

# Sign-off Mentor Criteria Record of Achievement



## 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 must be 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 signoff 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 signoff 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 3 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 3 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), <u>Standards to support learning and assessment in practice</u>, Nursing and Midwifery Council, London.



#### **Record of Achievement**

Name:	Professional Qualification:
Mentor Qualification:	Mentor Status:
Part of NMC Register:	Area of Practice (LD/MH)

Supervising Sign-off Mentor:	Date:

### **Sign-off Mentor Criteria**

- 1. On the same 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 Interprofessional 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 3 different students on 3 separate occasions by signing off their proficiency at the end of their final placement.

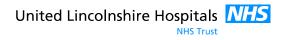


# **Supervision Record 1**

Name of Student:	Placement:
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Criteria	Achie	ved	Evidence	Signed	Date	
	Yes	No				
1.						
2.						
3.						
4.						
5.						
6.						
Preparation & Planning						
Has had 1 hour a week protected time with student?			Yes	No		
Has reviewed students 'Ongoing Achievement Record'?			Yes	No		
Appropriate environment to conduct assessment?			Yes	No		
Agreed p	lan and	review	ed learning strategy with student? (i.e. i	nterviews)	Yes	No
Assessn						
Demonst	rated a	range o	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 confirmed I have supervised	complete
signing off proficiency for this student and	I 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:
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Criteria	Achie	ved	Evidence	Signed	Date	
	Yes	No				
1.						
2.						
3.						
4.						
5.						
6.						
Preparat	ion & F	Plannin	<u>g</u>	<u> </u>		
Has had	1 hour a	a week	protected time with student?		Yes	No
Has reviewed students 'Ongoing Achievement Record'?			Yes	No		
Appropriate environment to conduct assessment?			Yes	No		
Agreed p	lan and	review	ed learning strategy with student? (i.e. i	nterviews)	Yes	No
Assessn	<u>nent</u>					I
Demonst	rated a	range o	of appropriate interpersonal skills?		Yes	No
Assessm	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		

confirmed 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 o	occasion.
Sianed	Date

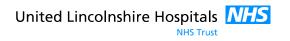


# **Supervision Record 3**

Name of Student:	Placement:
Name of Stagent,	i laccincint

Criteria	Achie	ved	Evidence	Signed	Date	
	Yes	No				
1.						
2.						
3.						
4.						
5.						
6.						
Preparat	ion & F	l Plannin	<u>g</u>			
Has had 1 hour a week protected time with student?			Yes	No		
Has reviewed students 'Ongoing Achievement Record'?			Yes	No		
Appropriate environment to conduct assessment?			Yes	No		
Agreed p	lan and	l review	red learning strategy with student? (i.e. i	nterviews)	Yes	No
Assessn	<u>nent</u>					
Demonst	rated 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 confirmed I have sup	ervised	complete
0 0 1	for this student and that they hat occasion.	nave met / not met the
Sianed	Date	



# **Supervising Sign-off Mentor Feedback Report and Action Plan**

Student 1 - Feedback report and recommended	action:
O'com a transaction and a second a second and a second an	Detail
Signature: Student 2 - Feedback report and recommended	Date:
Student 2 - Feedback report and recommended to	action.
Signature:	Date:
Student 3 - Feedback report and recommended	action:
Signature:	Date:
Statement by new Sign-off Mentor  I confirm that I have achieved all the NMC crite that I have been supervised on at least 3 occasi (at the end of a final placement) by an existing significant content of the second seco	ions for signing off proficiency
Signature: Print Name:	
Date:	
Statement by supervising Sign-off Mentor	
I confirm that this mentor has been supervised proficiency (at the end of a final placement) and criteria for a sign-off mentor and is therefore clocal mentor register as a sign-off mentor.	that he/she has met the NMC
Signature: Print Name:	
Date:	



Please retain a copy of this document for your own reference, give one copy to you 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 Lincolnshire 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.