Royal College of Nursing

RCN Guidance for Mentors of Nursing and Midwifery Students

CLINICAL PROFESSIONAL RESOURCE

Royal College of Nursing

Acknowledgements

Contributors

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Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

The importance of the role of the mentor and the quality of the mentorship offered in the practice environment, wherever that may be, cannot be over-emphasised. This guidance outlines your responsibilities as a mentor alongside those of students, higher education institutions (HEIs) and practice-based learning providers.

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Evaluation

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Foreword

The importance and value of high quality learning environments for all nurses and midwives is recognised and acknowledged by all involved in the education, learning and development of the health care profession. The RCN believes the skills, education and training of mentors is of vital importance for ensuring that the practice placement of nursing and midwifery students supports high quality learning (RCN, 2015).

Nurses and midwives are a critical resource in the delivery of care by the NHS and other health and social care providers. To meet the needs and wants of individuals and communities, both now and in the future, nurses and midwives must be appropriately and effectively educated and trained in sufficient numbers (Health Education England, 2015). Indeed, the provision of education and learning makes the delivery of evidence-informed, safe and effective person-centred care possible (National Education Scotland, 2014). The role of adequately prepared mentors, associate mentors, clinical supervisors and practice teacher/educators is critical in facilitating the development of future generations of nurses and midwives.

As a member of a vast community of committed mentors you have the privilege and professional responsibility of helping students translate theory into practice, supporting the conversion of learning in the classroom into effective and safe practice in line with the *Nursing and Midwifery Council's Code of Professional Standards of Practice* (2015). It is a role that you are entrusted with by the Nursing and Midwifery Council (NMC), students, colleagues and, most importantly, service users. Passing on your knowledge and skills and facilitating the development of skills, competence and confidence in students is one of the most essential roles you can undertake, and it can be very rewarding.

The current requirement from the NMC is that all pre-registration programmes should be 50% practice based and 50% theory based. This toolkit will help you ensure that students get the most from their practice-based learning experience. Designed for all mentors, associate mentors and anyone who is new to the role, the toolkit provides valuable guidance on how to enable and support effective practice-based learning environments for students.

1. Introduction

Designed to support you in your role as a mentor, co-mentor, or associate mentor or practice teacher/educator (hereafter, all roles are referred to as 'mentor') to pre- and post-registration nursing and midwifery students, this guidance outlines your responsibilities alongside those of students, higher education institutions (HEIs) and practice-based learning providers.

The importance of the role of the mentor and the quality of the mentorship offered in the practice environment, wherever that may be, cannot be over-emphasised.

Every nurse, in line with the NMC Code, is required to "support students' and colleagues' learning to help them develop their professional competence and confidence" (NMC, 2015, 9.4). Lord Willis in his 2012 report (Willis Commission, 2012) stated in theme 3 that: *"All health care service providers must be full partners in nursing education, and recognise that the culture of the workplace ... and the creation of positive practice environments .... is a crucial determinant of its success"* (p.3).

High quality, practice-based education in a clinical setting is central to the preparation of future registered nurses and midwives; this is the environment in which students are able to apply their knowledge, learn key skills and achieve the required competence for entry to the register.

But the degree to which the mentor and the practice-learning environment value practice-based learning appears to impact significantly upon student outcomes, both in terms of learning and the desire to complete the course (Willis, 2015, p.46).

Learning and development is essential for all health and social care staff and this must be linked to a culture of lifelong learning that equips, enables and nurtures talent and innovation. Mentors in particular require time to learn, reflect and update their practice in response to individual and service need, student feedback and reflection that promotes engagement and safe and effective care delivery (NHS England, *Leading Change, Adding Value*, 2016).

However, not every nurse will have the required aptitude or ability to ensure that learning outcomes conducive to the education of a student nurse or midwife have been met (RCN, 2015).

As a registered nurse or midwife it is likely that you will act as a mentor to a number of other students – including newly registered, internationally recruited and qualified/unregistered staff. Designed to be used alongside any local work place tools already available to you, this toolkit is designed to assist you in your role of working with pre-registration students.

You will also find much of the information is readily transferable, if your role is to provide support to post registration students or other members of staff.

Toolkit aims

This toolkit will enable you to:

- recognise and value the importance of the mentorship role, and its contribution to a student's practice-based learning experience
- identify the key responsibilities of the role
- optimise the support you provide as a mentor
- raise awareness of your accountability in the context of mentorship
- recognise the support available for you in this role
- contribute to your professional development and NMC revalidation requirements (NMC, 2016), as an ongoing monitoring tool
- comply with current NMC requirements to undertake this role
- serve as a guide to mentorship
- ensure compliancy with NMC requirements for appraisals, triennial reviews and revalidation every three years.

NMC standards to support the learning and assessment in practice (SLAiP)

The NMC (2008) standards outline the requirements for supporting the learning and assessment of students in the practice learning environment, setting out specific outcomes for mentors, practice teachers and teachers of students undertaking NMC approved programmes that lead to registration or a recordable qualification on the NMC register.

According to the NMC a mentor is: "a mandatory requirement for pre-registration nursing and midwifery students" (NMC, 2008). Mentors are accountable to the NMC for decisions relating to whether students are achieving all practice assessments throughout their programme, and for ensuring that students have the necessary knowledge, skills and competence at various stages in the programme – and not just at the final stage. Mentors are also responsible for informing HEI staff of any concerns regarding student performance or progress.

Since September 2007, sign-off mentors and/or practice teachers have been a requirement for all students commencing NMC approved programmes. Sign-off mentors must make the final assessment of practice and confirm to the NMC that students have met the relevant professional standards leading to NMC registration (NMC, 2009; NMC, 2010). All NMC *Standards for education* are available on the NMC website at: **www.nmc.org.uk/education/standards-for-education**

The SLAiP standards (NMC, 2008) define a mentor as being a registrant who has successfully completed an accredited mentor preparation programme from an approved HEI. The NMC standard also states that registrants holding a teaching or comparable qualification can be considered as mentors or practice teachers, but should map their qualifications or experience against the NMC standard and meet outstanding outcomes through continuing professional development, or undertake any further education as required by programme providers to ensure they meet the standard.

Mentors must have due regard (be on the same part, or sub-part, of the register as the student they are to assess) for the final placement and must be registered for at least one year before taking on this role.

2. The role of mentor

A mentor is an NMC registrant who, following successful completion of an NMC approved mentor preparation programme – or comparable preparation that has been accredited by an HEI 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.

As well as providing support and guidance to students in the practice area, as a mentor you have the unique opportunity to role model the professional values and behaviours and to instil professional integrity. This includes professional socialisation and the promotion of positive values, attitudes, behaviours, cultural variances and inclusivity.

