

Nursing and Midwifery Mentor Bulletin

2011

Welcome to the 2011 Edition of the Nursing & Midwifery Mentor Bulletin, which has been prepared by a group of Practice Education Facilitators (PEFs) from across Scotland to enhance your mentoring activities.

This edition has been themed around assessment in relation to mentor development, student assessment and practice placements.

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Mentor quick quiz

What do you know about the new NMC Standards for pre-registration nurse education?

What is being developed nationally to support mentor development?

How do you ensure that your assessments of students are valid and reliable?

Why is person-centredness important for the role of a mentor?

Do you know how triennial review links into the NHS Knowledge and Skills Framework?

What is the evidence base about support for first year and first placement students?

Read on to find out more!



NMC launches new standards for pre-registration nurse education

In September 2010 the Nursing and Midwifery Council (NMC) launched the new Standards for pre-registration nurse education (NMC 2010).

The main changes include:

- * **Degree level registration** – by September 2013, only degree level pre-registration nursing programmes will be provided in the United Kingdom
- * **Preparing nurses to meet essential mental and physical needs of people of all ages** – through the domains of professional values, communication and interpersonal skills, nursing practice and decision-making and leadership, management and team working and the respective generic competencies
- * **Ensuring nurses are able to meet complex care needs and can demonstrate competence in their chosen field of practice** – through the field-specific competencies for adult nurses, mental health nurses, learning disabilities' nurses and childrens' nurses.
- * **Nurses being able to care for people in all environments, including hospitals, community settings and in people's homes** – through practice learning opportunities across a range of community, hospital and other settings, where possible, in each part of the programme.
- * **Opportunities for interprofessional learning in theory and practice** – through student nurses having the opportunity to learn with, and from, other health and social care professionals.
- * **Involving service users and carers in student selection, curriculum design and delivery and in the assessment of students** – through, for example, selection panels, delivering classroom based learning activities, contributing to student induction and taking part in the assessment of student nurses in practice or in simulated activities.

Higher Education Institutions can start to adopt these new standards from September 2011 for their pre-registration nurse education programmes.

Your PEF will advise when these changes affect the student nurses that you mentor.

Further information on the background to the NMC review and the standards are available on:

www.nmc-uk.org

<http://standards.nmc-uk.org/Pages/Welcome.aspx>



A1 assessor and NMC mentor preparation programmes

It is now possible to obtain the Scottish Qualifications Authority (SQA) Assessor A1 qualification simultaneously with a mentor preparation programme. Evidence for achievement of the SQA assessor qualification is gathered through the assessment of a student nurse/midwife undertaking three clinical skills. This is a change from the previous requirement to assess a candidate (normally a Healthcare Support Worker) working towards a SQA qualification, although for some practitioners this may still be an appropriate route. In order to undertake the SQA award alongside the mentor preparation programme you will need to be enrolled with an approved SQA centre. Contact your manager/practice development unit for local information.

The approved SQA centre will then induct you into the role of the workplace assessor and allocate you an A1 Assessor. When you show you are working to the A1 Standard, your A1 Assessor will agree an assessment plan with you and carry out follow-up meetings to review and assess your evidence and confirm progress and achievement. Your supervising mentor may already be an SQA assessor, or if not, they will work in partnership with your allocated A1 assessor.

What if you are already an experienced mentor/ assessor?

If you have been a workplace mentor/assessor for some time, depending on the activities you have been performing, you may be able to gain recognition for some of your experience. Further detailed guidance is currently being developed which will assist SQA approved centres and guide individual practitioners in providing the necessary evidence for the A1 Unit.

For more information please contact your PEF and the NES practice education website

<http://www.nes.scot.nhs.uk/disciplines/nursing-and-midwifery/practice-education>.

** Please note, the A1 assessor qualification is being replaced by - L and D 9DI; assess workplace competence using direct and indirect methods*

ePortfolio

NHS Education for Scotland, in partnership with NHS Boards and Universities, is continuing to support the development of an ePortfolio for nursing and midwifery mentors.

The ePortfolio will enable mentors to securely store their evidence:

- * as part of mentor preparation programmes, (currently being used in University of Dundee, Robert Gordon University and University of the West of Scotland -Dumfries and Galloway campus)
- * of annual updating activities and triennial review (NHS Dumfries and Galloway, NHS Fife, NHS Highland, NHS Grampian and NHS Forth Valley)
- * of progress towards sign-off mentor status

The mentor ePortfolio contains a variety of evidence forms, including assessment judgements, feedback from others and observation of practice which all can be mapped against the NMC mentor competencies. The ePortfolio can also be downloaded at any time by the mentor as a PDF document and saved, printed off or emailed as an attachment.

A key aim of this ePortfolio is to align the mentor evidence requirements with those of the Knowledge and Skills Framework (KSF) (Department of Health 2004) and this is currently being developed through:

- * ePortfolio electronically linked to e-KSF through the personal development plan (available for testing early 2011)
- * KSF outline for the nursing and midwifery mentor role (NES 2010)
- * guidance on information and evidence to store on e-KSF and ePortfolio and how it can be made available as part of KSF joint development reviews and mentor triennial review

For more information please contact your PEF.



