- Students who do not use their time wisely will not be given additional time during practice to complete the PAD.
- Time must be identified on the Off Duty and signed for by the Mentor in the students' time sheet.



## Service User Questionnaire

- The Service User Questionnaire has been developed to ensure Service Users can input directly into student assessment.
- Mentors will identify suitable patients/ clients/ carers and ask them a series of five questions; smiley faces have been used to ensure that a range of Service Users can utilise the tool- they do not need to be shown to everyone. Students must appreciate the anonymity of Service Users.
- Mentors need to ask two different Service Users; Questions have recently been amended to ensure they reflect care and compassion; text boxes have been included if Service Users would like to make comments

1. The student interacted with me in a warm and professional manner.

			
Strongly Agree	Agree	Disagree	Strongly Disagree

**An action plan must be documented within the students Practice Assessment Document if a score of strongly disagree is achieved in any category. Mentors should summarise their evidence and feedback to the student.**

Summary from Service User questionnaire and plans for future development

Doris has been able to discuss plans of care with the patient and answer some questions- she referred to me when she struggled and the patient reported that he felt confident that Doris was able to relate to him as an individual.

Mentor Signature; Audrey Hepburn Date; 18.3.14



### **Ongoing Achievement Record**

- The Ongoing Achievement Record (OAR) provides a Programme Summary of the students' progression throughout the course.
- Students must present this to their Mentor in the first five days of every placement, including the first placement.
- In the first placement students must sign the Consent for Sharing Information. This is discussed with students on Induction; Mentors are advised to request that any student who feels unable to sign this returns to the Personal Tutor who will refer, as appropriate, to the Programme Leader

If you feel unable to sign this you should report this to your Personal Tutor for discussion and referral to the Programme Leader as appropriate. Without signing you will be incompatible with ensuring fitness for practice and therefore unable to meet the programme requirements

Signed Doris Day                      Date Feb 2014

Mentor Signed Audrey Hepburn                      Date Feb 2014 (First placement only)

- A Checklist approach has been taken to ensure that students have completed all of the required components for that placement.
- Mentors are asked to summarise each experience to ensure a seamless flow of information, especially for mentors in subsequent years who will not have ready access to the PAD; students are also asked to comment
- At the end of Progression Point Mentors must confirm that students have met all of the criteria required for the Progression Point, including Professional Conduct and Skills. An Action Plan is included to meet any additional requirements and this must be completed 12 weeks as stipulated by the NMC (NMC 2010), Mentors, Students and the Year Coordinator will need to confirm the exact date for annotation into the OAR.





### Skills Log

- The Skills Log has been developed to demonstrate the accumulation and maintenance of skills throughout the Programme.
- The Skills Log details which skills need to start being assessed at which stage of the Programme; Skills are then assessed as students' progress with the expectation that their level of autonomy will increase- see *examples* below. The Assessment Framework should be used when making decisions.
- Skills completed prior to practice and as part of the annual mandatory requirements is also recorded in the Skills Log- Mentors should confirm this at the start of each year.

Essential Skill:	ESC	Signature		
		Progression point 1	Progression point 2	Progression point 3
<b>Select and manage medical devices safely.</b> To achieve this, the student:				
Safely uses and disposal of medical devices under supervision and in keeping with Local and National Policy (Refer to Local Policy)	20.1	<i>Assessed must be at least Limited ability</i>	<i>Assessed must be at least Directly Supervised</i>	<i>Assessed must be at least Indirectly Supervised</i>
Understands reporting mechanisms relating to adverse incidents	20.1			
Safely uses and maintains a range of medical devices appropriate to the area of work, including ensuring regular servicing, maintenance and calibration including reporting adverse incidents relating to medical devices.	20.3	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Assessed must be at least Indirectly Supervised</i>
Keeps appropriate records in relation to the use and maintenance of medical devices and the decontamination processes required as per local and national guidelines.	20.4			
Explains the devices to people and carers and checks understanding. E.g. supporting patients using an inhaler	20.5			



### Interprofessional Working Diary

- The Interprofessional Working Diary has been developed to encourage students to reflect on their experiences working with a range of professionals throughout the programme.
- Students are expected to develop their skills and knowledge and become increasingly engaged and proactive in developing relationships and awareness of different professionals input into health care.
- Reflections in the Diary should be used as part of the evidence of achievement within the PAD and this should be mapped in the **Location of Evidence** part of the PAD.