Your role is to enable the student to make sense of their practice through:

- the application of theory into practice
- observing practice and performance within the student's boundaries and providing constructive feedback
- providing opportunities for students to work with all members of the multidisciplinary team (MDT)
- assessing competence, evaluating performance and providing constructive feedback
- facilitating reflection on practice, performance and experiences
- assessing and evaluating the student learning experience.

All mentors have a responsibility to ensure that students are fit:

- **for purpose** – can function effectively in practice
- **for practice** – can fulfil the needs of registration
- **for award** – have the depth and breadth of learning to be awarded a degree/higher degree.

Knowledgeable and skilled, the effective mentor:

- helps students develop skills, competence and confidence
- promotes a professional relationship with students
- provides the appropriate level of supervision
- assists with planned learning experiences
- offers honest and constructive feedback
- supports professional and therapeutic relationships with clients/service users.

Why is this role important?

Your role as a registered nurse or midwife is ultimately about protecting the public and as a mentor supporting students, you are responsible for assessing their competence/incompetence. Deemed fully accountable for these verdicts, you should be able to defend the assessment decisions you make about students in practice.

As 50% of pre-registration nursing and midwifery programmes are embedded in the practice setting, the role of the mentor as a teacher, supervisor and assessor has never been more important.

Mentors are the gatekeepers for assuring competency of the workforce and to protect public safety. Mentors also play a vital part in quality assurance by contributing to the quality assurance processes set by the NMC and the HEI – such as educational audit of placements and triennial reviews.

Your responsibilities as a mentor include ensuring that you:

- are educated and prepared to undertake the role
- share your knowledge of service user care and act as a positive role model
- are familiar with a student's programme of study and practice assessment documentation

- identify specific learning opportunities and ensure that the learning experience is a planned process
- observe students practising skills under the appropriate level of supervision
- provide time for reflection, feedback, monitoring and documenting of a student's progress
- assess competence and service user safety, in keeping with the assessment documentation
- give students constructive feedback, with suggestions on how to make improvements to promote progress.

You are also required to be objective and non-discriminatory:

- report any untoward incidents or concerns to your senior manager and the HEI
- liaise with lecturing and practice education staff as required
- maintain your own professional knowledge, including annual mentorship updates
- record your mentoring experiences and professional development within the role as evidence of professional development and for revalidation
- engage in clinical supervision and reflection in relation to this role
- provide opportunities for students to work with other members of the multidisciplinary team (MDT) in practice.

Accountability

The NMC's Code states that nurses and midwives on the NMC professional register should be a model of integrity and leadership that others will aspire to and are required to; "support students' and colleagues' learning to help them develop their professional competence and confidence." (NMC, 2015) and "act as a role model of professional behaviour for students and newly qualified nurses and midwives to aspire to" (NMC, 2015).

If you delegate tasks and duties to someone who is not registered with the NMC, your accountability is to ensure that the individual who undertakes the work is able to do so and that they are adequately supported and supervised.

The Quality Assurance Agency (QAA) states that an "effective placement learning opportunity is one in which the aims and intended learning competencies are clearly defined and understood by all parties, and where the responsibilities of the higher education institution, placement provider and student are made explicit" (2012).

The NMC standards for pre-registration nursing (2010) and midwifery (2009) must be met and the competences achieved by the end of the programme. The standards aim to enable nurses and midwives to give and support high quality care in rapidly changing environments. The standards reflect how future services are likely to be delivered, acknowledge future public health priorities and address the challenges of long-term conditions, an ageing population, and providing more care outside hospitals using problem solving approaches and evidence in decision-making, keeping up with technical advances and meet future expectations (NMC, 2010).

Commitment 8 of the *Leading Change, Adding Value* framework (NHS England, 2016) states that all registered nurses and midwives should act as mentors, teachers, coaches and role models; ensuring that this becomes a predominant and consistent style of care, help and support.

Sign-off mentors

All sign-off mentors are nurses or midwives who have met the additional criteria required by the NMC SLAIP (2008) and can make judgements about whether a student has achieved the required professional standards for safe and effective practice for entry to the NMC register.

Sign-off mentors must have:

- clinical currency and capability in the field in which the student is being assessed
- a working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing

- been supervised on at least three occasions for signing off proficiency by an existing sign-off mentor
- achieved the SLAiP requirements
- an understanding of the NMC registration requirements and the contribution they make to the achievement of these requirements
- an in-depth understanding of their accountability to the NMC for the decision they must make to pass or fail a student when assessing proficiency requirements at the end of a programme.

It is important to note that the role is applied slightly differently across the three parts of the NMC register.

Qualifications

To perform the role of mentor you must have undertaken an approved mentorship preparation programme or equivalent, and have met the NMC defined standards (NMC, 2008). You should also attend and record your attendance at an annual mentor update and triennial review. Nurses and midwives must be registered for at least one year before taking on this role.

Associate and co-mentors

The role of a co-mentor or an associate mentor is not a requirement of the NMC standards (NMC, 2008). However, it is a role that is used in many areas; for example, the role is often undertaken by senior health care support workers, assistant practitioners, newly registered nurses and midwives – none of whom may have undertaken an approved mentor preparation programme but may have completed some appropriate training. However, these individuals can only provide support on the skills they themselves are competent in. **They cannot be sign off mentors**.

Following a period to consolidate pre-registration learning, which should include a period of preceptorship, the newly registered nurse or midwife is ready to take on the role of associate mentor under the supervision of a qualified mentor. Knowledge, skills and competence will normally be developed and assessed through learning in the clinical setting.

Assessment

Assessment is a critical element of the mentoring process. In her study about 'failure to fail', Duffy (2003) stated mentors must ensure that assessment of clinical skills does take place as required because passing a student who fails to meet the required assessment standards, in the hope that they will improve, puts service users at risk. For this reason mentors must undertake objective, valid and reliable assessment against the NMC professional standards and provide constructive feedback.

However, Burden's research (2014) found that assessment strategies and documentation had limited effect on mentor judgements and decisions; instead, the research highlighted how mentors formed impressions regarding a student's ability to function as a reliable member of the team and how well the student managed appropriate to the practice area and stage of the student's programme.

As a mentor, is essential that you:

- provide relevant and appropriate opportunities for learning and assessment
- support students to self-assess and reflect on their learning, providing opportunities for service users and carers to input where appropriate
- encourage action planning to addresses concerns or challenges early on
- ensure any assessment of a student is valid and reliable, is assessed against the appropriate professional standards, and that performance can be demonstrated consistently.

Who can supervise and assess?

