



# **Mentor Handbook**

## **A Guide to Supporting Learners in Practice**

in conjunction with  
University West of England

## **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 Foundation 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 help in development of this work 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 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.

## Contents

## Page

Mentorship in Action

The Mentorship Team

- Associate Mentor
- Mentor
- Senior Paramedic
- Advanced Paramedic
- Practice Education Facilitator

Placement Orientation

Practice Assessment Documentation

Student Development

Reflective Practice in Mentoring

Professional Practice Placements

Further Support

- Contacts
- SWASFT Learning Zone
- SLIP Documents
- Supporting Students with disabilities

Student Clinical Skills Licence

Further Reading & References

Appendix 1

Appendix 2

Appendix 3



# **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 ranked 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, ranked 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.
- Never, ever admit that this could be a learning experience for you, too.

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.

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 the 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.

**N.B. Mentors are referred to as PPEds in University documentation. This can cause confusion for students and mentors, and it should be made clear to students that a SWAST ranked PPEd has a different role.**

### 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

## Practice Placement Educator

A SWAST Practice Placement Educator (PPEd) who is ranked with 1 pip, 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 Named Mentors and Practice Mentors, who support regional university undergraduate students.**

## Frequently Asked Questions

*How to I access Mentor training and other courses?*

Courses will be advertised through the Learn with SWAST website, and through the Chief's Brief. Mentors will be given priority for some courses, and may receive some funding.

*Will I have to have the student all the time for 3 years? I don't know if I can commit to that.*

No, ideally you will remain their named Mentor for the whole course, but it is encouraged that the student gains experience of a variety of mentoring styles and clinical practice viewpoints. This is best done through a team approach of a named Mentor and associate Mentors. (Also, don't forget, they will be in University and on break for a large part of the year).

*Who will support me if it all goes wrong or I need advice?*

Your PPC is there to provide support and advice. You may also want to chat with LDOs and ranked PPEds about specific teaching and mentoring advice. Your students University are also there to provide guidance about the student and their course.

# 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**

## Overview

A practice placement is where learning opportunities are available for the student to undertake practice under supervision.. A practice placement has a direct bearing on their ability to work effectively and integrate theory to practice. A placement educator will facilitate and assess the learning, enabling the achievement of required learning outcomes and competencies.

Professional practice placements account for precisely half of the programme and students will gain experience in a variety of clinical settings. There are placements across Avon, Gloucestershire and Wiltshire in the settings of emergency and unplanned care. These include the South Western Ambulance Service NHS FT, emergency departments in most of the major hospitals, operating theatres, coronary care units, children's units, and obstetric units.

The course is modular in structure. Each module contains elements designed to develop the knowledge, skills and attitudes students will require, in order to function effectively as paramedics. There is a balance of 50% practice and 50% theory throughout the course. Whilst in practice placement settings each student is allocated to a paramedic or other suitably qualified professional to act as their mentor.

## Programme Structure

### **For students enrolled in the ECA to Paramedic Conversion programme:**

#### **FdSc Paramedic Science conversion course ECA to Paramedic**

Module	Credit size
Evidence Based Practice	20
Clinical Theory for Paramedic Science 2	20
Paramedic Practice	40
Physical Assessment and Clinical Resoning	20
Contemporary Paramedic Practice	20

### **For students enrolled on the BSc Paramedic Science degree:**

#### **Year 1 BSc (Hons) Paramedic Science**

Name	Credit size
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Foundations of Paramedic Practice	30
Principles Of Pre-hospital Emergency Care	15
Life Sciences for Paramedics	30
Interpersonal Skills for Paramedic Science	15
Medical Conditions Emergency Care	15
Trauma Emergency Care	15

### Year 2 BSc (Hons) Paramedic Science

Name	Credit size
Psychosocial Aspects of Paramedic Practice	30
Pre-hospital Emergency Care of the Child	15
Paramedic Practice 1	30
Evidence Based Paramedic Practice	15
Emergency Care of the Elderly	15
Advanced Life Support Skills	15

### Year 3 BSc (Hons Paramedic Science)

Name	Credit size
Advancing Paramedic Practice	30
Paramedic Practice 2	30
Applied Paramedic Pharmacology	15
Contemporary Paramedic Practice	30
Major Incident Clinical Care	15

### **For students enrolled on the Distance learning HE Diploma:**

<b>Ye ar 1</b>	Compulsory Modules
	UZYRMW-30-1 Applied Anatomy and Physiology for Paramedic Science
	UZYRN4-15-1 The Essentials of Pre-hospital Emergency Practice
	UZYRMX-15-1 Communication Skills for Paramedic Science