Date	Diary Entry	Discussion / Action (Written by student)
<b>21<sup>st</sup> Feb 2014</b>	I arranged to spend the day with the Cardiac Rehab Nurse attached to the practice I am working at with the DN Team. In the morning Pat had a lot of paperwork to do and I was worried that I would be doing very little, however Pat asked me to read through a couple of patients notes and evaluate the care they had received by the different people they had come into contact with. I was able to see from this that patients felt very well supported when they were in hospital and they were anxious about going home- one man seemed to get quite angry with the community staff and he kept phoning them for visits and asking for quite high levels of support.	I would like to try and see if I can spend sometime working with patients in the acute setting who have had heart attacks. Develop an understanding of ECGs and how patients recover from heart attacks

- Students should share their reflections with their Mentor and develop Action Plans to address needs.
- Mentors should be encouraged to add their evidence of how this has supported the students practice.
- There is sufficient space for reflection during each experience.



**Assessment of Professional Conduct** is considered to be crucial in the assessment of students throughout the programme and is particularly important when working with a range of professionals who may not be bound by the NMC Code. In order to support this all students will, be assessed for their behaviour every day and this will be recorded within the time sheet, ensuring that whoever they are working with at the time, feels the student meets their expectation for professional behaviour. During each practice experience all students will be assessed against ESC 1.1 and 1.2 relating to the Code of Conduct and will be required to obtain a "Satisfactory" assessment on completion of each practice based experience. If they fail to achieve this on any two occasions throughout the programme, they will be referred to Fitness to Practice and may face termination from the programme. In order to support any fails of Professional Conduct, mentors need to ensure that this has been recognised and the student has had the opportunity to develop and retrieve a potential fail.

Students are made aware of their responsibilities to maintain their professional conduct at all times, this includes;

- Social networking
- Travelling to and from work in uniform
- Smoking

As a mentor you provide a role model for your student and should be prepared to lead by example.

**Assessing Care and Compassion** a range of skills and qualities have been identified that, it is felt, demonstrate Care and Compassion, these are not exhaustive and mentors may identify other issues which they consider a student needs to be able to demonstrate, neither is it suggested that all students will demonstrate all of these at any one time. However if mentors are concerned that students are not demonstrating some of these qualities an action plan can be developed to ensure that students understand what is expected of them. Personal Tutors and Practice Learning Leads should be contacted for support.



## **Frequently Asked Questions**

### **Q. Will students still have study days?**

No, students will have theory and practice 'blocks' so that their periods of study and practice experiences are not interrupted

### **Q. We have a student on the ward who is studying for a dual qualification, but I am not dual registered; is this a problem?**

No, students will be given a range of practice experiences across both fields of practice so they will be adequately supported and assessed

### **Q. I'm a mentor, but I don't have a degree, am I still able to assess students in practice?**

Yes, it is not essential that you have a degree- your experience and knowledge of your practice setting is valued and you are more than able to contribute to supporting students learning and assessment

### **Q. A student has asked me about the student choice modules in Year 2, where do I get some help with this?**

The student needs to speak to the Year Co-Ordinator. The Year Co-Ordinator and Programme Leader have scheduled time in the middle of Year 1 to discuss the options for the student choice modules

### **Q. A student has asked me about undertaking an ERASMUS experience; how can we organise this?**

Students can undertake an ERASMUS experience through the international module. There is information about this on the programme Blackboard (Bb) shell; it is important that students read this first before they discuss it with their personal tutor



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Standards to Support learning and assessment in practice, Nursing and Midwifery Council 2008

LSC Changing Attitudes Programme- The Good Mentor Guide

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