



Mentor Handbook

A Guide to Supporting Learners in Practice

in conjunction with
Bournemouth University

Foreword by the SWASFT Head of Education and Professional Development

The period of placement the student has during the programme of study can be both challenging and rewarding. Within your professional guidelines and papers, it is well documented that good guidance, support, and supervision are essential during this period.

The support the student receives during this transition in the early stages of their course will help determine both the success of the Student and potentially the quality of care delivered by that student for years to come, allowing timely and effective management of patient care.

I recognise that our Educational Partners provide a wide range of available resources, covering many healthcare professions from a long list of Higher Education Institutions. It is hoped that this Trust document will further support the resources available.

Mentor Handbook: A Guide to Supporting Learners in Practice

This document demonstrates the commitment of the Learning and Development Department in supporting the students and staff of the South Western Ambulance Service NHS Trust with a specific resource for the development of the profession within the Trust.

The value of mentorship has long been recognised by all connected to the education of students on a paramedic programme, this guide has been developed to complement the working relationships with the universities in the region in delivering high quality paramedic programmes. Particular acknowledgement goes to North West Ambulance Service for their support with the development of this Work Book alongside the Practice Placement Coordinators for the Trust.

I hope you find this new and innovative approach to supporting education rewarding and it meets with your approval.

Jim Petter

Head of Education and Professional Development

Introduction

Mentorship is a complex and demanding role, as is the nature of the pre-hospital environment.

Within this guide, we aim to support you every step of the way.

Your assistance in facilitating and assessing learners with the Trust, e.g. Student Paramedics, is greatly appreciated and the Learning and Development Department would like you to have access to key information to support you in your mentoring role.

This document has been designed to support the Named Mentor that is responsible for the clinical supervision, summative development and assessment of a learner attached to the Trust during their professional practice placement, which may be part of a Higher Education or Further Education programme. It is intended that this document should be a source of information and guidance for any member of staff who supports students in practice, providing you with a convenient frame of reference for any issue or questions you may have.

As a named or practice mentor or PPEd you will be an experienced member of staff that is able to provide clinical supervision within your own professional scope of practice during the learner's professional practice placements. You will support student development by facilitating learning, supervising clinical practice and assessing students in the practice setting of the pre-hospital environment.

The important contribution of Mentors in the education of Student Paramedics is pivotal to ensuring the proficiency of paramedic practice.

We hope you enjoy your role as a mentor and find this guide useful.

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Mentorship in Action

Mentorship in Action

The SWASFT Practice Placement Coordinators (PPC) regularly spend time out in the clinical areas providing surgeries for mentors enabling them to access knowledge, expertise in student support and clinical education. The **Mentorship in Action** surgeries are held at various stations across the trust and are an informal 'drop in' format allowing all mentors to meet PPCs and PPEs and discuss anything regarding mentorship and supporting students in practice. The surgeries are also a chance for mentors to get together and discuss their experiences, reflect on their role, and share best practice.

Communication and discussion with your PPC, PPEs and Operations Officers (OOs) is a vital way of getting your voice heard and ensuring that your needs as mentors are addressed so that you can carry out the important role of developing the next generation of registered practitioners, who will provide the highest standards of patient care.

Mentorship

Passing your knowledge and skills to a learner is one of the most essential roles you can undertake. As a mentor you are an essential piece of the collaborative jigsaw when supporting the development of health care professionals for the future. You have the privileged position and responsibility for helping students translate theory into practice, and making what is learned in the classroom a reality ensuring the student is fit for practice.

The importance of your mentoring role and the quality of the mentorship you offer in practice can never be over emphasised. Mentors are key to supporting students in practice, to apply their knowledge, learn key skills and achieve the required competencies for successful registration with the Health & Care Professions Council.

Mentoring involved activities that promote and enhance effective transitions between professional roles, including:

- Identifying learning goals and supporting progression;
- Developing increasing students' control over their learning;
- Active listening;
- Modelling, observing, articulating and discussing practice to raise awareness;
- Shared learning experiences e.g. via observation;
- Providing guidance, feedback and, when necessary, direction;
- Encouragement of self-assessment and reflection on learning;
- Review and action planning;
- Assessing, appraising and accrediting practice;
- Ensure any assessment is valid and reliable, and that their performance is recorded and meets the standards required in the documentation;
- Brokering a range of support.

And finally, let us recognise that we have a lot of good mentors out there and take a light-hearted look at what a mentor **should not** be doing, otherwise known as the toxic mentor (Darling, 1985):

- Start from the point of view that you – from your vast experience and broader perspective – know better than the mentee what's in his or her interest.
- Be determined to share your wisdom with them – whether they want it or not, remind them frequently how much they still have to learn.
- Decide what you and the mentee will talk about and when; change dates and themes frequently to prevent complacency sneaking in.
- Do most of the talking; check frequently that they are paying attention.
- Make sure they understand how trivial their concerns are compared to the weighty issues you have to deal with.
- Remind the mentee how fortunate s/he is to have your undivided attention.
- Neither show nor admit any personal weaknesses; expect to be their role model in all aspects of career development and personal values.
- Never ask them what they should expect of you – how would they know anyway?
- Demonstrate how important and well-connected you are by sharing confidential information they don't need (or want) to know.
- Discourage any signs of levity or humour – this is serious business and should be treated as such.
- Take them to task when they don't follow your advice.

Clutterbuck Partnership (2012) The 12 habits of a Toxic Mentor,. Available at: <http://www.davidclutterbuckpartnership.com/wp-content/uploads/12-habits-of-a-Toxic-Mentor.pdf>, Accessed 16 November, 2015.

