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Nursing Mentors' Newsletter

School of Health Sciences
Summer 2017

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Competency Mapping NMC
Outcomes for Medicine Areas

Do You Have Elective
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Welcome to the Summer Mentors' Newsletter

Jan Royal-Fearn,
Deputy Lead for Practice Learning (Nursing)

Thank you for your feedback on the spring edition, published in March 2017. The new look design continues and we have published this online and via PDF so it can be shared extensively with all our practice areas, supporting our nursing students and their mentors who all sit within our Practice Learning Team (PLT) Support Structure.

Each issue covers topics that mentors and PLT leads will find useful, as well as the latest news from the Division of Nursing in the School of Health Sciences. We hope you enjoy it. Please send any feedback or ideas for future editions to myself, at jan.royal-fearn@nottingham.ac.uk. The next edition is planned for autumn 2017.

Credits for Practice

Please ensure your assessment decision, comments and associated grade for credits for practice reflects what you have seen the student achieve. We are hearing reports from mentors and link lecturers about students pressurising mentors to only award 75%. Otherwise students are worried it will have a negative impact on their course grades.

In the same way that not all students achieve 75% in their academic work, we do not expect that all students will achieve 75% in their practice grade. A 75% grade for practice reflects the achievement of an outstanding student, who is working consistently above the expected level in practice and has only positive areas for development. Please ensure your assessment decision, documents and associated comments clearly reflect the criteria for the grade you are awarding. You are accountable for the assessment decision and grade you award.

The grades, documents and assessment comments are checked at OAR moderation and validated by the personal tutor once the student submits their OAR. There needs to be clear links between comments and grades and currently we do not see this on all documents. Tutors will contact mentors to discuss if a disparity is seen.

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Competency Mapping NMC Outcomes for Medicine Areas

Sharron Riddell, Practice Development Matron (Medicine Directorate) Nottingham University Hospitals

For students and mentors, translating the language of the NMC outcomes into the evidence required to show competency can be very difficult. Students are frustrated when they cannot understand what it is they are being expected to do in their evidence, and mentors don't have time to sit and review the standards to translate them for students to assist the process. Each PLT has been asked to review and update their competency mapping documents to assist both mentors and students with this.

In the Medicine PLT at Nottingham University Hospitals, it was decided that the competency mapping document would be reviewed and completed during one of our arranged PLT meetings, as this time was already planned for the PLT link nurses to be released from their clinical areas and they all could have the opportunity to be involved in the exercise.

The Medicine PLT includes 33 different areas and many specialities from critical care to rehabilitation care. However, when we looked at the individual NMC competencies, the examples of evidence and learning opportunities were very similar across all the clinical areas. The meeting provided opportunity to discuss these for our specific practice areas, sharing good ideas and best practice between us. The

entire document was completed during the two hour meeting and sent out electronically to the PLT link staff.

The feedback from the PLT link staff is that the document is very clear, concise and useful for both mentors and students, whatever part of their training they are in. More detail and copies of mapping documents to use in your PLT are available at nottingham.ac.uk/healthsciences/practice/nursing/mentors/resources



Rusty Mentor Updates

This is a two-hour session designed to deliver a more in-depth mentor update for staff who have not mentored a student for a while and may need a refresher on the current curriculum and assessment documents. It also provides a way for mentors who are inactive on the mentor register to reactivate their mentorship.

These sessions have already been launched in Derby and are now coming to Nottingham. Details can be obtained from practicesupportteachers@nottingham.ac.uk. You only need to attend one session if you think you would benefit from more detail on the mentor's role.

Feedback from PLT Chairs Meeting: April 2017



Jan Royal-Fearn,
Deputy Lead for Practice Learning (Nursing)

Derbyshire, Lincolnshire and Nottinghamshire PLT Chairs attended meetings during April. The meetings were well attended with both practice and academic staff involved in leading the PLT's, our main support structure for links between practice areas and the Division of Nursing at the University.

In Derbyshire, Chairs heard an update about the E-OAR process from Rachel. The E-OAR was seen as a positive move forward. We discussed the implementation of the new audit system with more practice audits completed as a self-review process by practitioners and then reviewed by the link lecturers before ratification. This change seems to be positive with link lecturers, having less face to face audit and practice staff completing the audits documents well. Support from link lecturers continues to be available as usual for any issues you may want to raise.

We ask that practice areas do not contact the students on the allocation placement lists until six weeks prior to placement starting, as the lists can be subject to change

until that point. Once the student is informed of the placement it is confirmed, but we often add students to placement lists prior to confirmation as part of the overall planning and students are then surprised when a placement area contacts them or another student lets them know they are on the list.

