

## **Pre-Registration Midwifery Programmes**

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### **Guidelines for Mentors**

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School of Nursing, Midwifery and Physiotherapy  
Academic Division of Midwifery  
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## **Introduction**

This booklet is designed to assist you in your role as mentor to pre-registration midwifery students.

It aims to help you to:

- a. Consider the various principles involved with assessment

and

- b. be able to use the documentation which the Academic Division of Midwifery provides.

## **Principles for Mentors and Mentorship in Midwifery Practice**

1. All midwives are required to achieve sign-off mentor status (NMC 2008) by undertaking an NMC approved programme in Supporting Learning and Assessment in Practice. To maintain sign-off status mentors are also required to update annually.
2. The named mentor is responsible for reviewing with the student the learning needs, action plans, and contacting midwives who have not spent time with the student when they have not been available themselves. It is of value for students to be allocated to midwives other than their named mentor for part of the time. These midwives are known as "associate mentors" (registrants with or without the sign-off status).
3. The named mentor will participate in the tripartite meeting between mentor, student and tutor.
4. There should be designated time each week for the named mentor and student to meet to discuss student's progress.
5. The mentor should try to ensure they have spent 40% of the student's placement time with the student.

6. Associate mentors who have completed the appropriate preparation (as stated in paragraph 1) may complete the student's assessment documentation to enable others to see evidence of student progress and achievement and hence facilitate continuity of mentorship.
7. Associate mentors who have not yet completed the appropriate preparation programme should complete the record of clinical experience (red book) and provide verbal feedback on progress to the student and their named mentor.
8. Newly qualified midwives should expect to be associate mentors as soon as they have satisfactorily completed their induction programme.
9. There should be at least 25% midwives in a practice area who have successfully completed the mentors and mentorship programme (or equivalent e.g. ENB997) and are designated as sign-off mentors to support associate mentors and those undertaking the Supporting Learning and Assessment in practice course (DM3SLA). They will be the key persons to liaise with the link midwife teachers and the mentor co-ordinator.
10. There should be a named person(s) (mentor co-ordinator) in the Trust who is responsible for co-ordinating the allocation of students to mentors and informing the mentors well in

advance when a student is allocated to them. (Good practice is adopted in some units by displaying this information on a chart in the staff area).

11. Students will be required to contact their named mentor in advance of the placement to introduce themselves, provide the mentor with the mentor's pocket book and negotiate placement patterns. Students will not be permitted to attend for a shift without it having been agreed in advance (at least 2 weeks).
12. During each shift, the student and mentor/associate mentor should endeavour to spend time to reflect upon practice and discuss student needs and competence.
13. The seconded lecturer/practitioners have a responsibility for assisting in maintaining a live register of mentors in collaboration with the Trust, and will contact the midwife teachers and Trust mentor co-ordinator if midwives are in need of further development to fulfil their role as mentor effectively. The register of live mentors is maintained by the Interprofessional Learning Unit (IPLU) on behalf of the Trusts.
14. Please refer to the Standards for Mentors and Mentorship at the end of this pocket book for further guidance.

## Assessment Strategies

Assessment is the exercise of judgement, by sign-off mentors, on the quality of students' work in practice as a way of supporting student learning and of appraising its outcomes to confirm that the required NMC proficiencies for entry to the register have been achieved.

Assessment strategies are designed to:

- enable the learner to identify their strengths and weaknesses
- provide a way of knowing when a learner is competent to practice.

Therefore, assessment in the clinical area should:

- provide a clear picture of the progress of the learner
- enable the learner to be aware of their progress in each area of clinical practice

Assessment in practice is a continuous process of learning in which the student is equally involved with their assessors.

Within the process there is both FORMATIVE and SUMMATIVE assessment:

- Formative Assessment is diagnostic in nature and is concerned with the development of the student – identifies strengths and weaknesses and provides feedback on progress during the learning experience.
- Summative Assessment is a final assessment which occurs at the end of an experience and is decision making in determining progression on the course and entry to the NMC professional register.

Within each teaching period there are practice based modules in which students are required to achieve a specific level in order for progression to the next part of the course or for entry to the NMC register. These levels of achievement are credit rated at academic levels one, two and three.

There is the potential for the student to be referred in practice and if unsuccessful in a subsequent attempt, may be discontinued from the course.

As assessment is a continuous process, therefore it must be considered in the final analysis that a single incident should not be allowed to “make or mar” a student’s reputation.