The Mentorship Team

The Mentorship Team

Mentorship is not one person's job, the development of a student into a competent practitioner involves some key people within SWASFT. Mentorship can only be effective and rewarding if it is supported and seen as an important part of everyone's roles. Please remember that it is as important to recognise your mentor's crew mates as well, as they have a great deal to bring to the mentoring process too.

This section is designed to explain the different roles impacting on Mentorship and hopefully give the mentor a slightly wider view of the mentorship team. These are not role definitions, more a description of the parts each person plays in supporting and developing mentorship in SWASFT.

Named Mentor

A Named Mentor is a registered healthcare professional with at least 1 year of post-registration relevant experience who holds, or is working towards, a level 6 qualification in mentorship. They are responsible for signing off the summative clinical practice portfolio.

Practice Mentor

A Practice Mentor is a healthcare professional (not necessarily registered) working in a healthcare practice setting and with a minimum of 1 year in role. Support student development of experience and acquisition of skills, observing progression and participate in formative assessments.

Practice Placement Coordinator (PPC)

The Practice Placement Coordinator (PPC) is employed by SWAST and is a qualified professional who is cognisant of the practice environment and works closely with the Practice Placement staff and University personnel. The PPC role is funded by Health Education South West (HESW). They report to the Education Business Manager and the relevant Clinical Training Manager in each division.

The main focus of the PPC role is to assist in maintaining the quality of the practice learning environment. This is achieved by:

- Providing on-going support to any professional who has a responsibility for supporting learners in practice
- Providing advice and guidance on working within the relevant professional body standards
- Offer opportunities for staff access mentor updates
- Offer access to study sessions for staff and students

- In partnership with the Higher Education Institutions assure the quality of the practice learning
- The PPC can also support the learning in practice by working alongside the mentor and student in the practice setting

Practice Placement Educator

A Practice Placement Educator (PPEd) is a paramedic who provide preceptorship support for postgraduates and new joiners; providing a stable, supportive environment for these groups to develop. PPEds also support Trust staff and should not be confused with practice mentors, who support regional university undergraduate students

Placement Orientation

Placement Orientation

The Student's Placement Orientation is the most important part of the student's professional journey as they begin the journey from 'novice to expert' (Benner, 1984), during their Paramedic career development.

As with any first day in a work place, it can be extremely intimidating to walk onto an Ambulance Station for the first time. It is important to remember that the first time you meet your student is probably the very first time that they have set foot through the door of any workplace, so an informal introduction to your station and to the basic ground rules would go a long way to put the student at ease. Ideally, this would be carried out prior to the first placement day, but if this does not occur it should be done on the first day and include:

- Car parking rules
- Door codes
- Where to safely store their valuables
- General layout and organisation of the placement area, with a tour of the station
- Signing on sheets and procedures for commencement of 'duty'
- Location of store rooms
- Procedure in the event of fire including: positioning of fire exits; fire blankets and fire extinguishers
- Use of moving and handling techniques and equipment
- Infection prevention control policies and procedures
- Policy and procedures for reporting accidents and incidents
- Procedures for reporting placement absence and sickness
- Confidentiality procedures
- Introductions to Managers, Administration Staff, and other member of staff
- Location of toilets
- Location of computers and brief introduction to the filing of paperwork (this can be done in more detail when the need arises)
- Kitchen etiquette i.e. labelling of foods stored in fridge etc.
- Brew etiquette (if there is one)

You may want to consider asking the student if they would like an observations shift before their placement to familiarise themselves with the practice environment.

This is where they learn the 'rules' of the placement provider and is an essential part of the process of making the student welcome. It also helps to ensure that the health and safety of the student whilst on ambulance placement remains a high priority.

Evidence is required that this has been undertaken, and this is found in the Practice Assessment Section. In all cases these require a signature from the student confirming that this has been completed, and it is best practice that each Mentor also signs and dates this section. This avoids any issues whereby the student was actually unaware that they were having a placement orientation, and emphasises the importance that both the HEI and the Placement Provider have on this process.

Due to the nature of our work, it may not be possible to carry this introduction out in the morning/night of the first placement shift – however every opportunity should be made to complete this at the earliest opportunity.....remember you too were new once

Practice Assessment Documentation

An introduction to the Practice Assessment Documentation

PADs are developed by Higher Education Institutions (HEIs) and are provided to students before they attend placement. Although the layout of the PAD is quite similar across universities, there are differences with the content and the competencies. There is no universal template for PADs, and, as a result, HEIs are responsible for developing their own documents, according to their interpretation of Health & Care Professions Council (HCPC) guidelines. This documentation may also be referred to as an On-going Achievement Record or a Practice Achievement Record.

The PAD is designed to be a record of what the HEI requires the student to achieve in practice to meet the standards expected. These standards are mapped against the various influential sources, listed below, to determine the student meets the appropriate standards to apply for registration as a Paramedic:

- The Health & Care Professions Council (HCPC) Standards of Proficiency (HPC, 2007).
- The Quality Assurance Agency for Higher Education – Benchmark Statement for Paramedic Science.
- Competence Framework for Emergency Care.
- Joint Royal Colleges Ambulance Liaison Committee – Clinical Practice Guidelines.
- College of Paramedics – Paramedic Curriculum Guidance & Competence Framework 2nd Edition (CoP, 2008).

The PAD serves two purposes: firstly it ensures that the practice learning is embedded against the national benchmark frameworks for paramedics and secondly it contributes directly to enhancing best practice within all areas of care.