Community-based PLT's often struggle to meet due to geography and workload, with staff unable to get away to travel to a meeting. Other methods of contact and liaison are established and online virtual meetings are being considered again by one PLT who has not managed to meet for a while. Chairs were asked to ensure that PLT meeting dates are available to all areas and their practice link staff in advance, so attendance at meetings can be maximised.

Placement planning for autumn and winter 2017/18 is in progress and many areas will have students allocated. Please ensure that mentors are up-to-date and other staff can also be used to support some student learning, in order that quality of placements and the learning environment is maintained – especially when more students are being allocated to your areas. Remember the

assessment should always be done with a registered mentor. Students need to work alongside mentors for 40% of the time to achieve the NMC requirement (NMC 2008). If mentors are out of date do not forget the online update can be used nottingham.ac.uk/nursing/practice/mentors/resources/update

Student evaluations of placement information have recently been returned to your ward/placement areas. Do you know where yours is? Have you discussed it as a team? This can help with reliability of assessments when you have a discussion together with other mentors.



The next PLT Chairs meetings are in September, and details are available from jan.royal-fearn@nottingham.ac.uk

Do You Have Elective Students On Your Placement?

Mary Brown and Carol Hall

The School of Health Sciences' Division of Nursing has approximately 340 students per year undertaking an elective placement as part of their three-year BSc Nursing course. The elective placement forms part of the student's second year module 'Personal and Professional Effectiveness', where learning outcomes are related to legal, ethical and professional issues in nursing.

The elective is a four-week period of 160 practice hours (150 hours practice time and 10 hours reflective time). The elective is equivalent to a four-week spoke placement. As with any other placement, students need to work hours that fit in with the area routine and if they have any sickness or absence during this period they must inform student services and cannot make up hours on the placement. In order to maintain equality across the cohort, students are guided to develop their own learning outcomes to follow and do not take their NMC documentation with them. Hours are recorded on an Elective Attendance Record which students then upload to their Personal Academic Record and the hours are added to their total NMC required placement hours.

Students develop four outcomes (three personal and one group) that they have identified as appropriate to their own personal and professional development. Students can go anywhere (within reason) that supports them to achieve their learning outcomes.

Students cannot get any essential skills or competencies signed off while they are undertaking their elective and they do not need to be supported by a registered mentor. This gives students the opportunity to broaden their horizons. Students choose where they want to spend their elective so can go locally, nationally or internationally, including outside of their field of practice, funding any travel arrangements themselves. Students do need to be supervised whilst on their elective, this supervisor can be any professional who is willing to support the student's learning.

During their elective preparation, students need to devise an elective plan which states their overall objective, learning outcomes and preparation in securing a placement. Students also complete a risk assessment for their own safety. This includes evidence of the elective provider and insurance cover whilst they are within that area. Students are supported along this process by facilitators who give advice and guidance.

The elective part of the module is assessed academically through an elective e-portfolio of how they met their personal learning outcomes and a presentation of their group learning outcome.

Our 1509 cohort of second year students have just completed their elective and many chose to spend it locally, both in acute services and community services. We will be keeping you up-to-date with student experiences in future mentor newsletters. Thank you to all the staff who have supported students during this time.



Pictured: Julie Worker and Carole. Division of Nursing

A Student's Elective Experience

“

I spent four weeks with the Primary Cardiac Care Service in Nottingham. They consist of heart failure nurses, rehabilitation nurses, physiotherapists and an occupational health worker.

The team is run by a lovely lady called Carole and they made me very welcome. My mentors were Sarah Haggerty and Sophie Hodgson, who are both rehabilitation nurses, but I spent time with the heart failure nurses and the physiotherapists. I learnt an awful lot from them and my objectives were met.

My two mentors were very accommodating and the patients (whom were asked to consent before I went) were all interesting and varied cases. It has shown me what a placement in the community once qualified could be like. I count myself lucky to have had such a lovely team to work with and learn from.

”

– Julie Worker, Student nurse

Introducing the Electronic Assessment Record for Practice

Rachel Bacon, Practice Support Teacher,
Division of Nursing

The students' practice assessment record is going electronic from September 2017. All existing students will continue to use their paper based OAR document, while the new 17/09 BSc and 18/01 GEN students will be using an electronic version of the OAR document.

The content and assessment framework will be very similar to the paper-based OAR, however the format and structure will look different. The electronic OAR (E-OAR) will use PebblePad software and mentors will be given passwords to gain access once they have students allocated using it. Many students and mentors are already familiar with PebblePad and the feedback so far suggests that the new E-OAR is logical and easy to follow.

Other benefits:

- It's secure – students cannot leave it on the bus!
- Mentors can access it online at a time that is convenient
- Mentors no longer have to squeeze their comments into tiny boxes
- It is better for the environment



Research from other universities that have implemented an electronic OAR has suggested the overall quality of the practice assessment record has improved and it should save you time.

The electronic OAR has been developed in consultation with mentors and students and we are currently running demonstrations at PLT meetings to gain your feedback.