	UZYSMY-30-1 Foundations of Paramedic Clinical Practice (Note: Module concludes in year 2)
Ye ar 2	Compulsory Modules
	UZYSRN3-30-1 Physical Assessment and Clinical Decision Making
	UZYSRS7-15-2 Psychosocial Studies for Paramedic Science
	UZYSRR8-15-2 Emergency Care of the Older Adult
	UZYSRRW-30-2 Paramedic Clinical Practice (Note: Module concludes in year 3)
Ye ar 3	Compulsory Modules
	UZYSRRX-15-2 Pre-hospital Emergency Care of the Child and Adolescent
	UZYSRQN-30-2 Contemporary Paramedic Clinical Practice
	UZYSRSB-15-2 Research and Evidence Based Paramedic Practice

## The Role of the Named Mentor

**Guide the student towards experiences that will assist the achievement of outcomes**

**The named mentor will:** - normally be a registered **paramedic** (may be another registered healthcare professional in non-paramedic placements)

- Normally have **12 months post registration** experience;
- have undergone appropriate development for the role;
- possess a willingness to undertake the commitment of the named mentor role;
- act in a **lead role** in the co-ordination of student teaching and assessing requirements;

- have a good working knowledge of the student's **educational and clinical programme**;
- understand the expected **learning outcomes** of the student being supported;
- participate with the student in **reflective** activities;
- understand what creates a **good learning environment** and strive to achieve this within the clinical area and the mentor-student relationship;
- **facilitate** the student in the identification and achievement of their own outcomes for the placement;
- ensure that the student has a satisfactory number of **supported hours** during a placement;
- ensure adequate cover with a **practice mentor** when unavailable;
- **liaise** with the **practice mentor** to ensure continuity and fairness in teaching;
- ensure that a safe level of supervision is achieved, so that the student always works within the **HPC Code of Professional Conduct**;
- meet with the student at regular intervals to **discuss progress**
- understand the **assessment tool** in use;
- participate in the assessment process and have an understanding of a **shared responsibility for the evaluation of the student's clinical learning outcomes** and verification of the achievement of competencies;
- contribute to a **supportive learning environment** and quality learning outcomes for students;
- be **approachable, supportive and aware** of how students learn best;
- have knowledge of the **student's programme of study**;
- be willing to share their **knowledge of patient care**;
- identify specific **learning opportunities** that are available within the placement area;
- ensure that time is identified for **interviews** with students in order to assess learning needs and develop action plans when necessary;
- **observe** students practicing newly learnt skills;
- encourage the application of **enquiry-based learning** and problem-solving to situations, as well as giving factual information;
- build into learning opportunities the chance to experience the skills and knowledge of **other specialist practitioners** such as ECPs;
- provide time for reflection, **feedback** and monitoring of students' progress;
- ensure that students have constructive feedback with suggestions on how to make further improvements to **promote progress**;
- **seek evaluative feedback** from students at the end of their practice placement experience.

**The mentor role is multi-faceted**, they are expected to facilitate the student's attainment of the learning outcomes through assessment, planning, clinical support and role modelling.

Each student is required to have an educator in the clinical setting. It is understood that the educator may be unavailable at times due to leave, night duty or conflicting shift patterns. When this occurs an associate educator should normally be allocated to take over the mentoring responsibilities.

The educator is expected to facilitate the student's progress during the clinical placements by assisting the student to achieve outcomes relevant to that placement. The educator also has a joint role, with the university programme leader, in the verification of the student's competence and fulfilment of the requirements for progression to the role of entry-level paramedic.

### **The Mentor as Facilitator**

The term facilitator comes from the Latin 'facilitas' meaning 'easiness', and the verb 'to facilitate' means 'to make easy, promote or help forward'.

The educator facilitates the practice placement for the student. Facilitation is a means of teaching which has the following characteristics:-

- Provides the environment for learning;
- provides the resources for learning;
- provides the opportunities for learning;
- provides the opportunities for teaching;
- removes obstacles to accessing placements;
- encourages reflection;
- encourages self-directed learning;
- encourages participation;
- keeps the student focussed;
- provides the means for achievement of competency.

### **The Mentor as Teacher**

The mentor's role as teacher is well defined by its derivation from the old English word, 'taecan', meaning to 'point-out' or to 'show'.

The mentor teaches that most important part of the curriculum; establishing connections between learned theory and clinical practice. It is not enough just to teach a sequential technical skill; skills teaching needs to also encompass the following:-

- When the skill should be applied;
- When the skill should not be applied;
- Why the skill is needed. What rationale underpins its use;
- How might the skill be adapted in differing scenarios;
- Identifying links with other areas of practice;
- What might the patient be feeling as a result;

- How it links with the overall, holistic care of the patient;
- It may identify a learning need.