The PAD lists the learning outcomes, competencies, proficiencies, clinical skills and behaviours that the student is expected to develop during their clinical placements

It would be expected that as a student progresses through their Paramedic programme that they would become more confident and capable at undertaking the skills identified. Additionally, if during their placements they may not be able to perform some of the skills required due to the nature of the workload – these skills may be assessed by simulation either on placement or, in some cases, the clinical skills labs at the HEIs.

During their practice placements it will be necessary for the Student to meet regularly with their Named and/or Practice Mentors (Health Care Professionals who support students in practice required by their Professional Body e.g. HCPC, or by their employer e.g. SWASFT) on a regular basis to discuss their progress and performance and when satisfied, the Mentor will be able to deem the student competent at the identified skill(s) and behaviours.

When signing to say a student is competent, it is important to understand that this means the student is in possession of sufficient knowledge, skill and professionalism to perform the skills successfully in the workplace.

The PAD forms part of the overall SUMMATIVE assessment of the programme and, therefore, it is an essential requirement for the Student and Mentor to complete this document as it will play an important role in the satisfactory completion of the diploma programme. In circumstances where overall performance in practice has been satisfactory but there are a number of competencies/skills that, for some reason, the student has not been able to achieve, the HEI will review the reasons for this and may allow the student a further opportunity to achieve those competencies/ Skills. **If, through following an agreed action plan, the student has still not managed to achieve those competencies/skills by the end of the next module they may not be able to continue on the programme. This will be determined by the HEI.**

Completion of a PAD

Grading Criteria

The grading criteria can be found at the beginning of the PAD documentation. The grading criteria will help you to grade your student over 4 main elements. This allows you to place your student within an academic bracket instead of providing a percentage for each element.

Grading Criteria

Grading Number	Academic Grade Bracket (%)	Legal and Ethical Issues	Communication	Patient Assessment	Paramedic Skills
0	0 - 10	Unable to apply basic principles Unable to work safely	Inappropriate communication	Inappropriate skills to carry out assessment Unable to relate theory to practice	Unable to perform skills to acceptable level Unable to practice safely and effectively
1	20 - 30	Limited ability to apply basic principles Limited ability to work safely	Inconsistent communication skills not demonstrating care and compassion	Needs frequent prompting to perform assessment Little ability to relate theory and practice	Limited ability to perform skills without prompting Limited ability to perform safely and effectively
2	40 - 49	Application of principles requires some prompting Needs frequent guidance	Communicates clearly with compassion	Can carry out assessment with some prompting, some understanding of skills Some ability to relate theory to practice	Needs frequent guidance and experience to carry out skills
3	50 - 59	Applies principles but needs occasional support Can reflect on practice with help	Able to identify non-verbal cues	Can apply essential skills to most patients and understand most results Can relate theory to practice in some situations	Needs occasional support to carry out skills to proficient in appropriate situations
4	60 - 69	Can apply principles to majority of situations	Uses non-verbal communication effectively Is able to tailor communication effectively to meet diverse needs	Can carry out focused in-depth assessment and understand results Can relate theory to practice in most situations	Performs skills safely and effectively with minimal supervision Starting to consider more complex situations

Professionalism

Following the 4 elements you will find a page for professionalism. On this page you will just need to sign the pass or fail box instead of providing a percentage. If there is some concerns about student achievement then the University and the PPC must be informed.

Elements of practice (Year 1) E. Professionalism Paramedic Practice Portfolio 1 ELO 1 and 2			
Including, but not limited to: 1. Punctual in arriving for shifts 2. Wears uniform correctly 3. Acts in an appropriate manner when interacting with colleagues 4. Acts in an appropriate manner when dealing with patients and relatives 5. Acts in an appropriate manner when interacting with other health professionals 6. Maintains high standards of personal and professional conduct in accordance with the HCPC standards of conduct, performance and ethics			
Placement Number	Sign Pass	Sign Fail	Rationale (if fail)
1			
2			
3			
4			

Overall Mark

The overall mark is given for each placement and will represent the grades the student has been achieving. This is the only page in which you will provide a percentage mark. The best way to work out this mark is to see what grading bracket your student has fallen into for the majority of their elements and then decide a percentage. On the following page is an example of grading a student.

Example:

- Legal and Ethical Issues = 4
- Communication= 4
- Patient assessment= 5
- Paramedic skills= 4

This student is likely to receive a grade within the grading bracket of 4 so will receive an academic grade that should be between 60-69%.

If your student has failed any of their elements and/or professionalism then they will receive 0%.

Overall Mark

Placement Number	Overall Mark (%)	Date	Signed 1 st Marker	Signed 2 nd Marker	Comments
1					
2					
3					
4					

Award overall mark (as a percentage) using the criteria set out in this document. The overall mark must represent the grade that have been achieved in the individual elements. If any elements are failed then the overall mark will be 0%.

2nd Marker

If your student is receiving a percentage below 40% or 70% and above then a 2nd marker is required. Ideally a 2nd marker should be another mentor who is able to witness the students practice.

Placement Reviews

Reviews are a vital part of student's progression within a clinical placement. Every placement will bring new challenges to each student and it is important for interviews to be carried out to highlight these. A Review enables the Student and Lead Mentor to discuss and consider a student's general progress more holistically. It provides a time measures progress appraisal that informs both student and educational provider of the student's broader professional progress/development relative to professional practice placement learning outcomes.

Within the Practice Assessment Document (PAD) there is a Learning contract, mid placement and end of placement interview page for each placement. Below is a list of suggested times for interviews to be carried out:

Learning Contract

Ideally on the first shift to allow the opportunity to identify learning needs for this placement.