The NMC standards to support learning and assessment in practice (NMC, 2008) state that:

- all mentors may assess specific competencies and confirm their achievement, including those to be achieved at, or by, a progression point
- only sign-off mentors may confirm overall achievement of standards that demonstrates

a student's fitness for practice; they determine that the student has met the relevant competencies or professional standards for entry to the register

- other mentors, practice teachers, teachers or registrants from other professions may be involved in developmental (formative) assessment, where the student is gaining a breadth of experience but where their learning is not intended to demonstrate competence as a nurse, midwife or specialist community public health nurse.

Assessment methods and strategies

The NMC (2008) advises that the total assessment strategy should include assessment through direct care, simulation, objective structured clinical examinations (OSCEs) and other strategies. These can include:

- observation – the NMC requires most assessment of competence to be undertaken through direct observation in practice
- simulation – summative assessment, using simulation, may occur where opportunities to demonstrate competence in practice are limited (NMC, 2006a)
- OSCEs
- testimony of others including service users and carers
- student self assessment
- written portfolio evidence
- active participation
- interactive reflective discussion
- learning contracts
- guided study
- interviews
- service user comments
- peer evaluation
- collection of data
- case studies
- team mentorship.

Continuous assessment

Continuous assessment of the student throughout the placement period is important as it provides a measure of how the student is developing the professional values, attitudes and behaviours expected of them, and their progress according to the level and knowledge expected at each stage of their training.

The student's performance is monitored continuously when carrying out day-to-day activities and there should be periodic discussions about care skills and competence given. Feedback – both verbal and via written documentation – throughout the student's placement against programme and professional standards is important to evidence and support accountability for decisions made. Assessments can be formal or informal but should be documented.

As well as reviewing both knowledge and understanding, and the ability to apply theory to practice and skills, professional behaviour should also be assessed – including attitude, team work, caring skills, appearance and motivation. Evidence that learning has taken place should match the student's learning objectives/outcomes, as well as any action plan. All assessments must be recorded appropriately in the student's practice documentation.

If there is any concern regarding a student's performance it is important that you are objective and provide evidence linked to the relevant performance standards. It is important to inform a student of any failure to perform immediately you become aware of the situation, ensuring the student has a full understanding of what the problem is. A clear action plan should be developed with the student to address the concerns and a timeline agreed. It is also important to keep clear unambiguous records of all conversations and activities.

Finally, you must advise practice education staff, HEI staff and the link lecturer as soon as there are concerns about a student's performance, so that they can be supported at all levels. It is also important to network in order to share your mentoring and assessment experiences and review any potential difficulties or challenges in relation to 'failing to fail'.

Assessment validity

There has been a movement away from key set assessments to a model of continuous assessment throughout the programme. While continuous assessment sets out to measure competence at varying points in time rather than once, it is still important for assessment validity that a test measures what it was designed to measure (Stuart, 2007). Two key issues are important: *how* and *what we measure*. This means you should use appropriate methods, depending upon what is being assessed. For example, you would not assess performance of aseptic technique by verbal questioning alone; you would need to observe the skill being performed. However, using both methods to test theory and practice of technique capability will enhance validity.

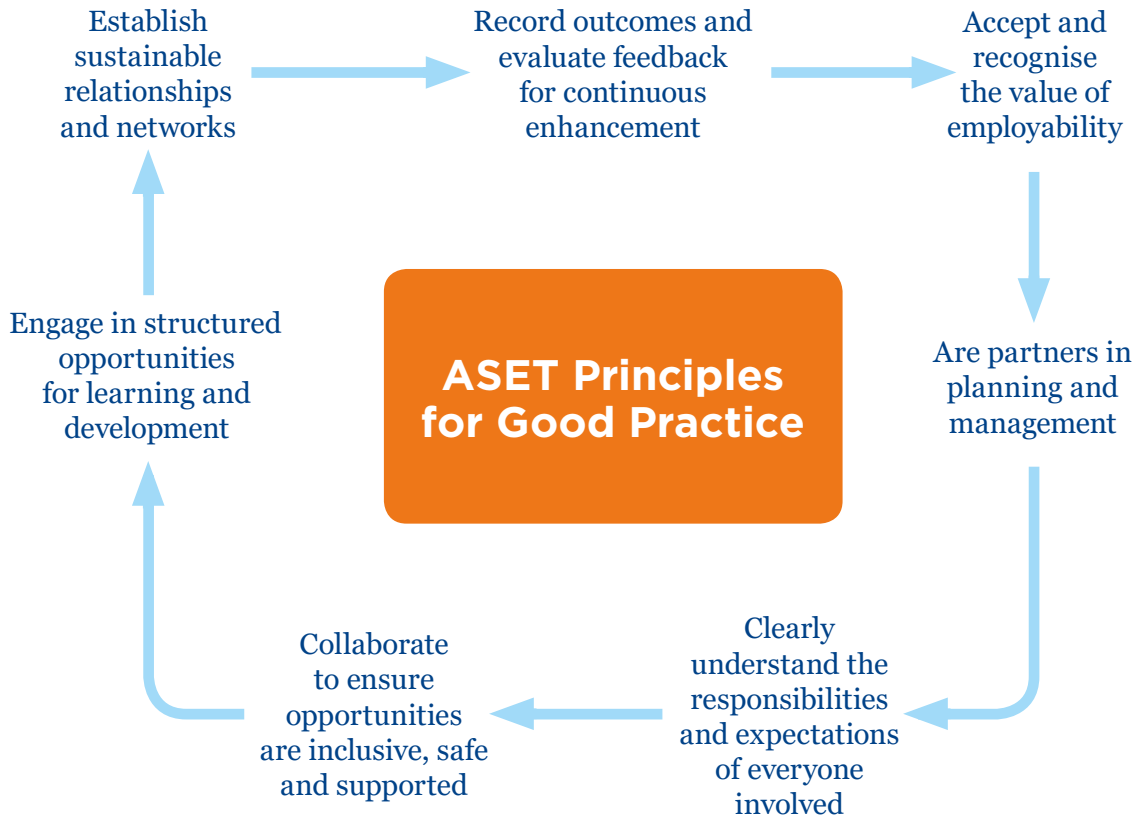
The *ASET Principles* (ASET, 2014) have been mapped to the *Quality Assurance Framework* (2012) and have begun to filter into examples of how good assessments can be built into education programmes for nursing and midwifery students.

Reliability

An assessment is said to be reliable if it gives similar results when used on separate occasions, and with different assessors. Stuart (2007) identifies three key issues:

- consistency of student performance – how consistent is the student's performance across different care giving situations?
- consistency of interpretation – would I interpret the student's performance of a particular skill in the same way if I saw it again?
- consistency between assessors – would other assessors agree with my interpretations of the student's performance?