In practice, the mentor should explore and develop this learned theory by questioning the student. Within the emergency environment, it may not be practical or ethical to do this at the time. It may be more appropriate to do this immediately after the call has been completed using the questions as a form of ‘reflection-on-action’ (Schön: 1983).

### The Mentor as Assessor

There are clearly potential issues of conflict between your supporting role and assessing role. When providing feedback there is a fine-line between the negative and the positive. Perhaps the best way of looking at this is as **supportive assessing**.

<b>Student Practices</b>	The mentor: Observes
<b>Student answers</b>	<p>Questions to check the student’s underpinning knowledge and rationale for actions</p> <p>Questions the student about his thoughts on how well the skill was applied or the incident went</p>
	<p>Provides feedback</p> <p>Commences with the things that went well and progresses through to what didn’t go so well</p>
	<p>Allows opportunity for student explanation and discussion</p> <p>Question student about how to take the experience forward; lessons for next time and, if necessary, agree on an ‘action plan’</p>
	<p><b>Feedback Sequence:</b> it can be seen that the feedback process facilitates the job of the mentor to emphasise the positive and facilitate action on the negative. Depending on how things went, it is important to be proportionate, but not allow it to become disillusioning.</p>

Assessment is a continuous process and in the final analysis a single incident should not be allowed to ‘make or mar’ a learner’s reputation

Assessment is a continuous process of learning in which the learner is equally involved with their assessment. Within this process there is both formative and summative assessment.

**Formative assessment** is diagnostic in nature and is concerned with the development of the student, with identifying strengths and weaknesses, and with providing the student with feedback on their progress during the learning process.

**Summative assessment** is a final assessment that occurs at the end of an experience and is decision making in nature.

## The Placement Educator as Role Model

The dictionary defines a role model as “a person whose behaviour in a particular role is imitated by others” (Webster’s Medical Dictionary: 2008). It can be seen that this definition does not identify the type of behaviour to be imitated.

As soon as you put on the paramedic uniform you become a role model. It might be said that you have no choice about this. Your appearance, your bearing, your language, your intonation, your interpersonal skills and your clinical skills; all can be seen by your peers, patients, relatives, other health care and emergency care workers and student paramedics. The paramedic is in a high profile profession and every move is observable and therefore open to interpretation and criticism by others.

Does your practice stand up to scrutiny; imagine if you were to appear in a ‘undercover’ documentary about your profession; would you be proud of your actions or would you squirm with embarrassment?

Whilst you may have no choice about whether you are a role model; you do have a choice about the sort of role model you will be. Will you be positive or negative; constructive or destructive; only you can decide.

Role Model – How shall the student know us?	
Positive	Negative
Constructive	Destructive
Encouraging	Dismissive
Thoughtful	Thoughtless
Smart	Scruffy
Reserved	Gossipy
Proactive	Reactive
Open	Closed
Listener	Talker
Professional	Unprofessional

As paramedics, we are shaped by our experiences of working alongside others. These experiences are absorbed and inform our decisions about the way we apply our knowledge and skills.

## Documentation

As part of the three years, students are required to develop a portfolio of evidence towards the basic and advanced practice outcomes.

The development of this practice assessment document reflects the Health Professions Council Standards of Proficiency for Paramedics (2003), as identified in each individual element of practice. Each element also reflects the Joint Royal College Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines (2006) and the College of Paramedics (BPA) Curriculum Framework Document (2008). Any additional information /documents deemed relevant i.e. Department of Health and the Quality Assurance Agency have also been referenced, in order that students and mentors can cross refer to each document, if required.

Clinical practice and the development of knowledge and skill are at the centre of this assessment document. This Practice Assessment Document records the student's progression, in placement throughout the programme. It also provides information concerning the roles and responsibilities in the assessment process. Further information is also provided within the Student and Mentor Handbooks.

## Assessment Criteria

There are four ascending levels against which the student Paramedic should be assessed. Each element of practice has a target level to be achieved by the end of each year.



## Formative and Summative Assessment

- The student can be assessed formatively in any area, at any time;
- The student should have a minimum of one and a maximum of three **formative** assessments recorded for every element of practice ;
- In order to pass at the first attempt the student **MUST** have one **summative** assessment recorded for every element of practice by the end of the year;
- It is acknowledged that the student might not get the opportunity to demonstrate competency through lack of exposure to certain types of emergency calls;
- The mentor who undertakes the summative assessment must record the result in the record of achievement;

- All the elements of practice must be assessed by the student and the mentor, but the mentor’s decision will be considered as final;
- At any time during the placement, the student and educator may record achievement of an element of practice. Students are expected to provide sufficient evidence of learning to enable effective dialogue to take place in relation to their capabilities. A portfolio of evidence of learning is important and should not just be a record of what has been undertaken (i.e. descriptive). Students **must also** present sufficient reflective written evidence in their portfolio for the educator to be able to make an assessment decision.