The **Initial Review** occurs at the start of the placement.

At this stage the learning outcomes for the placement should be defined and ground rules agreed. The student should identify in association with the Mentor their personal learning need and develop an action plan to support this. Once an action plan has been agreed, this should be signed and dated by both the mentor and student, to ensure a mutual understanding has been achieved.

Mid placement interview

This occurs approximately half way through the placement. This interview allows mentors to highlight any on-going issues and to identify any action plans needed. It's also a positive time to reinforce good practice. If there are any problems then you may want to involve the PPC or the UPLA at this point

End of Placement interview

This should be completed within the last few shifts to allow the student to be debriefed about their placement and to also allow learning needs to be identified to the student for their next placement.

The importance of accurate and detailed documentation cannot be over-emphasised enough

What clinical skills can a student paramedic perform?

A Standard Operation Procedure document C09 is in place to advise you on what student paramedics are clinically allowed to practice under supervision. Following this each student's PAD document will have a skills passport included. This passport will be signed by the Student's University tutor when the student has received adequate training on the skill and is now competent to practice under direct supervision and discretion of a registered professional. Below is an example of this page:

BU
Bournemouth University

Skills Passport

Once a student has received training in a skill it will be signed by the tutor. This will enable mentors to support the student in performing these skills in practice at the appropriate stage of their development.

Skill	Date of Training	Tutor Signature	Student Signature
Basic Life Support			
HTCL			
Oropharyngeal Airway			
Nasopharyngeal Airway			
Suction			
Manual Handling			
Vital signs			
Immobilisation			
Oxygen Therapy			
Nebuliser			
Intramuscular Injection			
IV Cannulation			
IO Access			
Intranasal Device			
Supraglottic Airway			
Endotracheal Intubation			
Needle			
Cricothyrotomy			
Needle			
Thoracocentesis			

Below is also a list which highlights what skills students are taught in which academic year. This list should work as an aid to help you understand at what point your student is at within their clinical abilities.

1st Year:

- Manual airway management
- Op Insertion
- Np Insertion
- Suction
- Laryngeal mask airway/igel
- Adult BLS

2nd Year:

- Adult Intubation
- Paediatric Intubation
- Cricothyrotomy
- Needle Thoracocentesis
- Paediatric ALS

Student Paramedic Drug Administration

Incorporated into the PAD documentation is a drug administration sheet. This sheet highlights medications that are administered across both trusts. This page will be completed and signed by the University tutor when the student has successfully completed their pharmacology module and has received training within simulation on drug administration.

Only when this page has been signed can the student start to administer oral, sublingual, inhaled and intramuscular under the supervision of a registered professional.



Bournemouth University Student Drug Administration

Student Name: _____

This student has successfully completed a module called Pharmacology for Paramedic Science and has received training in simulation to perform intramuscular injections. The student may now administer, under supervision from a registered healthcare professional, the following medicines:

Oral/Sublingual/Inhaled	Intramuscular Injections
Aspirin	Adrenaline 1:1000 IM only
Clopidogrel	Chlorpheniramine IM only
Ethosux	Glucagon IM
Glucose gel 40%	Hydrocortisone IM only
GTN	Naloxone IM only
Ibuprofen	Sufamethoxazole IM only
Ipratropium Bromide	
Losartan	
Oxygen	
Paracetamol	
Salbutamol	

Students are not permitted to administer intravascular or intraosseous drugs.

Formative & Summative Assessments

Assessments are an extremely important part of the Mentor's role and responsibilities in the development of Students.

These assessments form the main element of the student's PAD.

Formative Assessments (Progressive)

Formative Assessments should promote learning and develop the student's ability under conditions in which they can experiment and think creatively – to take time to learn the skill thoroughly with the support of the mentor.

The aim is to provide feedback to the student on their progress and to:

- Maximise learning by supporting learning in practice and theory

- Identify strengths and weaknesses
- Inform the student how they are progressing
- Inform whether competence is achievable or further practice is required
- Provide general guidelines and direction
- Allow for individual development

Formative meetings should, ideally, take place regularly and the results of these will help in the process of action planning or development of a student's individual learning plan or personal development plan which should then be recorded in the PAD.

Summative Assessments (Final)

The purpose of the **summative** assessment is to allow you, the mentor, to make a final judgement on the student's performance throughout the year. Mentors will judge overall achievement based on the following criteria: Does the student:

- Have an appropriate and relevant knowledge base?
- Distinguish between relevant and irrelevant information in problem solving?
- Use knowledge/relevant information in a constructive manner?
- Demonstrate 'safe' practice in designated clinical skills?

During each practice module, the student will experience a number of different placement areas. Not all will offer opportunities to practice and/or achieve all of the competencies/skills.

- Where opportunities exist, the student will first be expected to discuss the competency/skill and its underlying evidence base with their mentor and observe them carrying out the competency/skill.
- The student will then be expected to **repeatedly** practice the competency/skill under supervision.
- The student will be expected to reflect on their own performance and complete the appropriate sections prior to their mentor's assessment of their competence.
- When the mentor feels that the student can **consistently** undertake the competency/skill in a safe and effective manner, they will sign to say competency in that particular competency/skill has been achieved. This judgement may be made at any point in the appropriate placement; as soon as the mentor is satisfied that competence has been achieved.
- Once competency has been achieved, the student should continue to take whatever opportunities are available to practice this competency/skill on subsequent placements and the mentors should sign to advise that the student has had further opportunities to discuss, observe and practice the competency/skill in different settings, even after competency has been demonstrated.