#### Principles of Assessment

- Judgements should be made using the agreed criteria for assessment.
- Learners must be aware of the criteria on which they are assessed.

## **Who Assesses in Practice Areas?**

All midwife mentors have sign off status. They should be entered on the register of live mentors and undertake annual mentor update (NMC 2008).

Assessment throughout the programme is essentially a team activity involving registered practitioners, teachers and the student. The sign-off mentor is responsible for documenting any discussion(s) with the student and the resulting level attained. Self assessment by the student is an important element of the assessment process; where there is a difference of perception between the learner and mentor the mentor's judgement is accepted as final.

Associate mentors should provide feedback to the named mentor regarding performance.

## The Process of Assessment

### At the Beginning of each Placement

Each time a student is allocated to a particular clinical area for experience the student and sign-off mentor should have a preliminary discussion which ideally needs to take place on the first day of the placement if possible.

Key things to discuss and document:

- The level of proficiency achieved so far
- Any specific learning needs that are likely to warrant specific emphasis
- Review times (ideally at least one half way through the placement).

The mentor is entitled to see any part of the student's portfolio to assist with learning and assessment.

### During the Placement

At any time during the placement, the student and mentor may record the level of proficiency achieved. Students are expected to record sufficient **evidence of learning** to enable effective dialogue to take place in relation to their capabilities. Evidence of learning is important and not just a record of what has been undertaken.

If at any time there is concern that the student will not achieve the appropriate levels, or is making slow progress in spite of the learning opportunities available and discussion, then the student's personal teacher should be informed.

### **At the End of the Placement**

During the last week of the placement, the student and mentor must designate time to discuss and document the level of proficiency achieved and discussion of progress to date. Continuous feedback is a vital part of this process and if this has taken place then there should be a fairly good match between the student's self assessment and the mentor's award of level of proficiency. Any major differences should be referred to the student's personal teacher.

Key issues which will contribute to the preparation for subsequent placement/experiences must be documented.

Mentors should encourage students to complete the evaluation of practice placement forms and return it to their personal teacher.

## **Personal Teachers**

The student is required to arrange meetings with the personal teacher and his/her named midwife mentor at designated points during each teaching period.

The purpose of these meetings is to:

- confirm understanding of expectations in relation to student achievement
- enable dialogue to identify appropriate academic learning
- establish progress towards achieving the outcomes for the module.

## **The Practice Documentation**

Students will be provided with an assessment document at the beginning of each teaching period. Responsibility for the safe-keeping of the document rests with the student. The student is required to make the document available to midwife practitioners in the practice placements and to teachers as and when requested. It is the student's responsibility to ensure the assessment document is available when discussions are held with their mentor and teachers.

At the summative assessment point the student is required to forward their practice document to the personal teacher by the submission date as failure to do so will result in a penalty being applied.

A photocopy should always be retained by the student.

The students' Assessment in Practice document contains four elements:

- Clinical Skills
- Core Activities
- Essential Activities
- Safe Administration of Medicines

Students are responsible for recording when they have participated in each skill listed and identifying when competency has been reached. This is a formative self assessment to assist in identifying future learning opportunities.

On the 'signature bank' page of the practice document mentors are required to provide a sample signature, provide the date of their last mentor update and verify that they are a sign-off mentor.

All students are required to be competent in the administration of medicines at the point of registration. Therefore, students' knowledge, skills and competence relating to the safe administration of medicines must be summatively assessed in each teaching period.

All students are assessed for numeracy skills and must achieve the following percentages for each teaching period to progress through the programme:

Level 1	70%
Level 2	90%
Level 3	95%

The assessment in practice documentation contains details of the Midwifery Essential Skills Clusters (NMC 2007) and mentors should use this information to inform the assessment of proficiency. The Essential Skills Clusters are:

- Communication
- Initial consultation between woman and midwife  
Normal labour and birth
- Initiation and continuance of breast feeding
- Medicines management

## Core and Essential Activities

**All core and essential activities** should be reviewed during each placement. Students and their mentor are responsible for completing these sections.

These activities form part of the **summative assessment** at the end of each teaching period.

### **Core Activities**

The activities can be assessed in all midwifery placements.

### **Essential Activities**

These activities should be assessed in a variety of midwifery contexts and with a range of clients.

If you, the mentor, do not concur with a previous mentor (e.g. your student was previously awarded level D for an activity but you consider they are performing at level C), please discuss this with the personal teacher. The difference may be due to the change in context.