If you would like more information please contact rachel.bacon@nottingham.ac.uk or go along to your next PLT meeting.

End of Tripartites for Part One

Becky Reeves, Practice Support Teacher,
Division of Nursing

Following a review of the tripartite process, available resources and student support, the Division of Nursing has made the decision to make changes to the tripartite process. Students who commence the course from September 2017 will not have a tripartite in their first year. Students will continue to have tripartite meetings in parts two and three of the course.

Students during part one of the course will continue to receive support in practice from the school through preparation for practice and student forums and will be strongly encouraged to attend. Please do support and encourage your students to do this.

Removing the tripartite in part one should not impact on support mechanisms for mentors or students in placements. Please do not hesitate to contact your University Link Lecturer if you or your student need advice or support with action planning or any additional queries regarding practice for students in all parts of the course.



The tripartite guidelines can be accessed on the Practice Learning webpages at nottingham.ac.uk/healthsciences/practice/nursing/mentors/resources



Should you have any additional queries regarding the tripartite process or support mechanisms in practice, please contact your University Link Lecturer.



Supernumerary Status of Student Nurses

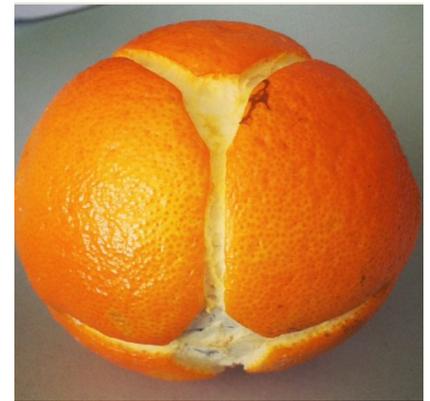
Jan Royal-Fearn
Deputy Lead for Practice Learning (Nursing)

A reminder that all student nurses in placement have supernumerary status. We have had some concerns raised by students who have been asked to work within staff numbers when there are shortages. Whilst we appreciate there are challenges in practice, we ask students to discuss with the ward or departmental manager if they are being expected to take on additional responsibility in their placements. Examples of this which we have had from students are:

- Not being permitted to attend insight visits due to the area being short staffed
- Spending 12-hour shifts 'cohorting', providing 1-1 care for individual patients without adequate supervision or another member of staff to assist
- Reporting that numerous shifts are being spent in cohort bays with their mentor but with no HCA being allocated – meaning the student cannot leave the bay to access learning opportunities
- Students reporting that they are being allocated different shifts to their mentors and believe they are being used to staff the ward
- Students not receiving sufficient breaks within a 12-hour shift



Learning opportunities are affected when students' supernumerary status is not protected. Students do not receive preparation for cohorting in their 'preparation for practice' sessions prior to placement, therefore they do not possess the required skills to undertake this responsibility and are not accountable for the care at any time. Please ensure your students are being asked to practice within the limits of their course and level of study and have access to mentor support to maximise their learning on placement.



Developing Learning Activities on Placements

If you have developed learning activities for students in your placements, please share them using this newsletter. Many mentors and some students develop fantastic activities/information packs/display boards to enhance learning in practice and we should share these and celebrate the great work being done in placements to support learners and also to inform patients and carers in some instances. Make sure you share them at your PLT meetings so that others in your speciality can learn and be encouraged by what you have done. You can also send details onto the newsletter and if you include a photo we may be able to publish them in future editions. In my experience there are some fantastic ideas in use, but we do not share what we do as a community. A few years ago I was surprised by how Katherine Jones was teaching students about fetal skull development using an orange - simple but effective! What ideas do you use in practice to enhance learning?

– Jan Royal-Fearn.

Marvellous Mentors and Amazing Associates

In April we put a call out for nominations for mentors and associates who have supported students and gone above and beyond in their roles. Thank you for all the nominations – we were overwhelmed with the number we received and it's so good to hear all the added support that you are providing to our students.

All nominated mentors have done a fantastic job and deserve this acknowledgement. Please remember the impact a good mentor has on the future nurses you are helping us to grow!

Some of these nominations come from the excellent student evaluations teams we have received, while some come from individual staff and students taking time to write supporting statements. Thanks also go to mentors and associate mentors for the support and encouragement – the inspiration given to our students is outstanding.