All Core Competencies/Skills must be achieved before the student can successfully complete the Programme.

Hints and tips:

A learning opportunity can occur at any time & in any place. Often students don't recognise day to day activities as learning opportunities and it is very much defined by the mentor's abilities to recognise the strength of every day activities and to develop and create interesting & useful opportunities to expand & develop the students' knowledge and skills.

Examples of demonstrating underpinning evidence or demonstrating skill competency may include:

- ✓ Portfolio evidence of reading recommendations from Government Departments i.e. Department of Health initiatives, National Institute for Clinical Excellence (NICE) guidelines, National Service Frameworks (NSFs) and AACE Clinical Guidelines
- ✓ Portfolio evidence of reading publications from regulatory and professional bodies, e.g. Health & Care Professions Council and College of Paramedics
- ✓ Reflective writing re. peer-reviewed articles from Professional Journals
- ✓ Direct observation of the activity as identified in the PAD
- ✓ Simulation/Role playing/Scenarios/Workshops
- ✓ Formative OSCEs(Objective Structured Clinical Examination)
- ✓ Oral/written questions & answers to confirm student's knowledge and understanding
- ✓ Feedback from another Registrant that the student has been working with
- ✓ Reflection in Practice/Reflection on Practice
- ✓ Feedback from people receiving a student's service

Action Planning & Review

An action plan, or Personal Development Plan, and review should be developed with each student to achieve and agree learning needs of the student. This action plan should identify the resources, time and learning activities required to achieve these needs.

The action plan should clearly indicate the exact nature of the learning outcome that you are hoping to achieve and include clear steps that will be provided to support the student. The focus should not be on problems, rather on what they can do about it with your support.

In addition to the Mentor and Student agreeing the action, this should be shared with the PPC and the HEI to ensure that full support can be offered to the student and mentor from all sources.

Remember: Action Plans can be supportive and shouldn't always be associated with problems, these are designed to help students achieve learning outcomes and gain competence and confidence in their abilities.

Appropriate and well-timed communication is the key to assisting you in your mentoring role and the student in being able to achieve the standard required.

In summary identify issues early, advise the student, notify the Senior Paramedic and Practice Education Facilitator and document all concerns and action plans.

Ideally an action plan will cover the following elements:

1. The date the action plan is developed
2. The exact nature of the learning outcome requiring support
3. What needs to be achieved to demonstrate competency
4. What help will be available to the student to improve their competence
5. A date to review the action plan
6. Signatures with date from both the mentor and student, as demonstrating an understanding and agreement of the implementation of the action plan.

Another tool used for the development of Actions Plans is to make it **S.M.A.R.T.**

S – Specific, significant, stretching

M – Measureable, meaningful, motivational

A – Agreed upon, attainable, achievable, acceptable, and action-orientated

R – Realistic, relevant, reasonable, rewarding, results-orientated

T – Time-based, timely, tangible, trackable

A documented action plan should provide evidence that you are fulfilling your professional accountability and responsibility as a Mentor, by facilitating learning opportunities and undertaking a fair and accurate assessment.

Feedback

A very important element in the development of any Student is the use of regular feedback, as most people have a basic need to know how well they are doing. Effective feedback occurs when the Students are offered insight into their actions and the possible consequences of these actions; this should drive learning progress and is essential in allowing a student to remain on course to reach their goals.

Feedback should describe behaviour, which can be changed rather than personality. The process should help the student and not provide a platform for the mentor to promote their knowledge, superiority or power and is all about sharing information. (Chowdbury et al, 2004).

There is no one way of giving feedback, but there are a number of models available which help to provide a safe environment for the Student, reducing defensiveness and making the experience constructive.

Models include:

Pendleton's Rules

- The Student performs the activity
- Questions are allowed on points of clarification
- The Student says what they thought went well
- The Mentor says what they thought went well
- The Student says what could be improved
- The mentor suggests ways for improvement in a supportive fashion

(Pendleton et al, 1984)

The Chicago Model

- Review aims and objectives of the task
- Give interim feedback of a positive nature
- Ask the student to give their own self-appraisal of performance
- Give feedback focussing on behaviour
- Give specific examples to illustrate views
- Suggest specific strategies to improve performance

(Buckner at al, 1999)

Student Development

Student Development

Continuous assessment of the student throughout the practice placement is important as it will give you the information required to make judgements on an individual student's development. The Practice Assessment Document (PAD) will provide you with the assessment criteria, level descriptors and statements that will assist you in making fair and accurate assessments. To assist you with this, it is very important you become familiar with this document and encourage your student to complete their own assessment prior to you.

Underachieving Students

If the student is failing to achieve and make satisfactory progress within the practice area it is essential that this is identified as early as possible. A failing student is probably one of the biggest of mentoring challenges and mentors may be unsure of the ways that they could tackle this situation. The important thing to remember is that you are not alone and there is support out there to help you. You are not expected to deal with this in isolation.

As a general guide

- ❖ Early identification is essential
- ❖ Speak to your student about these concerns; they may be completely unaware they are not progressing as they should and this may resolve the issues
- ❖ Discuss your concerns with the PPC who will be able to advise and support you
- ❖ Should you feel the student is struggling in academic areas such as underpinning knowledge the HEI students' personal tutor or other lecturer is a good source of contact and will be able to advise and support you
- ❖ Complete a Mentor Advisory Log (FORM 001) and send a copy to your PPC. It is essential that we have accurate documentary records and evidence in order to provide support and give guidance
- ❖ Develop an action plan in order to address the identified practice elements and include this in the students Practice Assessment Document. Try to be specific and make achievable learning outcomes with a time for completion/review date. Your PPC and allocated personal tutor can help you with this.
- ❖ On the view date re-visit and discuss with the student how they are progressing. (You can have the PPC present with you if this will help). If the problems have not yet been resolved, a further action plan will need to be drawn up with a new review date.