It is important to ensure consistency in assessing students at different levels and that there is consistency between mentors. Networking with other mentors and associate mentors will ensure these issues are discussed and highlighted.



Giving effective feedback

It is essential that mentors have the skills and competence to "provide constructive feedback to students and assist them in identifying future learning needs and actions" (NMC, 2008). However, students report that that they often find it difficult to get mentors to provide constructive feedback and that there is inconsistency in the amount, type and timing of feedback given (Duffy, 2013).

Fitzgerald et al., (2010) have identified that although mentors find agreement and consistency in giving feedback on clinical skills and competences, there are issues of inconsistency and a lack of ability in giving accurate feedback on professional values and behaviours.

Duffy's research (2013) argues that providing students with regular feedback on their performance is integral to the assessment process, but not all mentors feel confident to do this. She highlights the benefits of providing constructive feedback for both the mentor and the student using five key principles:

- set realistic goals
- gauge student expectations of feedback
- gather information on student practice
- act immediately
- be specific.

To ensure feedback helps support and promote student learning, the following suggestions will be valuable in assisting you to provide effective feedback sessions:

- ensure feedback is delivered during, or as soon as possible after, the event
- make time, give full attention and ensure privacy
- support the student in their self assessment
- provide opportunities for service users and carers to provide feedback
- written feedback is essential
- be constructive; negative comments should be learning points
- be objective
- be specific and provide evidence to support and illustrate comments
- use open-ended questions and give reasons for your comments
- clarify any problems
- ensure the student understands what is expected of them
- inform the student that other staff may need to be involved
- discuss development plans with the student
- develop an agreed action plan; if necessary, in partnership with the student and the HEI
- inform practice education staff as soon as is reasonable possible.

3. Effective practice placements

Practice experience is widely acknowledged as being one of the most important aspects of a student's educational preparation to become a health care professional. Student placements occur in a wide variety of settings – NHS organisations, the independent, charity and voluntary sectors, in schools, in integrated health and social care settings and nursing and residential care homes. New models of care and service provision are being developed at an unprecedented rate and students may be placed in many different settings; this can prove to be of enormous value, offering some very unique experiences.

In England, the *Quality Assurance Framework* (HEE, 2016) covers all learner groups within the health care system, with a focus on the quality of work-based placements. Based on six domains that reflect the key components for quality in work-based placements for all learner groups, each domain is supported by a set of evidence-based quality standards that learning environments will be expected to demonstrate:

1. **Learning environment and culture** – ensures that the learning environment and culture for education and training meets learners' needs, is safe and open and provides high quality care and experience for service users and service users. The learning environment is multi-professional, with a culture that values and facilitates learning opportunities and support for all learner groups.
2. **Educational governance and leadership** – ensures that all learner placements have effective systems for educational governance to manage and improve the quality of education and training. These systems should treat learners according to principles of equality and fairness, manage their progression and share outcomes of education and training.
3. **Supporting and empowering learners** – ensures that learners receive appropriate education and pastoral support, to enable them to gain the knowledge, skills and behaviour required by their curriculum or specified in their professional standards.
4. **Supporting and empowering educators** – ensures that educators are selected, appraised and receive the support, resources and time they need to support and enable effective education and training.
5. **Developing and implementing curricula and assessments** – ensures that curricula and assessments are developed and delivered in accordance with regulator, college or university requirements and responds to the emerging models of care and service transformation.
6. **Developing a sustainable workforce** – underpins the other five domains, by acknowledging that in order to realise our collective endeavour to support and improve the quality of education and training, we must also significantly improve the retention, progression and development of the whole workforce.

The RCN *Mentoring Report* (2015) evaluated the latest research and debate on what constitutes good mentorship, providing insight into how mentorship is valued and highlighting the need for further investment in this important role. Following analysis of the data, five overarching themes emerged:

- the importance of good mentorship
- investment in mentorship and mentors
- relationships to enable and support mentorship
- the context within which mentorship occurs
- different approaches to mentorship.

Effective practice placements promote learning and should help students to:

- meet the statutory and regulatory requirements and, where applicable, European directives
- achieve the required learning outcomes and competencies according to regulatory body requirements for pre-registration
- observe and participate in a full range of nursing and midwifery care to service users and support to families and carers
- work alongside mentors who are appropriately prepared, creating a partnership with them
- identify appropriate learning opportunities to meet their learning needs, including access to learning opportunities with the multidisciplinary team
- use time effectively, creating opportunities to enable the application of theory to practice and vice versa
- work within a wide range of rapidly changing health and social services that recognise the continuing nature of care
- demonstrate an appreciation of the multi-professional approach to care
- demonstrate appropriate engagement with service users and carers
- maintain their supernumerary status.

Placements are monitored for quality by the UK Quality Assurance Agency for Higher Education (QAA), the NMC, and external examiners via the HEIs and NHS Education for Scotland for placements in Scotland. The learning environment in practice is therefore as important for effective, high quality learning as the university campus.

It is important that mentors have sufficient time to be able to carry out this role and utilise their workplace support, such as practice education facilitators. Mentors are encouraged to work with colleagues to highlight situations when they feel they are unable to support students effectively due to workload and the diversity of learner demands.

4. Helping students get the best from practice placements

Good mentoring offers students well-planned learning opportunities that incorporates the provision of preparation, support and coaching for students together with an appropriate level of supervision. This will be dependent upon a student's expectations, experience and what is required of them during their placement in order to meet their learning outcomes and achieve set competencies.

The NMC (2008) requires students to be supported, coached and supervised, directly or indirectly, at all times in the practice setting. The RCN guide to helping students get the best from their practice placements (RCN, 2017) will help students prepare and know what to expect from their placement with you.

Prior to placement

Named mentor(s) should be allocated to each student by the placement area for the total duration of the placement. Off-duty rotas should be planned so that the mentor has the opportunity to work with, and be available to, the student for a minimum of 40% of the student's time. Ensuring the associate mentor/s know of the students arrival will also support a good introduction to the placement.

It is important to note that all NMC approved programmes are monitored regularly. This may involve NMC quality assurance agents in practice and education visits to examine evidence that NMC requirements, such as mentorship of students in practice, are being met.

Induction to the practice placement

Ensuring both service user and student personal safety is paramount. For this reason, students must undertaken all mandatory annual training sessions – moving and handling, basic life support, and fire, health and safety (this will be required at each placement area) – before commencing a placement. Attendance at these sessions is compulsory and should be recorded in the student's portfolio. Some HEIs may require attendance at sessions on data protection and confidentiality, and personal safety.

On the student's first working day, all these training areas should be discussed with the student in relationship to the requirements and policy of your clinical area and organisation.