The use of emotional touch points in mentorship

The Scottish Neuro-Behavioural Rehabilitation Service (SNBRS) is a national service which specialises in working with people experiencing behavioural change due to acquired/traumatic brain injury. This placement currently supports undergraduate students undertaking mental health and learning disability nursing programmes. The service was selected to become a development site in the Compassionate Care Project (Napier 2009) and has continued to work with these principles to develop practice across the service.

The initial work done by the compassionate care team, SNBRS and PEF involved exploring the attitudes of students prior to their placement and ways the mentors could support them to enhance the learning experience. It was identified that students held pre-conceived ideas about the unit including 'feeling scared', worry about the level of aggression they may be exposed to and the complexity of clinical skills required. However the reality of the placement was hugely different to their expectations. This was then explored using emotional touch points, which involves using cards with words expressing positive and negative emotions. The students are asked to choose a selection of words which reflect how they feel about key themes. Key words from 'The Senses Framework' (Nolan et al 2006) were used to guide the discussion:

The students were invited to recollect how they felt about the themes prior to starting their placement and consider how these feelings had changed, what had facilitated the change and explore other methods that would have supported them to settle into the unit. This exercise was carried out with several groups of students and the results were used to influence the induction process when students started placement to include arranging a pre placement visit and the re-design of the induction pack.

The emotional touch point work continues with one of the Charge Nurses and the PEF meeting with the students at three points throughout their placement. The sessions are seen as a way to support the student and demonstrate how the team value their contribution to the unit. It also allows the students to explore the support they have received in a safe environment.

The sessions are based around the principles of appreciative inquiry which have been adopted within the unit and focus on aspects of the placement which can be improved (Cooperrider et al 2003). They offer an opportunity for the student to meet with senior staff regularly in addition to their time on the ward and promote their sense of significance within the team.

The sessions thus far and the changes made by mentors have been positively evaluated.

- * sense of security
- * sense of belonging
- * sense of purpose
- * sense of continuity
- * sense of significance
- * sense of achievement

appreciated | reassured
privileged | unsupported | awkward
jumpy | embarrassed | tense | thankful
discouraged | vulnerable | glad
thankful | capable

Triennial review of mentorship

Within the Standards to support learning and assessment in practice (NMC 2008), triennial review of mentors is the responsibility of placement providers. The NMC indicated that it may form part of an employer-led personal development appraisal. The introduction of Agenda for Change and the Knowledge and Skills Framework (KSF) in 2004 established a structured annual development review process for all staff. This review incorporates a cyclic process of review, planning, development and evaluation. Consequently within the NHS, an acceptable appraisal/review system exists for the triennial review to be incorporated into.

To meet the NMC standards and to remain on the mentor register all mentors must demonstrate their mentor skills, knowledge and competence on an ongoing basis and have this reviewed every 3 years. The KSF development review requires staff to demonstrate they have the necessary knowledge and skills to perform their role as identified in their KSF post outline.

To note the commonalities between the mentor domains and outcomes of the NMC standards and the KSF core dimensions, NHS Education for Scotland developed the "NMC mentor domains and outcomes and the NHS Knowledge and Skills Framework" (2010). This document indicatively links the 6 KSF core dimensions to the NMC mentor domains and outcomes and suggests mentor activities as examples of application in practice within the core dimensions at either level 2 or 3.

Reviewers will find the document useful in preparing for triennial reviews by providing guidance on suitable evidence that a mentor may utilise to demonstrate their continuing achievement of NMC mentor domains and outcomes. Incorporating triennial review into the KSF development review process allows the mentor and reviewer to ensure that development of mentorship skills and knowledge becomes part of the personal development plan.

Anne Lackie, PEF, NHS Forth Valley

Towards triennial review and beyond...

There are a number of requirements from the NMC Standards that each mentor is required to evidence to retain their mentorship status. These include:

- * mentor two students within the three year period.
- * participate in annual updating, exploring assessment and supervision issues with other mentors
- * explore the validity and reliability of judgements made with regards challenging assessments
- * continue to map their ongoing development against the NMC mentor standards and provide evidence of this (NMC 2008:12)

All clinical NHS Boards are developing a process for mentors and their managers to undertake and record a triennial review of mentorship skills for the mentor to be maintained on the local register. Although this article describes the experience in Argyll and Bute, it should be recognised that something similar will be in place across NHS Scotland.

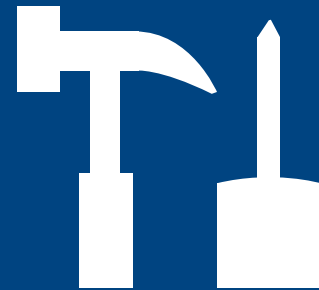
A mentorship record was developed for all mentors (mapped to the KSF) in 2009 to record and evidence their mentorship experiences in preparation for triennial review. Also included within the record was a triennial review form and flowchart to guide mentors and personal development reviewers. As we progress towards triennial review, there is concern within the mentor population about maintenance of their mentorship status.