**Assessing the elements of practice**

- Each element of practice has a required level of competency. (See Figure 6 and Appendix A)
- In order to pass, the student must have achieved all the criteria within that particular required level of practice for each element
- The student must have achieved the level of ‘Independent’ by the end of the programme to be accepted as an entry-level paramedic.

<b>KNOWLEDGE</b>	<b>PERFORMANCE</b>	<b>UNDERSTANDING</b>
Applies evidence based knowledge Demonstrates awareness of alternatives Sound rationale for actions Makes judgements / decisions based on contemporary evidence	Confident / safe / efficient Works without direction / supervision Able to prioritise Able to adapt to the situation	Conscious / deliberate planning Actions/ interventions/ behaviour are appropriate to the client & situation Gives coherent / appropriate information Identifies & makes appropriate referrals

Figure 9: Criteria against which the paramedic will be assessed

- The **Record of Interview** (Appendix B) forms should be used to note discussions and progression, plus any additional learning achieved
- Students and clinical staff need to document discussions and use the records actively;
- If at any point the practice placement educator is concerned that the student will not meet the required standard, then a **developmental action plan** (Appendix D) should be used to help the student achieve the identified elements of practice.

## Interpersonal Skills Profile

The Placement educator should complete the **interpersonal skills profile** (Appendix C) at the mid-point and at the end of each year at the same time as conducting the progression interviews. The mentor should identify 5 comments, which describe the interpersonal skills of the student.

The completion of these profiles requires the subjective opinion of the placement educator and therefore, should be accompanied by explanation to the student. Together with the student, they will also develop a personal action plan to address any identified issues.

## Passing or Failing Practice

If the practice placement educator is concerned that the student may not achieve the elements of practice within the document, **the programme leader must be contacted promptly in order to provide support.**

If at any point the practice placement educator is concerned that the student will not meet the required standard, then a developmental action plan should be used to help the student achieve the identified elements of practice.

## Record of Achievement

The student will **have passed** the practice element of the year if they have successfully achieved the summative assessments for ALL of the elements of practice stated within the practice assessment document. This decision will need to be recorded on the final **record of achievement** form (Appendix E).

If a student **has not passed** the practice assessment, it **must be** recorded in the record of achievement form and the content of the discussions with the student leading up to this decision must have been recorded in the record of meetings.

## 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.

## Guide to Portfolio Assessment

*A portfolio is a collection of evidence which demonstrates the continuing acquisition of skills, knowledge, attitudes and achievements. It is both retrospective and prospective, as well as reflecting the current state of development and activity of the individual.*

Brown, R.A. (1995) Portfolio development and profiling

The aim of this section is to assist placement educators to support students in practice with evidence collection for their portfolio, and to advise on the assessment of a student's portfolio of practice evidence.

A student's overall portfolio will demonstrate their ongoing learning throughout the course, in academic and practice learning environments as well as reflection by the student on their learning.

While in practice mentors are assessing students against the HCPC and College of Paramedics' standards of proficiency. These are national standards all student paramedics must achieve in practice during their course. The proficiencies are stated in the elements of practice record each student brings with them onto placement. The records are different for each year of the course, to enable the student to demonstrate their progression in ability and proficiency. The student should use the initial interview to identify the skills and learning they wish to achieve during the placement. Practice learning can then be planned and specific evidence identified. The student should ensure all learning opportunities are recorded. Towards the end of the year a final interview will be conducted with the mentor who will review the quality of all evidence presented to that point and discuss their assessment decisions with the student and record these in the Elements of Practice Record and the Record of Achievement.

In order to show their mentor what knowledge skills and attitudes they have, the student is asked to collect evidence, referenced against the elements of practice. In order for you to be able to do this you need to be clear on what evidence can be collected, and how you check this against the elements of practice. This guide aims to help you with this.

Paramedics practice in an environment of constant change:

- Expanding role
- Increasing technology

- Advances in treatment and care
- Extending evidence base

It is the paramedic's responsibility to:

- Cope with these changes and their effects on practice
- Develop professional knowledge
- Develop professional expertise
- Develop professional competence

Professional paramedic practice is made up of many elements and these can be categorised in to the 'seen' and the 'unseen'. It can be likened to an iceberg:-

**The seen** is what we do in everyday practice. It is what which can be seen by others; patients, peers and other health care professionals. This is the 'tip of the iceberg'.