Students should have completed the *UK Core Skills Training Framework*. The benefits of this include:

- gives confidence that training standards have been met
- standardises the interpretation of statutory/ mandatory or clinical/care training
- guides the focus and aims of training delivery
- ensures the educational relevance of the training
- can improve the quality and consistency of training provision
- applicable across all four UK countries.

Progress interviews

These are important to reinforce achievements and progress, provide feedback, monitor development and make time available for the discussion of thoughts, ideas, as well as any areas of concern or anxiety, that student or mentor may have. Set dates and times should be agreed with the student for the initial, intermediate and final interviews and these should be adhered to.

Placement interviews: some dos and don'ts

Initial interview

DO familiarise yourself with the student handbook.

DO find out about the student's stage of training.

DO note any previous development needs and past mentor decisions.

DO ask about any specific learning objectives, competency and skills development required in the placement.

DO help the student to form achievable objectives.

DO ask if they have any assignments or assessments.

DO introduce them to the placement learning opportunities.

DO find out if they have any specific anxieties.

DO encourage them to self assess at every stage.

DO ask if they need any additional support.

DO identify any specific learning needs/ requirement for reasonable adjustments to be made.

DO set dates for intermediate and final interviews at this initial meeting.

Intermediate interview

DO ask for wider appraisal from other staff.

DO encourage students to assess themselves.

DO clarify any points made.

DO give advice for improvements.

DO record points made by the student.

DO recognise progress made.

DO encourage the student to ask questions.

DO provide written feedback.

DO share any concerns with the student.

DO document any concerns.

DO share concerns with HEI.

DO set and agree developmental objectives.

DO ensure privacy for the interview.

DO contact the HEI and practice education team if there are concerns.

DON'T spring any surprises on the student.

DON'T ever rely solely on your own opinion.

Final interview

DO ask the student to self assess again.

DO contact the HEI and practice education team or other relevant staff as necessary.

DO discuss any failings with the student.

DON'T be afraid to say that the student has failed if that is the case.

Placement checklist for mentors

Responsibilities

Preparation for placement	Yes	No	Action to be taken	Timescale
A mentor is allocated prior to placement	☐	☐		
Allocate an associate mentor	☐	☐		
Check that the student has received the required mandatory training/updates	☐	☐		
Orientation to the placement	☐	☐		
Induction pack: • staff profile • contact details • type of placement • learning opportunities • specialist information • resource list • recommended reading.	☐	☐		
Introduce to the placement team	☐	☐		
Plan a meeting between student and mentor in the first week	☐	☐		
Agree a timetable for working together and for assessment meetings	☐	☐		
Establish roles, responsibilities and expectations in terms of standards and attitudes	☐	☐		
Know the programme and the student's level of training	☐	☐		
Be aware of the student's required learning outcomes and competency and skills development required	☐	☐		
Be aware of the assessment requirements	☐	☐		
Ensure that the student knows who will be supervising them in the absence of the mentor	☐	☐		

During the placement	Yes	No	Action to be taken	Timescale
Give student the opportunity to work at least 40% of the time with their mentor	☐	☐		
During the final placement, ensure that the student spends an additional one hour per week with a sign-off mentor	☐	☐		
Ensure that supervision is given by a registered nurse or midwife (as applicable) when undertaking clinical skills	☐	☐		
Enquire about any additional support needs	☐	☐		
Agree achievable time frames for meeting learning outcomes	☐	☐		
Offer constructive feedback on progress at regular intervals	☐	☐		
Make early contact with the HEI link if the student is not achieving, have additional concerns or require additional support or if there any other concerns about a student	☐	☐		
Complete the practice assessment documentation in the final week	☐	☐		
Ensure that the evaluation forms are completed	☐	☐		

Evaluation

Students must evaluate their placement as part of the educational audit process. Mentors should also be invited to evaluate their experience of facilitating the learning experience for students. This should be linked into local quality and governance monitoring.

The student who is not progressing or is failing

Any student that is either not progressing, or failing to meet the required standard, needs early identification so that opportunities can be provided for the student to improve. It is important to ensure that you involve the link lecturer or personal tutor at the HEI, plan interviews and plan student support for the interview. It is also important to seek feedback from other team members before approaching the student. Ensure all conversations are documented in the student's practice assessment documentation.

Failing a student

Burden (2014) in her research on how mentors form judgments about student competence argues that there are specific concerns that mentors fail to, or may be reticent, to judge student performance as unsatisfactory. Yet good and effective assessment of student performance is essential. Indeed, Duffy (2003) argues that the clinical assessment of nursing students can safeguard professional standards, service users and the general public. It is inevitable that some students will be unable to meet the required level of practice and it is essential that mentors do not avoid the difficult issue of having to fail these students.

You will require courage and confidence to fail a student, but it is important to remember that you are not working in isolation and should ask for help from the HEI and practice education team as soon as possible. There is a great deal of support available to you and the decision will not be entirely yours; you will be supported to make a 'fail decision' with more confidence if you have followed the plan of action outlined above for supporting any student who is not progressing or who is failing. Failure will then not come as a surprise to the student, and the assessment decision will also be evidence based.

As the named mentor, you are responsible for making the final assessment decision and are accountable for passing or failing the student. The grade you award should reflect the student's standard of practice in the latter part of the placement. The NMC standards state that mentors must keep sufficient records to support and justify their decisions on whether a student is or is not proficient.

5. Support for mentors

The HEE's *Quality Framework* (2016) and National Education Scotland's (NES) *National Approach to Mentor Preparation for Nurses and Midwives* (2013) describe the respective roles and responsibilities of HEI and placement providers in managing and improving the quality of education and training for students.

Higher education institutions (HEIs)

The higher education institution has a responsibility to ensure support is put in place for the student, learning environment and mentor through allocated roles such as link lecturers and personal tutors.

These personnel will:

- work collaboratively to support clinical staff
- support mentors and students with regular contact
- ensure a communication system is in place to deal with issues or questions
- communicate any changes to the programme or assessment in a timely manner to placement staff
- put an effective evaluation system in place.

Placement providers

Placement providers have a responsibility to:

- ensure that mentors are prepared appropriately for the role
- allow time for mentors to meet with their students to undertake and record assessment activities and outcomes
- ensure that mentors have appropriate and ongoing support in practice
- work collaboratively with HEIs
- provide learning opportunities for students that reflect the nature of the 24-hour service
- acknowledge the complexity of the role of the mentor
- recognise and support the additional needs of a mentor, where a student is not progressing
- ensure that the mentor has supervision
- provide and maintain an effective learning environment
- maintain an overview of students' progress.