**The criteria for assessment** of levels of capability are set out below.

**Level A** = has observed the activity and is able to explain the basic concepts involved.

**Level B** = participates safely under direct supervision and is able to discuss the use of theory in practice.

**Level C** = is able to perform accurately and safely with appropriate supervision from a skilled practitioner. Using appropriate research evidence, critically analyses care and selects appropriate strategies to meet individual needs in a range of practice settings.

**Level D** = proficient to carry out the activity accurately, safely and reliably under indirect supervision. Demonstrates the ability to critique research and apply appropriate research findings to practice. Evaluates the quality of midwifery care delivered, reflects upon practice and initiates appropriate changes.

**Level E** = confident in level of knowledge and ability to teach colleagues. Demonstrates the ability to respond flexibly to the needs of learners, is able to delegate appropriately and monitor and supervise others.

# Levels of Attainment

## Teaching Period One

Level B required by week 40

Student to meet with teacher and mentor:

- before week 14
- around week 30

At the summative assessment point (week 40) the student will meet with the teacher to record the assessment decision.

## Teaching Period Two

### 3 year programme:

Level C is required by week 81 of the 3 year programme.

The student is required to meet with their personal teacher and sign-off mentor on at least two occasions:

around week 58 and between weeks 75 and 79.

### 80 week (shortened) programme:

Level C is required by week 38 of the shortened programme.

The student is required to meet with their personal teacher and sign-off mentor on at least two occasions:

around week 12 and between weeks 32 and 36

### **Teaching Period Three**

#### **3 year programme**

Level D required by week **123**

Student to meet with teacher and assessor on at least two occasions:

around week 91 and between weeks 118 and 121

#### **80 week programme**

Level D required by week 64.

Student to meet with teacher and assessor on at least two occasions:

week 48 and between weeks 59 and 62

## Documenting the Levels Achieved

Once the student feels they have achieved a certain level of proficiency and can provide the evidence, they are asked to fill in the appropriate level under the column marked **self** and then ask their mentor to assess whether the level has been achieved. This can happen at anytime during the placement.

The mentor is required to record:

- Date achieved
- Level achieved
- Full Signature of mentor

### Sample

Antenatal	SELF	MENTOR
Obtain and record information to compile a booking history and plan of care which reflects individual needs	<b>26.3.09 B</b> <b>19.6.09 C</b>	<b>28.3.09 B</b> <b>P A Church</b> <b>28.3.09 C</b> <b>G A White</b>
Discuss antenatal screening tests with parent/s and give support	<b>25.6.09 C</b>	<b>25.6.09 C</b> <b>G A White</b>

The students are required to reflect on critical incidents pivotal to their learning in order to form the basis of the tripartite meeting and record this in their practice documentation.

The mentor is required to provide evidence of verification to support the student's achievement of proficiency.

Students are required to complete evidence of learning in each of the seven sections of the document. The word allowance for evidence of learning is 3000 words for DM1604 and 5000 words for both DM2601 and DM3601.

In teaching period three following the second tripartite meeting the student must reflect upon their professional development needs, while demonstrating their understanding of PREP requirements for lifelong learning. At the summative assessment point of the DM3601 practice document, evidence of learning (5000 words) and action plan for PREP and lifelong learning (maximum 2000 words) will be submitted to the personal teacher for the award of a grade.

# Grading Criteria for the Practice Document and Evidence of Learning – Teaching Period One

Grade to be awarded by personal teacher

**A = 70% +**      **Exceptional Standard.** Excellent standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite examples of a high standard of knowledge about normal midwifery, inter-personal qualities and teamwork. Evidence of self-awareness and appropriate initiative. Research findings, where relevant, have been analysed alongside professional issues. Attention has been paid to clarity, relevance and accuracy of record keeping. Good evidence of wide reading and accurate, appropriate use of references.

**B = 60-90%**      **High Standard of Work, Above Average.** Good standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentors(s) cite examples of above average standard of knowledge about normal midwifery, inter-personal qualities and teamwork. Evidence of self-awareness and appropriate initiative. Research findings where relevant, and professional issues have been discussed. Attention has been paid to clarity, relevance and accuracy of record keeping. References mainly used accurately and appropriately.

**C =**  
**50-59%**      **Average Standard.** Satisfactory standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite examples of sound knowledge about normal midwifery, inter-personal qualities and teamwork. Evidence of self-awareness, limited evidence of initiative. Research findings, where relevant, and professional issues have been applied. Record keeping is satisfactory. References mainly used appropriately.