A mentor scoping exercise was conducted in summer 2010 and from this, the PEF service has continued to prepare mentors and clinical managers towards the triennial review through:

- * discussion at mentorship update sessions with regards meeting triennial review requirements and the importance of mentors in gathering their evidence to present at the triennial review meeting
- * regular newsletters
- * advising managers on the triennial review process occurring for the first time
- * advising managers and mentors of their triennial review date approximately one year before the due date to raise awareness and highlight the importance of this process

Discussions continue with mentors about the evidence required to meet triennial review requirements. This will prove vital for all mentors to demonstrate they have maintained their mentorship status and continue to mentor pre-registration nurses and midwives in the future.

Gillian Davies, PEF, NHS Highland



Toolkit to address issues from student evaluation

The introduction of the Quality Standards for Practice Placements (QSPP) (NES 2008) aimed to ensure that students and practice placement providers had a clear understanding of their roles and responsibilities in relation to providing an effective learning environment. The Standards identify the students' responsibility "to evaluate their practice placement experience" and responsibility of managers and facilitators of practice placements "to ensure processes are in place for continuous quality improvement of practice placements" (NES 2008). As a result, most areas now have a process for evaluating their practice placements. The University of Dundee invites students to complete an online evaluation following each practice placement, collates this information and produces a report for each individual practice placement and the relevant PEF.

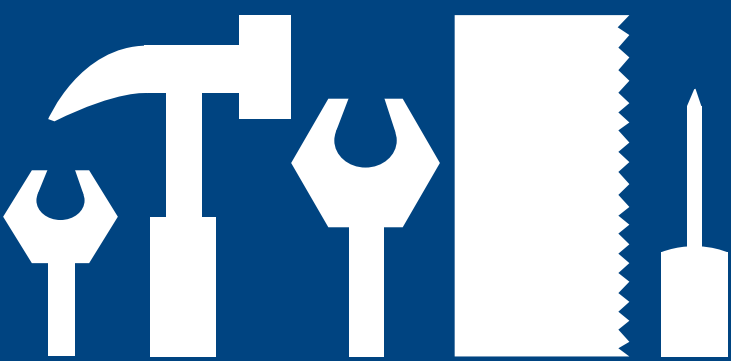
Following an NMC monitoring review, it was recognised that although there were processes in place to allow students to evaluate their clinical placements and to collate and disseminate the

results, there was no such process which enabled the clinical practice placements and the PEFs to respond to them and propose interventions. This resulted in the Student Evaluation Toolkit, developed by a group of PEFs which aimed to:

- * highlight existing good practice
- * acknowledge improvements within a practice placement.
- * recognise areas requiring further development within a placement.
- * identify recurring issues within a practice placement.
- * plan interventions to address identified issues.

The toolkit consists of a template to compare consecutive evaluations, a joint working agreement and action plans. This ensures agreement is reached between the Senior Charge Nurse/Team Leader of the placement and the PEF in how they will work together to address the issues highlighted.

Area: SCN, Lead Person, Manager:		Compliance of students that strongly agree / agree			
		2007	2008	2009	2010
Introduction: during the first three days of placement	I was made welcome to the placement	90%	85%	80%	90%
	I was allocated a mentor / supervisor	90%	80%	80%	50%
	I was orientated to the placement	80%	90%	80%	90%
Learning opportunities	My mentor / supervisor and I planned my educational experience	90%	80%	80%	50%
	My mentor / supervisor facilitated the linking of theory to practice	80%	90%	80%	90%
	My mentor / supervisor facilitated reflection on practice	80%	85%	80%	90%
Supervision of practice	Ongoing support was available from my mentor	90%	80%	80%	50%
	The supervision helped me to achieve my learning outcomes	80%	90%	80%	90%
	The level of supervision matched my developing level of competence	80%	90%	80%	90%
	I had a mentor / supervisor throughout the placement	90%	80%	80%	50%
	I felt accepted as a valuable member of the team	90%	85%	80%	90%



Assessing first year student nurses

The table lists the specific statements from the University evaluation form and enables comparison of the results from four consecutive years. It allows the PEF to see where there has been improvement from year to year or in which particular areas a placement has had issues. From this, themes can emerge which can be used to inform mentor update sessions individual to the placement area.

The toolkit clearly demonstrates differences from one year to the next and highlights issues which may indicate themes. Here, the theme emerging relates to mentorship and supervision, guiding the PEF as to the requirements for this particular area. The following are examples of the interventions the PEF team are able to offer to address some of the issues arising from student evaluations:

- * student and mentor stories which are similar to 1:1 or focus group interviews which enable the PEF to explore in depth, with one or more students or mentors, the issues highlighted within the toolkit.
- * work shadowing mentors
- * reflective sessions with mentor and student
- * review current orientation pack
- * conduct an audit of the learning environment
- * mentor support sessions and mentor updates

The particular benefit of the toolkit is that, through the comparison of four years of evaluations, it allows the PEF and the clinical area to see the positive impact their partnership work has had on the learning environment.