The NMC (2008) stipulates that sign-off mentors "must have time allocated to reflect, give feedback and keep records of student achievement…this will be the equivalent of an hour per student per week." The NMC also recommends that mentors should not normally support more than three students, from any discipline, at any point in time (NMC, 2008).

Link roles

Link roles – for example, the clinical placement, practice facilitator, practice education team or link lecturer – can provide support for both mentors and students by:

- working collaboratively and effectively with staff in the practice setting
- ensuring that placement staff have contact details
- communicating between the HEI and placement provider
- providing a network of support for mentors and staff in practice
- offering advice, guidance and support as required.

Clinical supervision

The mentor should be able to choose an appropriate supervisor and should be given time during work hours to reflect on and discuss their role as a mentor. This will also support revalidation.

6. Responsibilities of the student

Students have a responsibility to:

- read their local HEI charter and student handbooks
- familiarise themselves with handbooks related to their specific programme of study (these are correlated to practice placements and will include assessment of practice documentation)
- recognise the purpose of the placement experience and ensure that they are clear about the expectations of the placement provider
- ensure that they have some theoretical knowledge relating to the placement
- contact the placement and mentor prior to starting
- highlight any support needs to the mentor
- act professionally with regard to punctuality, attitude and image, and dress according to uniform policy
- maintain confidentiality
- maintain effective communication with service users, mentors, and link personnel from both the placement and HEI
- not participate in procedures for which they have not been fully prepared or in which they are not adequately supervised
- be fully aware of the professional and programme standards that they need to achieve in order to enter the register.

It is important to understand that students have a central role to play in maximising their learning experience during placement; this includes taking responsibility in directing their own learning and education through interaction with relevant staff and the creation of learning experiences.

The NMC states that professional values must underpin education as well as practice. All nurses and midwives are required to comply with the Code (NMC, 2015); this is central to all education programmes, and educators must enable students to understand, commit to and uphold it.

Supernumerary status

All students undertaking pre-registration nursing and midwifery programmes have supernumerary status while on practice placements. This means that students will not, as part of their programme of preparation, be contracted by any person or body to provide nursing care (NMC, 2010) and they are additional to the workforce requirement and staffing figures. The student, however, is present in the placement setting as a learner and they must make an active contribution to the work of the practice area to enable them to learn how to care for service users.

As a mentor, you should be aware of the following regarding supernumerary status:

- all pre-registration students have supernumerary status
- all student experiences should be educationally led
- you are accountable for any decision to delegate work to students and for that work being undertaken
- students should be allowed to experience a range of relevant educational activities during the placement
- the student's contribution to care should be commensurate with their level of training
- students should be offered the opportunity to work the shift patterns of the placement and should attempt to work as many shifts with their mentor as possible
- the supernumerary status of the student should be respected by all members of staff in the placement setting.

7. Students with disabilities

Guidance from the Equality Challenge Unit relating to the experience of students making the transition from student to employment can be found at: www.ecu.ac.uk/publications/supporting-disabled-students-transitions-higher-education-employment

The legal framework

The Equality Act 2010 legally protects people in England, Scotland and Wales from discrimination in the workplace and in wider society. Replacing previous anti-discrimination laws with a single Act to make the law easier to understand, and strengthening protection in some situations, it sets out the different ways in which it's unlawful to treat someone.

In Northern Ireland, the Disability Discrimination (Northern Ireland) Order 2006 is still in operation.

What is disability?

Disability is defined by Section 6 (1) of the Equality Act (2010) as follows: "A person has a disability for the purposes of this Act if he (sic) has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities". Ultimately, as this is a legal definition, only a court or a tribunal can declare whether a person has a disability under the terms of the Act or not.

The RCN has supported the development of guidance on disability at work in the NHS (NHS Employers, 2014, www.nhsemployers.org). This highlights good practice advice for the management of disabled staff in relation to sickness absence, carers leave and redeployment to help organisations meet with their duties under the Equality Act 2010.

A key element includes differentiating between sickness absence and disability-related absence, so that disabled staff do not unnecessarily fall foul of strict absence management monitoring procedures. Creating supportive workplaces for all colleagues, regardless of disability, is one way in which we can ensure the health care profession leads the way in inclusive working environments.

Mentors are asked to be aware of the moral obligation to support learning for disabled students and for those with health problems and impairments. Some students may not view themselves as disabled or may not feel able to disclose a disability for fear of repercussion and stigma, so it is important to be sensitive to the requirements of confidentiality. You may encounter students with a wide variety or impairments and disabilities. Some of the more common include:

- dyslexia and/or dyscalculia
- epilepsy
- hearing or visual impairments
- progressive medical conditions
- mental health conditions
- physical disability and/or restricted mobility
- diabetes.

What is discrimination?

The Equality Act (2010) provides the basic framework of protection against direct and indirect discrimination, harassment and victimisation in services and public functions, work, education, associations and transport. It applies a uniform definition of indirect discrimination to all protected characteristics.

Provisions relating to disability

These include:

- extending protection against indirect discrimination to disability
- introducing the concept of "discrimination arising from disability" to replace protection under previous legislation lost as a result of a legal judgment
- applying the detriment model to victimisation protection (aligning with the approach in employment law)
- harmonising the thresholds for the duty to make reasonable adjustments for disabled people

- extending protection against harassment of employees by third parties to all protected characteristics
- making it more difficult for disabled people to be unfairly screened out when applying for jobs, by restricting the circumstances in which employers can ask job applicants questions about disability or health.

What are reasonable adjustments?

Employers must make reasonable adjustments to make sure disabled workers (including contract workers, trainees, apprentices and business partners) aren't seriously disadvantaged when doing their jobs. This includes making reasonable adjustments during the recruitment process and in the employment setting. Students who have a disability should have a reasonable adjustments contract in place prior to the placement and this should be supported and accommodated wherever possible.

For example, in the practice setting, reasonable adjustments for students with dyslexia may include:

- the use of coloured overlays to assist in reading text on white paper
- the use of coloured paper
- additional training and support
- giving verbal rather than written instructions
- allowing plenty of time to read and complete the task
- giving instructions one at a time, slowly and clearly, in a quiet location
- reminding the person of important deadlines and reviewing priorities regularly
- using a wall planner; create a to do list
- the use of modified/specialised equipment/ mobile apps
- provision of a quiet area to write up notes or when specific tasks require intense concentration
- flexible working hours/frequent breaks.

You should contact the practice education teams for help and advice.

Factors that influence whether an adjustment is considered 'reasonable' include: practicality, effectiveness, efficiency, cost, and health and safety (of the individual and others). Above all, when considering making adjustments, it is important to be creative and commit to the outcome – not just to the process by which a task is undertaken.