Marvellous Mentors



		Claire Bodell: Toghill Ward, City Hospital, Nottingham	Iam Brewster: D55, Queen's Medical Centre, Nottingham	Sam Buckley: Ward 304, Royal Derby Hospital, Derby
Ginette Cawkil: Ward 23, Kingsmill Hospital, Mansfield	Pam Burchill: Kings Lodge, London Road Community Hospital, Derby	Sue Burton: Adult Intensive Care, Queen's Medical Centre, Nottingham	John Cano: Ward 44, Kingsmill Hospital, Mansfield	Ginette Cawkil: Ward 23, Kingsmill Hospital, Mansfield
Tracey Clark: Ivy Grove Surgery, Ripley	Christine Clifton: John Proctor Ward, Lings Bar Hospital, Nottingham	The whole team on Berman 1, CHN: Patience 2, CHN, Children's Outpatients, Derby	Catherine Connop: Medical Assessment Unit, Royal Derby Hospital, Derby	Georgia Donnelly: B47, Queen's Medical Centre, Nottingham
Pat Duray: Community Nurse, Ilkeston Health Centre	Tracey Gibson: B3, Queen's Medical Centre, Nottingham	Rajinder Gidda: Medical Assessment Unit, Royal Derby Hospital, Derby	Sarah Guyatt: Stonebridge Recovery Centre, Nottingham	Alison Hayward: Acute Medical Assessment Unit, Queen's Medical Centre, Nottingham
Jackie Jackson: Gervis Pearson, City Hospital, Nottingham	Jess: ward sister on 304, Royal Derby Hospital, Derby	Amandip Kaur: E17, Queen's Medical Centre, Nottingham	Sarah Kirkby: Farnsfield Surgery, Newark	Bridget Mackey: District Nurse, Wheatbridge Surgery, Chesterfield
Karolyn St Martin: Kings Lodge, London Road Community Hospital, Derby	Saba Meskel: Berman One, City Hospital, Nottingham	Matthew Mohammed: B49, Queen's Medical Centre, Nottingham	Julie Murray: F22, Queen's Medical Centre, Nottingham	Practice Nurses: Skeby Family Medical Centre, Ashfield Community PLT





Caroline O’Leary:
C52, Queen’s
Medical Centre,
Nottingham

Sophia Perry:
Berman One,
City Hospital,
Nottingham

Claire Potheary:
E40, Children’s
Hospital,
Nottingham

**Angelina
Richardson:**
Day Surgery Unit,
City Hospital,
Nottingham

Tracey Robinson:
Dementia Rapid
Response Team,
Derbyshire

Gemma Rose:
Harvey One,
City Hospital,
Nottingham

Joel Santos:
Patience 2,
City Hospital,
Nottingham

Carol Severn:
Minor Injuries
Unit, Ilkeston
Community
Hospital

Fern Sewell:
Children’s
Assessment
Unit, Queen’s
Medical Centre,
Nottingham

Dale Sinclair:
Jack Dawe
Dementia
Team, Bulwell,
Nottingham

Denise Smith:
Children’s
Outpatients,
Derby Children’s
Hospital, Derby

Shelley Swinn:
Gervis Pearson,
City Hospital,
Nottingham

**Community
Nursing Teams:**
Stapleford
and Eastwood
localities,
Nottinghamshire

Jenny Townsley:
Children’s
Outpatients,
Queen’s
Medical Centre,
Nottingham

Lauren Wallis:
Toghill, City
Hospital,
Nottingham

Donna Warsop:
216, Royal Derby
Hospital, Derby

Karen Whiting:
D55, Queen’s
Medical Centre,
Nottingham

Natalie Witham:
District
Nurse, Clifton
Cornerstone,
Nottingham

Amazing Associates



Ana Bica Abreu:
Berman One,
City Hospital,
Nottingham

Claire Howell:
Toghill Ward,
City Hospital,
Nottingham

Emma Moore:
Surgical
Assessment Unit,
Royal Derby
Hospital, Derby

Ana Oliviera:
B48, Queen’s
Medical Centre,
Nottingham

If you want to know more about your own nomination,
email jan.royal-earn@nottingham.ac.uk who is happy to send details.



Post-18 Nursing Curriculum

We are developing a Nursing Curriculum for September 2018 onwards in line with NMC changes to nursing standards. Curriculum development is in progress and is led by Dr Ruth Pearce in the Division of Nursing. From September 2018 our BSC and Graduate Entry GEN students will be on the Post-18 Curriculum, using standards currently under development with the NMC.

These new standards for the future nurse will be out for consultation over Summer 2017, so please view them and respond to the plans as an individual or within your organisation.

Alongside the development of new standards for the future nurse, the NMC are also redeveloping their education framework which underpins how programmes are delivered in universities and in practice. This will mean significant changes in the way we support nursing students on practice placements and in models of mentorship. You may hear about this in your development activities and in your teams of mentors.

We will update you on our plans at Nottingham through this newsletter and in our stakeholder events over the coming year, so watch this space.

For more information about practice, visit nottingham.ac.uk/healthsciences/practice

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in alternative formats.

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University of Nottingham has made every effort to ensure that the information in this brochure was accurate when published. Please note, however, that the nature of the content means that it is subject to change from time to time, and you should therefore consider the information to be guiding rather than definitive.

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