Karen Drew & Dawn McFawns, PEFs
NHS Tayside

Assessment at anytime can be anxiety provoking for anyone, but for first year student nurses it can be very daunting, particularly in the community setting where they are working one to one alongside their allocated mentor. While evidence of this anxiety is accessible in literature (Stuart 2007) we do not need to look further than our own experiences and responses to assessment, both in our current role and in our student nurse years. It is, therefore, not difficult to recognise anxieties which include; will their mentor like them?, will they fit in?, how will they get there?, what do they wear?, will they get their outcomes met? (Stuart 2007, Wilkes 2009).

While the process of alleviating these anxieties may begin in the higher education establishment with pre placement preparation, it is also recognised by Stuart (2007) that it is a “moral responsibility” of the mentor to facilitate a learning environment that helps the student to feel safe and supported in their clinical placement. Pivotal to this process is the initial interview, which provides an opportunity to discuss previous student learning and experience, identify learning needs and opportunities, establish abilities and agree experiences that will support achievement of outcomes (Stuart 2007). While self assessment is encouraged, there is acknowledgement that students may not be familiar with their allocated placement. Support may therefore be needed to help them identify appropriate learning opportunities and to facilitate achievement of outcomes. This may be more important if they are first year, and particularly if first placement (Wilkes 2009).

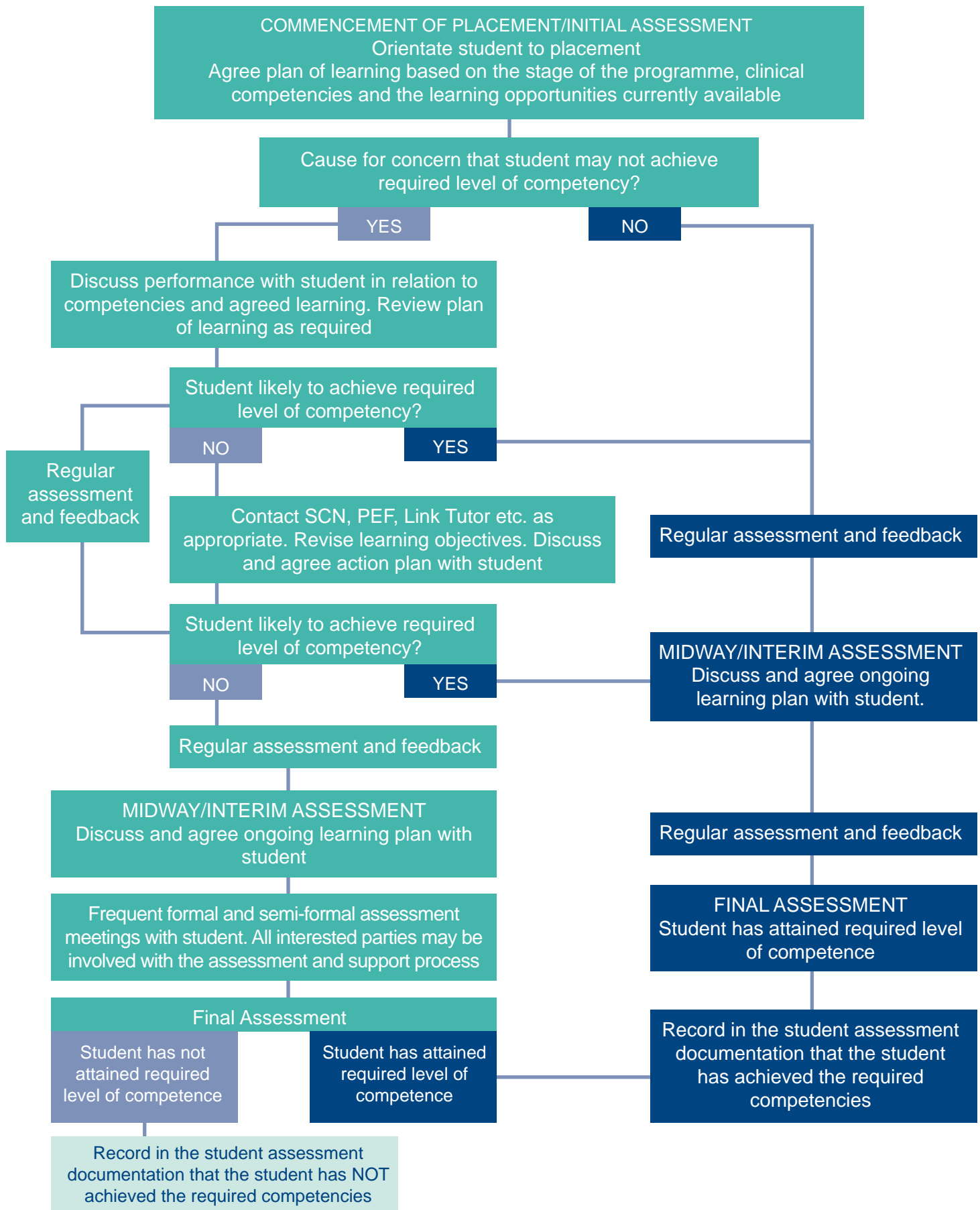
The reliability and validity of assessment is often challenged by the perception that it is subjective and subsequently open to interpretation and influence by mentors. While it may be difficult to deny this, the emotional intelligence of mentors can offset this subjectivity by being attentive to their own personal and professional development. They can be supported in this by accessing mentor updates, training and utilising resources available to them such as library, course leaders and PEFs.