**D =**  
**40-49%**      **Pass Standard of Work.** Variable standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite examples of sound knowledge about normal midwifery, inter-personal qualities and teamwork. Aware of own limitations but at times lacks confidence in abilities. Variable quality of evidence in relation to use of research in practice and professional issues. Record keeping is mostly of a satisfactory standard. Evidence of reading appropriate for midwifery practice, but not always used effectively in the document.

# Grading Criteria for the Practice Document and Evidence of Learning – Teaching Period Two

Grade to be awarded by personal teacher

<b>A = 70%+</b>	<b>Exceptional Standard.</b> Excellent standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite examples of a high standard of knowledge about normal midwifery, inter-personal qualities and teamwork. Evidence of self-awareness and appropriate initiative. Research findings, where relevant, have been critically analysed alongside professional, legal and ethical issues. Attention has been paid to clarity, relevance and accuracy of record keeping. Good evidence of wide reading and accurate, appropriate use of references.
<b>B = 60-90%</b>	<b>High Standard of Work, Above Average.</b> Good standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentors(s) cite examples of above average standard of knowledge about normal midwifery, inter-personal qualities and teamwork. Evidence of self-awareness and appropriate initiative. Research findings where relevant, have been analysed. Professional, legal and ethical issues have been analysed. Attention has been paid to clarity, relevance and accuracy of record keeping. References mainly used accurately and appropriately.

**C = 50-59%**      **Average Standard.** Satisfactory standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite examples of sound knowledge about normal midwifery, inter-personal qualities and teamwork. Evidence of self-awareness, limited evidence of initiative. Research findings, where relevant, have been analysed. Professional, legal and ethical issues have been applied. Record keeping is satisfactory. References mainly used appropriately.

**D = 40-49%**      **Pass Standard of Work.** Variable standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite examples of sound knowledge about normal midwifery, inter-personal qualities and teamwork. Aware of own limitations but at times lacks confidence in abilities. Variable quality of evidence in relation to use of research in practice and professional, legal and ethical issues. Record keeping is mostly of a satisfactory standard. Evidence of reading appropriate for midwifery practice, but not always used effectively in the document.

## Grading Criteria for the Practice Document and Evidence of Learning – Teaching Period Three

Grade to be awarded by personal teacher

**A =  
70%+**

**Exceptional Standard.** Excellent standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite examples of exceptional potential as a midwife in relation to knowledge, clinical capabilities, inter-personal qualities and teamwork. Evidence of self-awareness, initiative and ability to prioritise. Research findings, where relevant, have been critically analysed and used in practice or discussed with team members. Demonstrates potential to challenge midwifery practice and initiate change. Attention has been paid to clarity, relevance and accuracy of record keeping. Obvious enthusiasm for life long learning and practice development. Good evidence of wide reading and accurate, appropriate use of references.

**B =  
60-69%**

**High Standard of Work, Above Average.** Good standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite examples of a high standard of knowledge, above average clinical capabilities for a new midwife, positive inter-personal qualities and teamwork. Evidence of self-awareness, initiative and ability to prioritise. Research findings where relevant, have been critically analysed and used in practice or discussed with team members. Demonstrates potential to challenge midwifery practice. Attention has

been paid to clarity, relevance and accuracy of record keeping. Understands the need for lifelong learning and development. References mainly used accurately and appropriately.

**C =**  
**50-59%**

**Average Standard.** Satisfactory standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite some examples of a good standard of knowledge, satisfactory capabilities for a new midwife, positive inter-personal qualities and teamwork. Evidence of self-awareness and ability to prioritise. Limited evidence of initiative. Research findings, where relevant, have been used in practice. Record keeping is satisfactory. Understands the need for lifelong learning. References mainly used appropriately.

**D =**  
**40-49%**

**The Standard of Work Meets the Minimum Requirements For Professional Practice.** Satisfactory standard of reflection on midwifery practice and evidence of learning throughout the module. Midwife mentor(s) cite examples of a satisfactory standard of knowledge and clinical capabilities for a new midwife, positive inter-personal qualities and teamwork. Aware of own limitations but at times lacks confidence in abilities. Variable quality of evidence in relation to use of research in practice. Record keeping is satisfactory. Identifies need for education / skills development post registration. Evidence of reading appropriate for midwifery practice, but not always used effectively in the document.