If the student fails to achieve by summative assessment time the PPC and HEI need to be informed so that a referral system can be put in place. You must be happy that your student has achieved the required standard in all areas before signing off summatively. You **will not** be pressured to sign off a student who you have assessed as not meeting the standard required.

Appropriate and well-timed communication is the key to assisting you in your mentoring role and the student in being able to achieve the standard required. In summary identify issues early, advise the student, notify the Senior Paramedic and Practice Education Facilitator and document all concerns and action plans in the practice assessment documentation.

Mentor 'Hopping'

The delicate relationship between mentor and student inevitably involves dealing with some confrontation and this is a point that some students in practice will turn to different mentors with whom they may feel more comfortable with and less challenges by the practice of 'Mentor Hopping'.

Mentors who do not necessarily have that formal relationship with the student or perhaps don't have the whole picture of the student's progress are less likely to challenge them regarding their underpinning knowledge or the less tangible skills and so the student is more likely to be signed off.

Avoiding this practice is never easy; the positive learning environment created by a student working with a variety of practitioners should be encouraged but this can give students the opportunity to mentor hop when things get difficult so using the formative assessment process in the PAD can help to build up a student's practice allowing other practitioners to comment on a student's progress so that the mentor can make a better assessment of the student at summative assessment. It is very important to ensure that the summative sign off of a student is only completed by their named mentor as the normal, or with the involvement of the local SP if this is not practical.

Any requests for change of mentor should be very carefully considered keeping the mentor hopping practice in mind. While students might have genuine reason to want to change mentor, but with the use of the FORM 002 mentor transfer request process involving the whole mentorship team this should be avoided.

Overachieving Students

Occasionally you may mentor a student who you feel is developing over and above where they would typically be at the stage of the programme (Ryan and Halliwell 2012). What can you do if this happens? The important thing is to recognise this and look at how you can encourage the student to continue to achieve and perhaps find ways to produce further challenges for them. If you feel your student is doing something particularly well or you can relate their performance to a particular job they attended you can complete a Mentor Advisory Log (FORM 001) and send this to the PPC who will forward this to the HEI. This can then be included in their Record of Achievement. It is always nice to be able to give a student a pat on the back and we feel it is important to recognise and record this.

Reflective Practice In Mentoring

Reflective Practice in Mentoring

Reflective practice is a useful part of your Mentorship tool kit and should be seen as a positive practice in all areas of your work.

Students in practice often adopt an aspirational learning style; the behaviour they see in their mentor is the behaviour they want to mimic. (Bandura, 1977).

As flattering as this is, a Mentors Role isn't about creating a "Mini-Me"; it's about enabling a student to explore their own style and behaviour and guide them through the choices they make in practice: **Developing thinkers, not training doers!**

Mentors need to encourage students to question the practice they see, find the evidence that practice is based upon, use the knowledge they have been taught in University and, using reflection, start to make decisions about the way they will practice independently.

Reflective practice in a mentoring situation has two uses;

- A tool to help the Mentor to explore their own practice and reflect upon what the student is seeing and therefore aspiring to;
- A tool to help the Student to reflect on the mentor's actions, their reaction to the mentor's actions and how they will let this form their practice in the future.

Reflection isn't complicated and is actually part of human behaviour; the skill in reflection is to use it in a more positive way.

Simple basic of Reflection are 5 questions;

1. Who was involved?
2. Where did it happen?
3. When did it happen?
4. What happened?
5. Why did it happen?
6. How did I react to this, and how do I move on from this?
7. What have I learned from this?

(Jasper 2003)

The different models created over the years focus on different parts of the process and guide you to think about things in different ways, but the basic process is that simple.

A Mentors role in developing a Students reflective practice can be an uncomfortable one; encouraging the Student to critically reflect on the Mentors practice identifying what they felt was positive and, indeed, negative about the Mentors practice is a

difficult thing to do but an essential part of the mentorship process. A Mentor who reflects openly and objectively on their own practice will encourage the Student to do the same. So effective Reflection will not only improve the Mentor's own practice, but also instil this principle in the Student for their future practice.

A reading list is provided with this guide that you may find useful in exploring what model of reflection suits you best.

Professional Practice Placements

Professional Practice Placements

As a placement provider we undertake to provide placement learning opportunities for all health related learners from any of the agreed higher education institutions in the south west, this includes:

- Operating department practitioner students
- Physio, OT, podiatry, radiography, and all professions allied to health
- Medical students
- Registered nurses undergoing post registration education
- Trainee Assistant Practitioners/Cadets

These learners are given placements within SWASFT through the Observer Policy, and we ensure that they are on appropriate programmes of study and that their learning outcomes can be met through their experience with us; though it is very unlikely that mentors, as such are required for these learners it may be that you will be asked to supervise a learner in practice whilst they are with us and ensure they are welcomed and well looked after.

Placements are arranged for these learners by the PPC in conjunction with the Education Business Manager in collaboration with the ROC and local Operations Officers.

Further Support

Further Support

There are various personnel and resources available within the Higher Education Institutions (HEI) to provide you with support and guidance on some student issues.

Academic Advisers

They are responsible for monitoring the student's personal and academic development. The UPLA and Student will keep them updated of any concerns and in particular when a student's placement deviates from normal expectations/arrangements.