Bernadette Bradley, Practice Teacher/Mentor
NHS Greater Glasgow & Clyde

student assessment

Quick Guide

Assessment and support process for Student Nurses and Midwives



DOCUMENT EVERYTHING

Using the SBAR technique to assess student nurses

The SBAR technique is a communication tool designed to be used between members of the healthcare team about a patient's condition. SBAR stands for:

- S = Situation
- B = Background
- A = Assessment
- R = Recommendation

SBAR

This communication tool is part of the Scottish Patient Safety Programme which was launched by NHS Quality Improvement Scotland in October 2007 and is used in many differing areas of clinical practice.

The tool has been adapted for mentors to assess student nurses' knowledge and understanding about the patient, their condition and care that is

required to be delivered. Use of the tool should promote an open discussion surrounding the knowledge and skills of the student. The student considers the care delivered and can then identify their own knowledge gaps surrounding aspects of care, the disease process and condition of the patient. The mentor can ask the student to revisit this exercise after they have undertaken some further development.

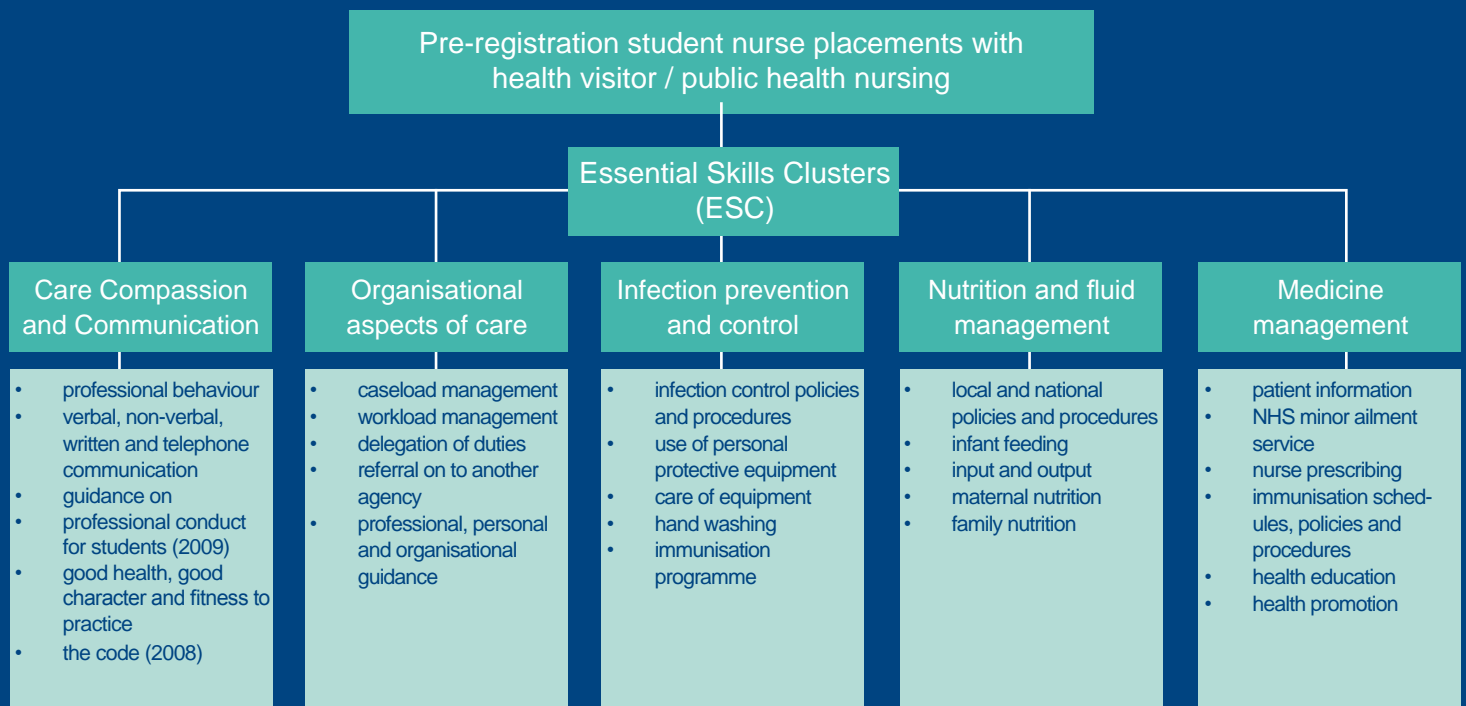
The tool is therefore useful for mentors during the assessment process in order to ascertain students' depth of knowledge. It can also be used to assess the students' communication strategies and should enhance their inter and intra personal skills.