Advice

If a student is unsure of what, if any, adjustments they may benefit from, suggest that they contact their university's student disability services for help. Adjustments need to be deemed acceptable by the person who has overall responsibility for student placements within the organisation, and must not compromise the requirements of the course of study.

Potential internal resources may include:

- occupational health services
- social inclusion officers
- human resources department
- the education and learning team.

Potential external resources may include:

- the student's HEI – dyslexia tutor and/or disability adviser
- Students' Union – many have a disabled students officer
- disability employment advisers – JobCentres
- British Dyslexia Association
- Dyslexia Institute.

Impairment does not mean incapacity. With appropriate support, students with disabilities can work well in clinical as well as academic settings and can add value to clinical practice from their personal experiences.

8. Future models of mentorship

The RCN commissioned a review of mentoring (Bazian, 2015) and hosted a joint Mentorship Summit in April 2016 (RCN, 2016) to explore the challenges and the drivers for improved support for practice based learning. The best described system-level named models of nurse mentoring identified in the literature review of the report are:

- **Real Life Learning Wards** [Amsterdam model] (Branson, 2014). This is already being piloted in the UK (with some modification) as Collaborative Learning in Practice (Lobo, Arthur and Latimer, 2014). Both models use team-based mentoring and learning, early student responsibility for service user care, and strategic support between education and practice organisations.
- **Dedicated Education Units** in USA (Moscato et al., 2007; Murray and James, 2012) and Australia (Franklin, 2013). This model is similar to the previous model in its involvement of the team and strong ties with higher education organisations, it also has a focus on creating a positive learning environment for students, with staff nurses acting as mentors.
- **Clinical Facilitation Models** in Australia (Franklin, 2013; Mallik and Aylott, 2005) where the facilitator carries out assessments and possibly group supervision but the students are usually 'buddied' or supervised by a registered nurse.

It is encouraging to see that current UK 1:1 mentoring practice are recognising the benefits of tiered mentorship (through co and associate mentors and even peer mentoring in some areas) and by different intensities of mentoring input. What is clear is that organisational context and quality of individual relationships have a positive impact. Recommendations from Jokelainen et al., (2011) include:

- effective co-ordination between education and practice agencies
- strategic sponsorship of mentoring programmes
- secure funding for mentorship
- a conducive organisational context that supports individual mentoring relationships.

Glossary of terms

Assessment – an opportunity to provide feedback, support and guidance.

Assessment in practice – measuring a student's competence to practice through the assessment of their practical skills, knowledge and attitudes.

Assessment (formative) – undertaken for the duration of a placement to identify student learning and progress.

Assessment (summative) – usually undertaken at the end of the placement to test how much the student has learned and to what extent learning outcomes have been met.

Associate or co-mentors – other registered nurses or midwives who have not yet undertaken an approved mentor preparation programme, or health care support workers who have been given some additional support and training, all of whom provide opportunities for learning and support for pre-registration students.

Clinical placement/practice education facilitator – individual responsible for supporting mentors and clinical staff in practice in their role of assessing students, principally in clinical areas. This role also provides a vital link between the university and placement areas.

Competence – the overall ability of an individual to perform effectively within a role. This includes the knowledge, skills, attitudes and experience to undertake a whole role to the standard expected of like persons within a similar environment.

Competency – a single quality or characteristic of an individual and/or a single component of a whole role.

Educational audit – the monitoring, measurement and evaluation of the practice placement, to ensure that the required quality standard is met.

Link lecturer – responsible for liaising with clinical staff in monitoring the quality of practice placements and conducting the educational audit. Offers support to students and registered nurses/midwives. In addition, advises staff and students on educational matters.

Mentor – an NMC registrant who has completed an approved mentor preparation programme (NMC, 2008), and who facilitates learning, and supervises and assesses students in a practice setting.

Personal tutor – a lecturer who provides academic, and in some cases, pastoral support throughout the course of study. He/she will document the student's progress in theory and practice, providing written summaries as required as well as the end of programme reference.

Sign-off mentor – an appropriately qualified nurse, midwife or health visitor who signs-off students at the final assessment of practice, and confirms to the NMC that the required competencies for entry to the register have been achieved.

References, recommended reading and useful websites

ASET (2013) *Good Practice Guide for Work Based and Placement Learning in Higher Education*, Sheffield: ASET. Available at: **http://www.asetonline.org/wp-content/uploads/2014/11/ASET-Good-Practice-Guide-2014.pdf** (accessed 11 April 2017).

Bazian (2015) *RCN Mentorship Project 2015: From Today's Support in Practice to Tomorrow's Vision for Excellence*, RCN: London. Available at: **www.rcn.org.uk/professional-development/publications/pub-005472** (accessed 11 April 2017).

Black S (2011) Being a mentor who fails a pre-registration nursing student in their final placement: understanding failure PhD thesis, London South Bank University (unpublished work). Available at: **www2.rcn.org.uk/__data/assets/pdf_file/0008/458234/Black_S_PhD_Thesis_August_2011.pdf** (accessed 11 April 2017).

Branson K (2014) *Supporting learning in practice – 'Real Life Learning Wards'*, NHS Health Education East of England.

Burden SE (2014) *'Fit for Registration' Mentor judgements and decision making regarding student competence in practice. A mixed methods study*. Doctoral thesis, University of Huddersfield.

Duffy K (2003) *Failing students: a qualitative study of factors that influence the decisions regarding assessment of students' competence in practice*. Available at: **www.nm.stir.ac.uk/documents/failing-students-kathleen-duffy.pdf** (accessed 11 April 2017).

Duffy K (2013) Providing constructive feedback to students during mentoring, *Nursing Standard*, 27 (31), pp.50-56.

Fitzgerald M, Gibson F and Gunn K (2010) Contemporary issues relating to assessment of pre-registration nursing students in practice, *Nurse Education in Practice*, 10, pp.158-163.

Franklin N (2013) Clinical supervision in undergraduate nursing students: a review of literature, *e-Journal of Business Education & Scholarship of Teaching*, 7 (1), pp.34-42.

Health Education England (2016) HEE Quality Strategy 2016-2020: developing people for health and healthcare, HEE: Leeds. Available at: **https://hee.nhs.uk/sites/default/files/documents/HEE_J000584_QualityStrategy_FINAL_WEB.pdf** (accessed 11 April 2017).

Jokelainen M, Turunen H, Tossavainen K, Jamookeeah D and Coco K (2011) A systematic review of mentoring nursing students in clinical placements, *Journal of Clinical Nursing*, 20 (19-20), pp.2854-2867.