# Student Midwife Caseholding

## Background/rationale for student midwife caseholding

'Delivering the Best, Midwives Contribution to the NHS plan' (Department of Health 2003) identifies five big challenges facing midwives:

- Excellence in midwifery practice
- Dynamic leadership
- Partnerships with women
- Improving public health
- Working with others

To address these challenges through pre-registration midwifery education there is a need to develop innovative ways of involving students in practice learning which will promote student and woman centred care delivery.

Caseload management is a model of care where students are allocated to a small number of women, who they follow throughout the ante, intra and postpartum periods, learning from those women and participating in care delivery.

'Modernising Maternity Care' (Maternity Care Working Party 2001) identifies caseload practice as a model of care delivery that maximises continuity of care and carer, the report advocates that where possible service providers should develop caseload.

**Aims of the student midwife caseholding experience:**

- To reduce the perceived theory practice gap by encouraging the application of theory based learning to woman centred care
- To develop a student led approach to practice learning
- To encourage user involvement in the delivery and evaluation of practice based learning
- To promote continuity of carer and develop the student midwife's role as a 'professional friend'
- To further develop knowledge and skills particularly in the fields of communication, reflection, analysis and evaluation of care
- To provide further opportunities to undertake practice and develop understanding and knowledge of inter-professional relationships for the delivery of effective maternal and neonatal care.

## **Mentor responsibilities**

- During student's community placement meet with student and their personal teacher to discuss and document student's plans for caseholding. **This meeting to be arranged by the student**
- To help and support the student in selecting suitable women to approach for inclusion in her/his caseholding
- Discuss any concerns/anxieties that the student may have regarding caseholding
- Assist the student in evaluating the woman's care and assessment of personal and professional development
- Support the student in identification of learning opportunities
- Midwife mentors may need to make other team members aware of student involvement in caseholding, particularly during annual leave
- Verify students hours in practice
- Participate with the student in a final review meeting

NB: the lead midwife/healthcare professional providing care on that day remains legally and professionally responsible for all care and actions involving the woman

## **UNICEF UK Baby Friendly Initiative - Education Standards**

The University of Nottingham has achieved the Baby Friendly Initiative Certificate of Commitment. Mentors are required to assist students in achieving the learning outcomes.

### **Baby Friendly Initiative Learning Outcomes**

During their pre-registration programme student midwives need to develop the necessary knowledge and skills to support women with breastfeeding. In order to achieve this and fulfil NMC (2007) recommendations and UNICEF (2008) Baby Friendly Initiative learning outcomes they should be facilitated to:

1. Understand the importance of breastfeeding, and the consequences of not breastfeeding, in terms of health outcomes
2. Have developed an in-depth knowledge of the physiology of lactation and be able to apply this in practical situations
3. Be able to recognise effective positioning, attachment and suckling and to empower mothers to develop the skills necessary for them to achieve these for themselves

4. Be able to demonstrate knowledge of the principles of hand expression and have the ability to teach these to mothers
5. Understand the potential impact of delivery room practices on the wellbeing of mother and baby, and on the establishment of breastfeeding in particular
6. Understand why it is important for mothers to keep their babies near them
7. Understand the principle of demand feeding and be able to explain its importance in relation to the establishment and maintenance of lactation
8. Be equipped to provide parents with accurate, evidence-based information about activities which may have an impact on breastfeeding
9. Understand the importance of exclusive breastfeeding for the first six months of life and possess the knowledge and skills to enable mothers to achieve this
10. Understand the importance of timely introduction of complementary foods and of continuing breastfeeding during the weaning period, into the second year of life and beyond
11. Understand the importance of community support for breastfeeding and demonstrate an awareness of the role of community-based support networks, both in supporting women to breastfeed and as a resource for health professionals

12. Be able to support mothers who are separated from their babies (e.g. on admission to SCBU, when returning to work) to initiate and/or maintain their lactation and to feed their babies optimally
13. Be able to demonstrate a knowledge of alternative methods of infant feeding and care which may be used where breastfeeding is not possible, and which will enhance the likelihood of a later transition to breastfeeding
14. Identify babies who require a managed approach to feeding and describe appropriate care
15. Know about the common complications of breastfeeding, how these arise, and how women may be helped to overcome them
16. Understand the limited number of situations in which exclusive breastfeeding is not possible and be able to support mothers in partial breastfeeding or artificial feeding in these circumstances
17. Appreciate the main differences between the WHO International Code of Marketing of Breastmilk Substitutes and the relevant current UK legislation, and understand the relevance of the Code to their own work situation

18. Be thoroughly conversant with the Baby Friendly Initiative best practice standards, understand the rationale behind them and what the Baby Friendly Initiative seeks to achieve through them, and be equipped to implement them in their own workplace, with appropriate support from colleagues

## **Statutory Midwifery Supervision**

During Teaching Period Two, a record of evidence needs to be maintained as the basis for understanding supervision of midwives in action. This will help the student to facilitate discussions between themselves and their nominated supervisor of midwives. It will contribute to their portfolio as evidence of learning and achievement during the teaching period.