Alison Doyle, PEF
NHS Grampian

Essential skills clusters in health visiting and public health nursing

In order to develop an understanding of the Essential Skills Clusters (ESC) identified by the Nursing and Midwifery Council (NMC 2007) and to embed these ESCs in practice the following chart was developed by a community PEF in partnership

with a clinician working within the children & families service. The purpose of the chart is as an aide memoir to support mentors during assessment of pre-registration student nurses.



The Essential Skills Clusters will, in some areas, be included in the student clinical assessment documentation and in others areas it will be in separate document. If you would like to develop a

similar chart for your area please contact your local PEF.

Grace Hamilton, Practice Teacher and Rosemary Middleton, PEF - NHS Greater Glasgow and Clyde

student assessment

Improving reliability and validity in practice based assessments

This is a brief guide to highlight the approaches to assessment which can enable the mentor to increase the **validity and reliability** of practice based assessment. The traditional definition of validity is the “extent to which a test measures what it was designed to measure” (Stuart 2007). Reliability of assessment could be defined as the result being exactly the same regardless of who the mentor was. Achieving validity and reliability of assessment in practice settings can be challenging.

How do we assess?

In student practice placement assessment we follow these steps:

- * **Initial interview** – within first 48 hours to identify learning plan
- * **Midterm assessment** – formative assessment is carried out during the placement to provide the learners with feedback on how they are doing.
- * **Final assessment** – summative assessment is carried out at the end of a placement to measure what the learner has achieved.

Within this process, we are asked to assess the competence of students through achievement of their proficiencies. To ensure that we improve reliability and validity of this assessment, we should use a range of different assessment approaches in a range of clinical experiences.

There are different ways of assessing these three areas of competence in practice:

- * Observation
- * Discussion
- * Simulation
- * Applied practice

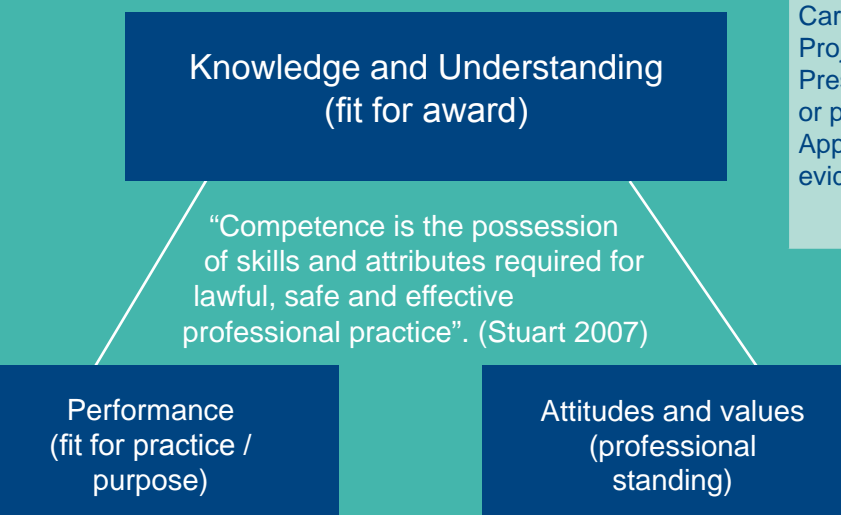
What do we assess?

Some of the examples in the table below could enable you to improve the reliability and validity of your assessment decisions and should be linked to the proficiencies in the student assessment book or Ongoing Achievement Record (OAR). Assessment should take place throughout the student’s placement and it is important to establish effective supervision measures by providing regular supervision, clear guidance and timely feedback.

Knowledge and Understanding	Performance
<p>Discussion – Reflective discussions to evaluate student understanding Feedback with and from others Question and answer sessions Testimonies from others e.g. mentoring team Review the OAR Student’s participation in team discussions</p> <p>Applied practice - Report writing - patient records, GP letters, health promotion information Care planning activity Project work Presentations to other students or planning group work activities Application of policies and evidence based practice</p>	<p>Observed applied practice – Demonstration of a range clinical skills ability e.g. administration of medicines, prioritising care delivery, feedback with and from patient, carer/parent, team meetings, communication of information, conflict resolution, de escalation techniques, team coordination/ leadership experiences</p> <p>Simulated applied practice – Basic life support, violence and aggression training, bandaging techniques, role play, blood pressure monitoring and depot injection technique Problem-based learning scenarios</p>

Summary: Why do we assess?