Lobo C, Arthur A and Lattimer V (2014) *Collaborative Learning in Practice (CLiP) for pre-registration nursing students. A background paper for delegates attending the CLiP conference at UEA on Thursday 18 September*, NHS Health Education East of England and University of East Anglia. Available at: **https://hee.nhs.uk/sites/default/files/documents/CLiP-Paper-final-version-Sept-14.pdf** (accessed 11 April 2017).

Willis Commission on Nursing Education (2012) *Quality with Compassion: the future of nursing education: report of the Willis Commission 2012*, RCN: London.

Lord Willis (2015) *Raising the Bar. Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*, Leicester: Health Education England.

Maloney D, Carmody D and Nemeth E (1997) Students experiencing problems learning in the clinical setting, in McAllister L, Lincoln M, McLeod S and Maloney D (editors) *Facilitating learning in clinical settings*, Cheltenham: Stanley Thornes, pp. 185–213.

Moscato SR, Miller J, Logsdon K, Weinberg S and Chorpenning L (2007). Dedicated Education Unit: an innovative clinical partner education model, *Nursing Outlook*, 55(1), pp.31-37.

Murray TA and James DC (2012) Evaluation of an academic service partnership using a strategic alliance framework, Nursing Outlook, 60(4): e17-22.

NHS England (2016) *Leading Change, Adding Value. A framework for nursing, midwifery and care staff*, Redditch: NHS England. Available at: **www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf** (accessed 11 April 2017).

Nursing and Midwifery Council (NMC, 2016) *Revalidation requirements*, London: NMC. Available at: **http://revalidation.nmc.org.uk** (accessed 11 April 2017).

Nursing and Midwifery Council (2015) *The Code. Professional standards of practice and behaviour for nurses and midwives*, London: NMC. Available at: **www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf** (accessed 11 April 2017).

Nursing and Midwifery Council (2010) *Standards for pre-registration nursing education*, London: NMC. Available at: **www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf** (accessed 11 April 2017).

Nursing and Midwifery Council (2009) *Standards for pre-registration midwifery education*, London: NMC. Available at: **www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-preregistration-midwifery-education.pdf** (accessed 11 April 2017).

Nursing and Midwifery Council (2008) *Standards to support learning and assessment in practice: NMC standards for mentors, practice teachers and teachers*, London: NMC. Available at: **www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-to-support-learning-assessment.pdf** (accessed 11 April 2017).

NHS Education for Scotland (2014) **www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery.aspx** (accessed 11 April 2017).

NHS Education for Scotland (2013) National Approach to Mentor Preparation for Nurses and Midwives: Core Curriculum Framework (Second Edition), Edinburgh: NHS Education for Scotland. Available at: **www.nes.scot.nhs.uk/media/2071831/national-approach-to-mentor-preparation-2nd-edition.pdf** (accessed 11 April 2017).

Parliament (2010) *Equality Act 2010*, London: TSO. Information and guidance on the Equality Act 2010, including age discrimination and public sector equality duty is available at: **www.gov.uk/guidance/equality-act-2010-guidance** (accessed 11 April 2017).

Royal College of Nursing (2016) *RCN Mentorship Project 2015: From Today's Support in Practice to Tomorrow's Vision for Excellence*, London: RCN. Available at: **www.rcn.org.uk/publications** (accessed 11 April 2017).

Royal College of Nursing (2017) *Helping students get the best from their practice placements: a Royal College of Nursing toolkit*, London: RCN. Available at: **www.rcn.org.uk/publications** (accessed 11 May 2017).

Stuart CC (2007) *Assessment, supervision and support in clinical practice* (2nd edition), Edinburgh: Churchill Livingstone.

Wells L and McLaughlin M (2014) Fitness to practice and feedback to students: A literature review. *Nurse Education in practice*. 14, 137-141.

Recommended further reading

Adamson E and Dewar B (2015) Compassionate care: student nurses' learning through reflection and the use of story, *Nurse Education in Practice*, 15 (3), pp.155-161.

Broadbent M, Moxham L, Sander T, Walker S and Dwyer T (2014) Supporting bachelor of nursing students within the clinical environment: perspectives of preceptors, *Nurse Education in Practice*, 14 (4), pp.403-409.

Fear T (2016) Developing sustainable placements: nursing students in general practice, *Primary Health Care*, 26 (10), pp.24-27.

Groves W (2014) Professional practice skills for nurses. *Nursing Standard*, 29 (1), pp.51-59.

Henderson A, Cooke M, Creedy D et al (2012) Nursing students' perceptions of learning in practice environments: a review. *Nurse Education Today*. 32, 3, 299-302.

Henderson A, Eaton E (2013) Assisting nurses to facilitate student and new graduate learning in practice settings: what 'support' do nurses at the bedside need? *Nurse Education in Practice*. 13, 3, 197-201.

Kings College London (2015) Policy plus evidence, issues and opinions in healthcare. Partnership working in delivering student nurse mentorship: facilitators and constraints. Issue 44 – January 2015

MacDonald K, Paterson K, Waller J (2016) Nursing students' experience of practice placements. *Nursing Standard*. 31, 10, 46-51.

McGowan B (2006) Who do they think they are? Undergraduate perceptions of the definition of supernumerary status and how it works in practice. *Journal of Clinical Nursing*. 15, 9, 1099-1105.

McIntosh A, Gidman J, Smith D (2014) Mentors' perceptions and experiences of supporting student nurses in practice. *International Journal of Nursing Practice*. 20, 4, 360-365.

NHS Health Education England (2014) Enhancing Mentoring & Practice Based Learning. HEE East of England

Rafferty A, Ball J, Aiken L (2001) Are teamwork and professional autonomy compatible, and do they result in improved hospital care? *Quality in Health Care*. 10, Suppl 2, ii32-ii37.

Shepherd P, Uren C (2014) Protecting students' supernumerary status. *Nursing Times*. 110, 20, 18-20.

Watson S, Gardiner E, Hogston R, Gibson H, STimpson A, Wrate R and Deary I (2009) A longitudinal study of stress and psychological distress in nurses and nursing students, *Journal of Clinical Nursing*, 18 (2), pp.270-278.

Useful websites

Dyslexia Action
www.dyslexiaaction.org.uk

British Dyslexia Association
www.bdadyslexia.org.uk

Health Education England (2015)
www.hee.nhs.uk/about-us

NHS Education for Scotland (NES)
www.nes.scot.nhs.uk

NHS Employers
www.nhsemployers.org

Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)
www.nipec.n-i.nhs.uk

Quality Assurance Agency (2012)
www.qaa.ac.uk/en

RCN Library Subject Guide on Mentorship
www.rcn.org.uk/library/subject-guides/mentorship

Skills for Health UK Core Skills Training Framework
www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework

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RCN Online
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