Bournemouth University	Peter Phillips pPhillips@bournemouth.ac.uk 01202 962759	Joint Programme Lead
Bournemouth University	Alison Trinder atrinder@bournemouth.ac.uk 01202 962757	Joint Programme Lead
Bournemouth University	Christoph Schroth chris.schroth@bournemouth.ac.uk 01202 962758	Tutor
	Paul Savage psavage@bournemouth.ac.uk 01202 962757	Tutor
SWASFT Practice Placement Coordinator	Andy Wade andy.wade@swast.nhs.uk	East Division

Please refer to the Student's PAD for further information on how to access this support.

The UPLA link for your station

Each ambulance station has a link UPLA to help with any Bournemouth University student issues

Jo Hirdle (**Frome**)

Email: jhirdle@bournemouth.ac.uk

Mobile: 07545 420729

Megan Lloyd (**Christchurch**)

Email: mlloyd@bournemouth.ac.uk

Mobile: 07545 420732

Belinda Humphries (**Blandford, Swanage, Wareham, Cirencester**)

Email: bhumphries@bournemouth.ac.uk

Mobile: 07545 420727

Donna Griffin (**Bournemouth**)

Email: dgriffin@bournemouth.ac.uk

Mobile: 07734967633

Eleanor Jack (**Poole and Salisbury**)

Email: ejack@bournemouth.ac.uk

Mobile: 07545 420732

Sarah Keeley (**St Leonards and Wimborne**)

Email: skeeley@bournemouth.ac.uk

Telephone: 01202 961192

Paula Shepherd (**Dorchester, Bridport, Weymouth, Bodmin and Shaftesbury**)

Email: pshepherd@bournemouth.ac.uk

Mobile: 07545 420730

Claire Uren (**Taunton and Yeovil**)

Email: curen@bournemouth.ac.uk

Mobile: 07545 420728

Expectations of our students

Working shifts

Student Paramedics are required to work all ranges of shifts including nights. This ensures they can experience the 24 hour a day, 7 days a week nature of healthcare.

Working week

Students are required to work a full working week and will be scheduled to work approximately 4 shifts a week whilst on placement to ensure that they meet with the European Working Time Regulations.

Supernumerary status

All students' paramedics are classed as supernumerary and will always 3rd man on an ambulance or a rapid response vehicle.

If a student is off sick

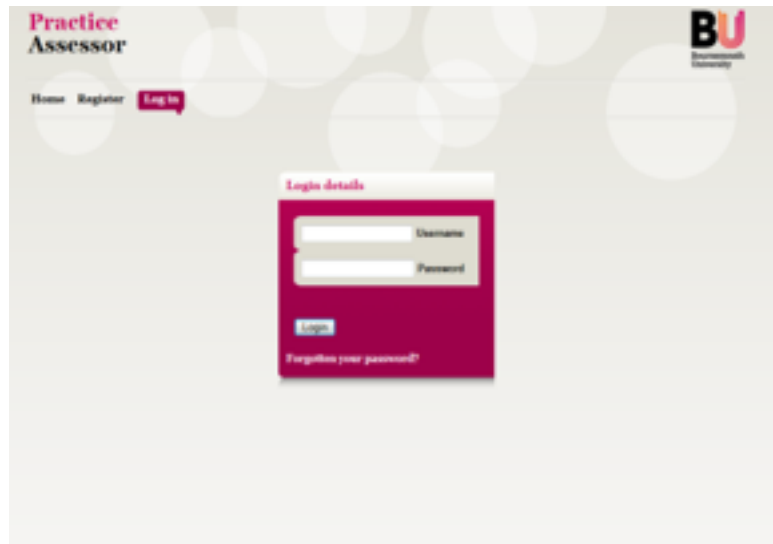
Students should report any absence whilst on placements to the general reporting hotline 01202 965000 or hscplacements@bournemouth.ac.uk. The student should also advise their mentor as well as their scheduling or placement coordinators.

For SWAST- placementcoordinator.east@swast.nhs.uk

Practice assessor website

This website is there to offer mentors information and guidance. You will find placement handbooks and year plans amongst other placement information for all BU healthcare programmes. To register all you will need to do is visit the web page below and create a password and username. The URL for this site is:

<http://practiceassessor.bournemouth.ac.uk/login>



SWASFT <http://www.learnwithswasft.co.uk/> Web Site

The <http://www.learnwithswasft.co.uk/> Web Site has been developed as an excellent tool to support Staff and Student Paramedics with their own Person Development and is an eLearning website provided by the South Western Ambulance Service NHS Foundation Trust. The link for this web site is <http://www.learnwithswasft.co.uk/>

It provides links to:

- Library and Information Services: providing information and support to staff in developing their portfolios
- Continuing Professional Development: providing information and support to staff in developing their portfolios
- Online Learning: access to a number of eLearning educational modules
- Learning & Development Team SWASFT
- Emergency Preparedness

FORM Documents

These forms help to form a consistency across the Trust as a guide for Mentors and Registrants wishing to Support Students in Practice. FORMS are available through the PPC.

This **Mentorship in Action server** page can be found on..... a conduit whereby the SWASFT Practice Education Facilitators can provide support to Mentors within SWASFT, and thereby, help each individual student receive a quality placement.