In your assessment decision-making and recording processes you are confirming that you have observed a standard of practice, which is not only safe and competent but is also the usual standard for the student at that stage in their learning. You are the gate keeper that enables (or not) the student to enter the NMC register.



Mentors and student stories



Mentor Story Part 1

Our specialist team were recently approved as a placement area for students. As the team leader and an experienced mentor, I was keen to take students for a complete experience, rather than on the ad hoc basis as previously. Taking the full responsibility for a student ensures that they encounter the depth of learning experiences the team can offer, as well as providing staff with the professional development opportunities that mentoring provides.

During the second week of the placement, the student's communication skills started to cause the team some concerns and we discussed these with the PEF and after consultation with the personal tutor, it was agreed that the student would benefit from additional learning experiences with a local community nursing team. This diversity would afford the student the opportunity to both consolidate and further develop clinical and communication skills and receive feedback on their practice. We agreed to share mentoring responsibilities between both specialist and community nursing teams and agreed on a named mentor at this time.

Mentor Story Part 2

As an experienced community nurse, I was happy for the team I lead to provide this student with a supported learning experience that was tailored to the student's needs, especially with regard to clinical nursing and communication skills. After initial discussion with the student, it was clear that the student felt that there had been some regression with regard to clinical skills because of lengthy periods of absence from practice. The student also appeared unable to instigate conversations with patients and other members of the team. After providing open, honest and constructive feedback regarding this, the student admitted to a real lack of confidence. A plan of learning outcomes was agreed which incorporated the initial learning plan developed by the specialised team. Over the next six weeks I worked with, and met regularly with the student, providing guidance, encouragement and objective updates on the student's progress. This included the need for improvement in some areas of practice.

With support from the whole team, the student gradually became much more confident with regard to both communication and skills practice. It was very rewarding to watch this student grow and develop into a confident practitioner, especially since both teams had contributed to this process.

The Student Story

I am struggling to find the words to thank my 2 mentors and the PEF for all the help given to me in the above placement. I know that the reason I am starting my new job as a qualified staff nurse is due to the great mentorship skills of both mentors. They spoke with me and listened in a non judgemental way – I have never felt more valued. They both worked alongside the PEF to help me develop my clinical and communication skills and to experience the learning opportunities I needed to achieve my goal.

Throughout my time with these mentors, I was made to feel part of the team where my skills and opinions were valued, appreciated and respected, which I believe helped me regain my confidence in nursing. Most of all I would like to thank everyone for the great support and believing in me. They have helped me regain the joy of nursing which I never believed possible at the time. I am now looking forward to my career in nursing.

Attitudes and Values
<p>Discussion - Reflective discussions on care episodes. Feedback from patient, family and carers Feedback from mentor and the wider team Ability to initiate and plan own learning activities Review the OAR Self awareness through reflection activities</p>
<p>Observed practice Observe interpersonal relationships and professional behaviours. Group and team work Observe communication skills with clients/patients</p>
<p>Applied practice Ability to identify and plan own learning and development</p>


Community nursing and final placement students

My dissertation for an MSc in Community Health involved exploring the experiences of community mentors mentoring final placement students immediately prior to registration. The reason I chose this particular subject was in response to anecdotal comments made by community nurses regarding their concerns surrounding this. Focus groups were held and the participants were asked “What were your experiences mentoring a final placement student nurse?” One theme that emerged was the challenges of “Being a sign off mentor”.

The mentors highlighted concerns in relation to accountability and the clinical assessment of students so close to registration. During discussions mentors agreed that they had always been accountable but felt that since the introduction of the Standards to support learning and assessment in practice (NMC 2008) there was a greater emphasis placed on accountability. The NMC state that a mentor with ‘sign off’ status should have “an in-depth understanding of their accountability to the NMC for the decision they make to pass or fail a student when assessing proficiency requirements at the end of a programme” (NMC 2008 p.21). Mentors in the study appeared to be acutely aware of their accountability and one comment summed up this concern:

““ It worries me how accountable we are ””

Overall, the community nurse mentors enjoyed the challenges and opportunities that mentoring a student nurse immediately prior to registration brought, some of the quotes included:



“The benefit (of community) is it lets them (the students) see how a team works”

“Community gives them an opportunity to follow care through and the student’s confidence can grow as they settle into the role”

“Community is a good learning experience for them because it is such a long placement and they do get the opportunity to get their skills up to scratch.”

“She was a good student, really enthusiastic and you know I really enjoyed bringing her along”.

“I felt she (the student) brought a lot to me... it was good to show her how community care worked...”

Another aspect highlighted when discussing ‘being a sign off mentor’ was the issue of mentor support when failing students in practice. The consensus was that in the final placement, there should be no ‘benefit of the doubt’ given to students. Furthermore, there were indications that there was the need for more education regarding the role of ‘sign off’ mentor and the failing student. Annual updates for all mentors could help to address this issue.