## **STANDARDS FOR MENTORS AND MENTORSHIP**

Taken from NMC (2008) **Standards to support learning and assessment in practice. NMC standards for mentors, practice teachers and teachers**. London, NMC. 2.1.2 p20-21.

### **Competence and outcomes for a mentor**

Mentor competencies are achieved by successful completion of an NMC approved mentor preparation programme

#### **Establishing effective working relationships**

- Demonstrate an understanding of factors that influence how students integrate into practice settings.
- Provide ongoing and constructive support to facilitate transition from one learning environment to another.
- Have effective professional and interprofessional working relationships to support learning for entry to the register.

#### **Facilitation of learning**

- Use knowledge of the student's stage of learning to select appropriate learning opportunities to meet their individual needs.
- Facilitate selection of appropriate learning strategies to integrate learning from practice and academic experiences.
- Support students in critically reflecting upon their learning experiences in order to enhance future learning.

**Assessment and accountability**

- Foster professional growth, personal development and accountability through support of students in practice.
- Demonstrate a breadth of understanding of assessment strategies and the ability to contribute to the total assessment process as part of the teaching team.
- Provide constructive feedback to students and assist them in identifying future learning needs and actions. Manage failing students so that they may either enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future.
- Be accountable for confirming that students have met, or not met, the NMC competencies in practice. As a sign-off mentor confirm that students have met, or not met the NMC standards of proficiency in practice and are capable of safe and effective practice<sup>1</sup>.

**Evaluation of learning**

- Contribute to evaluation of student learning and assessment experiences – proposing aspects for change as a result of such evaluation.
- Participate in self and peer evaluation to facilitate personal development, and contribute to the development of others.

<sup>1</sup> All midwife mentors should be sign-off mentors

**Creating an environment for learning**

- Support students to identify both learning needs and experiences that are appropriate to their level of learning.
- Use a range of learning experiences, involving patients, clients, carers and the professional team, to meet defined learning needs.
- Identify aspects of the learning environment which could be enhanced – negotiating with others to make appropriate changes.
- Act as a resource to facilitate personal and professional development of others.

**Context of practice**

- Contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated.
- Set and maintain professional boundaries that are sufficiently flexible for providing interprofessional care.
- Initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained.

**Evidence-based practice**

- Identify and apply research and evidence-based practice to their area of practice.
- Contribute to strategies to increase or review the evidence-base used to support practice.
- Support students in applying an evidence base to their own practice.

**Leadership**

- Plan a series of learning experiences that will meet students defined learning needs.
- Be an advocate for students to support them accessing learning opportunities that meet their individual needs – involving a range of other professionals, patients, clients and carers.
- Prioritise work to accommodate support of students within their practice roles.
- Provide feedback about the effectiveness of learning and assessment in practice.

### **Review and maintenance of mentor qualification (NMC 2008 p11)**

Mentors must demonstrate their knowledge, skills and competence on an ongoing basis. Placement providers must ensure that:

- Each mentor is reviewed every three years (triennial review) to ensure that only those who continue to meet the mentor requirements remain on the local register.
- Mentors who meet the criteria for signing-off proficiency in practice at the end of a programme are annotated on the local register (Midwife mentors will automatically be assigned this level of responsibility at the end of their preparation programme).
- Arrangements are in place for appraising mentor performance, addressing concern where appropriate, and for adding and removing individuals from the local register –including mentors identified as having met the criteria to be able to sign-off proficiency.

### **Triennial review of mentors (NMC 2008 p12)**

The nature of the triennial review of mentors is for the placement providers to determine but may form part of an employer-led personal development appraisal.

To be maintained on the local register the individual must have evidence of having:

- Mentored at least two students with due regard (extenuating circumstances permitting) within the three year period.
- Participated in annual updating – to include an opportunity to meet and explore assessment and supervision issues with other mentors.
- Explored as a group activity the validity and reliability of judgements made when assessing practice in challenging circumstances.
- Mapped ongoing development in their role against the current NMC mentor standards.
- Been deemed to have met all requirements needed to be maintained on the local register as a mentor, sign-off mentor.