

Record of
Achievement
of
Sign-off Mentor Criteria

2010

Guidelines for the achievement of the Sign-off Mentor Criteria

The NMC *Standards to support learning and assessment in practice* (NMC 2008) require placement providers to ensure that a nurse or midwife who makes judgements about whether a student has achieved the required standards of proficiency for safe and effective practice is on the same part or sub-part of the register as that which the student is intending to enter. Additionally they must have undertaken an NMC approved programme of mentorship training and met the additional criteria to become a sign-off mentor.

It is the responsibility of placement providers to ensure that designated sign-off mentors have met these criteria. Within these criteria there is a requirement that the nominated new sign-off mentor must be supervised on 3 occasions for signing off proficiency (at the end of a final placement) for 3 different students, by an existing sign-off mentor. Evidence that the new sign-off mentor has met these criteria must be presented to the supervising sign-off mentor.

This pack provides the documentation to be completed in order to assess sign-off mentor status. An existing sign-off mentor must complete the forms fully with the nominated sign-off mentor. A copy should be kept by the new sign-off mentor following successful achievement of the criteria and a copy sent to the Lincolnshire Interprofessional Practice Learning Unit in order to enter the new sign-off mentor's details on the mentor database.

If the sign-off criteria have not been achieved during the three occasions of supervision additional supervision will be necessary to ensure achievement. Further copies of this documentation can be printed to record extended supervision.

It is preferred that the same supervising sign-off mentor undertakes all three periods of supervision however it is recognised that this may not be possible in some circumstances. As a result more than one sign-off supervisor will be identified on the record of achievement.

Reference

NMC (2008). Standards to support learning and assessment in practice. Nursing and Midwifery Council, London

Record of Achievement

Name Professional Qualification
 Mentor Qualification Mentor Status
 Part of NMC Register Area of Practice (Child, Adult, MH, LD)

 Supervising Sign-off Mentor Date

Sign-off Mentor Criteria

1. On the same part of the NMC register and in the same field of practice as the student.
2. Is a qualified mentor identified on the local mentor register held by the Lincolnshire Inter-professional Practice Learning Unit.
3. Has clinical currency and capability in the field in which the student is being assessed.
4. Has a working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing.
5. Has an understanding of the NMC registration requirements and the contribution they make to the achievement of these requirements.
6. Has 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.
7. Has demonstrated that they have supervised three different students on three separate occasions by signing off their proficiency at the end of their final placement.

Supervision Record 1

Name of Student Placement

Criteria	Achieved	Evidence	Signed	Date
1				
2				
3				
4				
5				
6				

7

Preparation and Planning

Has had 1 hr a week protected time with student? Yes N

Has reviewed students 'Ongoing Achievement Record'? Yes N

Appropriate environment to conduct assessment? Yes N

Agreed plan and reviewed learning strategy with student? (i.e. interviews) No

Assessment

Demonstrated a range of appropriate interpersonal skills? Yes N

Assessment criteria relevant? Yes N

Use of a range of assessment methods? Yes N

Relevant subject areas covered? Yes N

Use of structured/unstructured questioning approach? Yes N

Appropriate feedback provided to student? Yes N

Student informed of outcome of assessment? Yes N

I confirm I have supervised complete signing off proficiency for this student and that they have **met/not met** the NMC criteria for a sign-off mentor on this occasion.

Signed Date

Supervision Record 2

Name of Student Placement

Criteria	Achieved	Evidence	Signed	Date
1				
2				
3				
4				
5				
6				

7

Preparation and Planning

Has had 1 hr a week protected time with student? Yes No

Has reviewed students 'Ongoing Achievement Record'? Yes No

Appropriate environment to conduct assessment? Yes No

Agreed plan and reviewed learning strategy with student? (i.e. interviews) No

Assessment

Demonstrated a range of appropriate interpersonal skills? Yes No

Assessment criteria relevant? Yes No

Use of a range of assessment methods? Yes No

Relevant subject areas covered? Yes No

Use of structured/unstructured questioning approach? Yes No

Appropriate feedback provided to student? Yes No

Student informed of outcome of assessment? Yes No

I confirm I have supervised complete signing off proficiency for this student and that they have **met/not met** the NMC criteria for a sign-off mentor on this occasion.

Signed Date

Supervision Record 3

Name of Student Placement

Criteria	Achieved	Evidence	Signed	Date
1				
2				
3				
4				
5				
6				

7

Preparation and Planning

Has had 1 hr a week protected time with student? Yes No

Has reviewed students 'Ongoing Achievement Record'? Yes No

Appropriate environment to conduct assessment? Yes No

Agreed plan and reviewed learning strategy with student? (i.e. interviews) No

Assessment

Demonstrated a range of appropriate interpersonal skills? Yes No

Assessment criteria relevant? Yes No

Use of a range of assessment methods? Yes No

Relevant subject areas covered? Yes No

Use of structured/unstructured questioning approach? Yes No

Appropriate feedback provided to student? Yes No

Student informed of outcome of assessment? Yes No

I confirm I have supervised complete signing off proficiency for this student and that they have **met/not met** the NMC criteria for a sign-off mentor on this occasion.

Signed Date

Supervising Sign-off Mentor Feedback Report and Action Plan

<p>Student 1 Feedback report and recommended action</p> <p>Signature Date</p>
<p>Student 2 Feedback report and recommended action</p> <p>Signature Date</p>
<p>Student 3 Feedback report and recommended action</p> <p>Signature Date</p>

Statement by new Sign-off Mentor

I confirm that I have achieved all the NMC criteria for a sign-off mentor and that I have been supervised on at least three occasions for signing off proficiency (at the end of a final placement) by an existing sign-off mentor.

Signature Print Name

Date

Statement by supervising Sign-off Mentor

I confirm that this mentor has been supervised on 3 occasions for signing off proficiency (at the end of a final placement) and that he/she has met the NMC criteria for a sign-off mentor and is therefore eligible to be entered on the local mentor register as a sign-off mentor.

Signature Print Name

Date

Please retain a copy of this document for your own reference, give one copy to your manager to retain in your personal records and send a copy to:

**Lincolnshire Interprofessional Practice Learning Unit
Greetwell Place
Limekiln Way
Lincoln
LN2 4US**

Once this has been received by the Lincs IPLU you will be entered on the mentor register as a sign-off mentor.

If you have any queries in relation to becoming a Sign-off Mentor please contact the Lincolnshire IPLU on 01522 573330.

This document has been adapted from the original developed by Lincolnshire Partnership NHS Foundation Trust and the Lincolnshire Interprofessional Practice Learning Unit.