Documentation which can be accessed, including a description of when to use, includes:

FORM 00: Practice Advisory Log
FORM 002: Mentor Transfer Request
FORM 003: Reporting of Non-Paramedic Placements
FORM 004: Reporting a Student Fitness to Practise Concern
FORM 005: Student Personal Information
FORM 006: Concerns in Placement
FORM 007 - Practice Placement Evaluation
FORM 008: Placement Documentation Audit
FORM 009: Practice Handover Log
FORM 010: Placement Charter
FORM 011: Action Plan
FORM 012: Station Audit
Guidance to Completion of FORM Documents
Information on PPCs and Mentors

The Descriptions are quite self-explanatory, e.g.:

If you have a query about any aspect of **Mentorship in Action**, please contact the SWASFT PPC for your area

Supporting Students with Disabilities

The Equality Act 2010 is a piece of legislation which protects disabled people. In accordance with the Act, should a disability be disclosed we must assess if reasonable adjustments can be made in the practice setting and that these are put into place whenever possible.

“All students who commence courses with practice based elements will be asked to consider if they have a disability which may affect their ability to carry out normal day to day activities during an initial meeting with their personal tutor (Dunbar et al, 2012, p19)”. If the student has disclosed information on a learning need at the university, an assessment will be implemented. An Individual Learning Plan (ILP) will be drawn up with recommended reasonable adjustments. The completed ILP will normally be sent out to practice placement sites/Practice Education Facilitators at least 4 weeks prior to practice experience.

Students may have concerns about disclosing a disability for fear that this will disadvantage them or they will face discrimination. As a placement provider we have a responsibility to ensure that we support all students and actively seek to encourage disclosure and discussion enabling action plans and effective support to be put in place.

It is hoped that if you are mentoring a student with learning needs they will disclose, to assist you in supporting them. Occasionally and certainly at the beginning until trust builds up they may be reluctant to do this. As you begin working with your student you may identify areas that your student is experiencing some difficulty with and this can be addressed via reflective discussion, e.g. you may notice that your student is poor at spelling or has difficulty note taking. How can you manage this situation? You could broach the subject by asking them how they feel they are achieving with taking history and noting down the information provided and they identified any difficulties with this. This may be enough to encourage communication and ensure that your student feels they can ask for support and guidance. The initial review where students are required to write down their strengths and weaknesses would also be a good opportunity to ask them if they feel they have any need for additional support in writing down information and note taking.

Where there is a risk to the student, staff or patients the student should be removed from the practice placement setting until the university can be contacted. In the first instance please contact the PPC for further advice.

Further Reading & References

Further Reading & References

Bandura, A. (1977) Social Learning theory: understanding Bandura's theory of learning. <http://psychology.about.com/od/developmentalpsychology/a/sociallearning.htm> (date assessed 10/12/12)

Benner, P. (1984) From novice to expert: excellence and power in clinical nursing practice. London: Addison Wesley

Buckner, H, Atkorn, D., & Cook, S. (1999) Giving effective feedback to medical students: a workshop for the faculty and house staff. Medical Teacher. 21: 165-165

Chowdbury, R. R. & Kalu, G. (2004) Learning to give feedback in medical education. Royal College of Obstetricians and Gynaecologists. 6: 243-247

Clutterbuck, D (2006) Everyone needs a Mentor: Fostering Talent in Your Organisation. Chartered Institute of Personnel & Development

Darling, L. A. W. (1975) What to do about toxic mentors. Journal of Nursing Administration. 15: 43-44

Dunbar, M., Wood, P., Gandhi, S., Thomson, Y. & Harley, G (July 2012) v1. Supporting Students with a Disability in Practice Settings. Best Practice Guide for Students, academics and Practice staff in Health & Social Care Settings. University of Central Lancashire.

Edge Hill University. Mentorship Handbook

Elcock, K & Sharples, K (2011) A Nurse's Survival Guide to Mentoring. Churchill Livingstone Elsevier

Garvey, R. (2008) Coaching & Mentoring: Theory and Practice. SAGE Publications Ltd.

Gopee, N (2008) Mentoring and Supervision in Healthcare. SAGE Publications Ltd.

Health Professions Council (2008) Standards of Education and Training

Honey, P & Mumford, A (1989) The Manual of Learning Styles. Peter Honey Publications, Maidenhead.

Kay, D (2007) A Practical Guide to mentoring: how to help others achieve their goals. 3rd Ed. How to Books

Kolb, D. A. (1984) Experiential Learning, Prentice Hall, NJ

Knowles, M. S., Holton III, E. F., Swanson, R. A. (2011) *The Adult Learner* (7th Ed). The definitive classic in adult education and human resources development. Elsevier, Oxford

Liverpool John Moores University, *Mentor Handbook*

Mohanna, K., Wall, D. & Chambers, R. (2004). *Teaching Made Easy: A Manual for Health Professions*, Radcliffe Medical Press, Oxford

Murray, C, Rosen, L & Staniland, K (2010) *The Nurse Mentor and Reviewer: Update Book*. Open University Press

Parsloe, E & Wray, M (2000) *Coaching and Mentoring: Practical Methods to Improve Learning*

Pendleton, D., Schofield, T., Tate, P. & Havelock, P. (1984). *The consultation Approach to Teaching and Learning*. Oxford Medical Publications.

Pokora, J (2007) *Coaching and Mentoring at Work: developing effective practice*. OU Press

Reece, I & Walker, S (2007) *Teaching Training and Learning: A Practical Guide*. 6th Ed. Business Education Publishers Ltd

Standing Committee of Postgraduate Medical and Dental Education (1996). *Appraising Doctors and Dentists Training*, London, SCOPME

Walsh, D. (2010) *The Nurse mentor's handbook: supporting students in clinical practice*. Open University Press

Zachary, L (2000) *The Mentor's Guide: Facilitating Effective Learning Relationships*. Jossney Bass