Rosemary L A Middleton, PEF
NHS Greater Glasgow & Clyde

Pre-placement mentor development sessions

The State Hospital receives student nurses on placement from across Scotland, Northern Ireland and the wider UK. Mentors therefore need to be familiar with a wide range of programme structures and assessment documentation. Due to the number of current mentors and the location and capacity of the hospital, our mentors can often spend periods without directly mentoring students. In response, PEFs developed a structure for updating mentors immediately prior to them receiving a student, with the focus being relevant to that particular student/

placement/HEI. This approach has proved beneficial for everyone involved in student learning within the organisation and has had a positive impact on student assessment.

Patients in forensic services are more likely to have complex needs, including treatment resistant psychotic illnesses, disadvantaged socioeconomic backgrounds and co-morbid substance misuse problems, compared with the patient population in general adult mental health services. This

The first year experience in undergraduate nursing

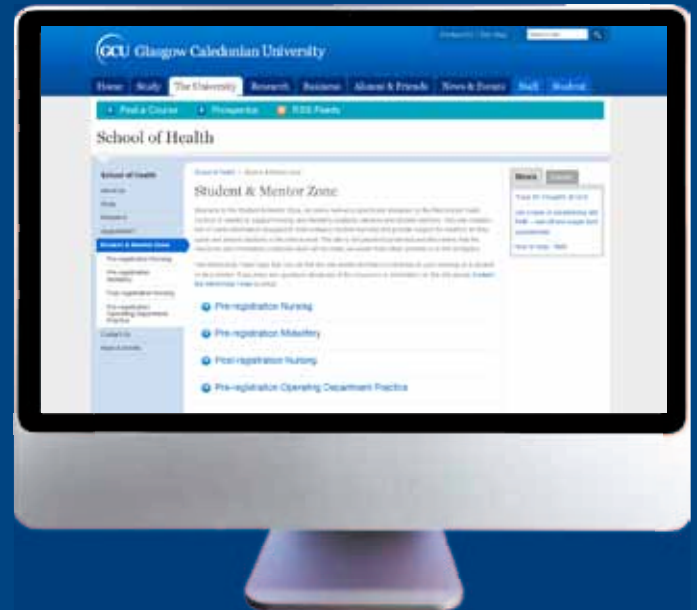
In response to the Quality Assurance Agency (QAA 2005) enhancement theme; The First Year Experience in Higher Education, a team of experienced nursing academics at Glasgow Caledonian University designed, implemented and evaluated an innovative approach to induction. The Enhance Project (2005-2008) supported the transition of students into the first year of higher education. The project provided first year students with a series of structured, interactive seminars and workshops constructed around these identified themes:

- 1 Problem based learning
- 2 Adult Learning
- 3 Time management
- 4 Listening/reading/note taking
- 5 Reviewing and referencing
- 6 Reflection
- 7 Introduction to support service
- 8 Plagiarism
- 9 Critical thinking
- 10 Academic writing
- 11 Personal development planning
- 12 Transisiton to 2nd year

Following the success of this initiative, the team extended the project to support the first year of clinical practice.

The overall aim of this work was:

'To provide support for the professional growth and development of nursing students by implementing a strategy to enhance the first year student experience through the early integration of academic and clinical practice'.



The results of this project influenced the development of the recently launched School Of Health (Glasgow Caledonian University) Student & Mentor Zone. This is a new online resource specifically created to support nursing and midwifery students, mentors and student-mentors. This site contains useful information designed to both enhance student learning and provide support for mentors as they support, teach and assess students in the clinical area.

The Student & Mentor Zone can be located at:

<http://www.gcu.ac.uk/health/studentmentorzone/>

Nicola Andrew, Senior Lecturer
 Claire McGuinness, Lecturer
 Glasgow Caledonian University

highly specialised environment and subsequent learning experience for student nurses cannot be experienced anywhere else. Therefore, it is important to maximise the knowledge and skills that students can gain.

A considerable focus of forensic mental health treatment lies in the realms of risk assessment and risk management. In practice, year 3 students are required to undertake practice placement interventions, some of which specifically centre

on risk assessment. PEFs and mentors during the pre-placement development session actively focus on preparing structured discussions and learning opportunities in respect of risk assessment and management to support students to fulfill these experiential practice placement requirements.

Consequently, as in all areas, mentor preparation and support is crucial to ensure a quality student experience and subsequent reliable and valid assessment.

Linda Steven and Patricia Coia
 PEFs, The State Hospital

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This mentor bulletin has been published to inform and support your development as a mentor by highlighting both local and national initiatives.

What you have learned from reading this bulletin can be recorded as evidence within your portfolio of development. To assist you in recording your evidence, please use the questions listed below.

- * What caught your attention?
- * Can you give examples or illustrate what you have learnt?
- * How can you demonstrate what you have learnt?
- * What information can you share with your peers?
- * What would you like to learn more about?
- * How do you plan to achieve this?

Your comments about the content and format of this edition will inform the development of future mentor publications.

Please forward your comments through to:
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