**The unseen** is the; education, critical thinking, problem solving and decision making processes that underpin everyday working practice. This is the larger part of the iceberg that lies beneath the surface.

### **Not just the tip of the iceberg**

The portfolio is a presentation of the student's practice. It should reflect the *whole* of the iceberg, not just the tip. It therefore should not be a just a description of what the student has done; it should show the underpinning knowledge, thought processes, attitudes and reflection.

In order to show their mentor what knowledge skills and attitudes they have, the student is asked to collect evidence, referenced against the elements of practice. You will assess if this evidence is acceptable and meets the standards required for practice.

In order for you to be able to do this you need to be clear on what evidence should be collected, and how you check this against the elements of practice. This guide aims to help you with this aspect of assessment.

### **Portfolio Sections**

- Introduction: Contact Details, CV and Personal Statement
- Section 1: Record of placements; to include the two blocks of supervised practice and hospital placement areas
- Section 2: Record of progress interviews and interpersonal skills profile
- Section 3: Developmental action plans
- Section 4: Record of signatures
- Section 5: Placement attendance record
- Section 6: Elements of practice / competencies

- Section 7: Airway and ventilation record; cannulation record; drugs audit
- Section 8: Continuing professional development record / record of other courses / conferences
- Section 9: Third party evidence
- Section 10: Reflective writing
- Section 11: Critical reading
- Section 12: Patient care forms/Incident Log
- Section 13: Year 2 & 3 : Hospital placement records
- Section 14: Final sign off

## **Section 2: Record of progress interviews and interpersonal skills profile**

### **Record of progress interviews should occur:**

- At the start of first block of supervised practice
- At the start of the second block of supervised practice
- At the end; before hand-in date

### **Interpersonal skills profile should occur:**

- At the end of first block of supervised practice
- At the end - before hand-in date

## **Section 3: Developmental action plans**

- You and your student should use this to record areas that have been identified that they need to work on
- The Student may recognise areas that need improvement
- Or the mentor will recognise them
- They can include:
  - o a practical skill
  - o knowledge area requiring greater understanding
- You and your student should use this to record areas that have been identified that you need to work on
- The student may recognise areas that need improvement
- Or the mentor will recognise them
- They can include:
  - o a practical skill
  - o knowledge area requiring greater understanding

## **Section 4: Record of Signatures**

- A specimen signature for anyone who signs any part of the portfolio

## **Section 5: Placement attendance record**

- Record of hours
- Minimum number of hours is 750
- Target must be achieved to pass module
- The more – the better!

- If its not signed – it doesn't count!

## Section 6: Elements of practice / competencies

- There are 36 elements
- Only the designated Named Mentor can assess and sign the summative assessment
- Other paramedics the students work with can assess them and sign the Formatives
- Other paramedics you work with are deemed *Practice Mentors*

The Student is able to demonstrate the knowledge and skills to:	Req level	Assessed level	Signature	Date	Comments	Portfolio Ref	
19. Manage a patent airway using basic positional skills	Ind	1. Formative	MS	APPEd or PPEd	00.00.00	Uses the head tilt chin lift technique, after two attempts and with coaching is able to maintain a patent airway.	PCF 123456 Reflection 02
		2. Formative	MS	APPEd or PPEd	00.00.00	Is able to maintain a patent airway on a trauma patient while paramedics preparing to intubate.	PCF 123456 Crit Read 12
		3. Formative	MS	APPEd or PPEd	00.00.00	During resuscitation is able to maintain a patent airway on a paediatric patient.	PCF 123456 Reflection 02
		Summative	1	PPEd only	00.00.00	Is able to manage a patent airway on adult unconscious diabetic patients. Using the above evidence is able to manage a range of patent airway situations.	PCF 123456 Reflection 02

<b>Criteria Level</b>	<b>Level of performance</b>
<b>Dependent (Dep)</b>	<ul style="list-style-type: none"> <li>• Lacks accuracy &amp; confidence</li> <li>• Needs continuous guidance &amp; supervision</li> <li>• Poor organisation</li> <li>• No awareness of priorities</li> </ul>
<b>Assisted (Ast)</b>	<ul style="list-style-type: none"> <li>• Accurate performance but some lack of confidence &amp; efficiency.</li> <li>• Requires frequent direction / supervision</li> <li>• Some awareness of priorities / requires prompting</li> </ul>
<b>Minimal supervision (MinSup)</b>	<ul style="list-style-type: none"> <li>• Safe and accurate; fairly confident / efficient</li> <li>• Needs occasional direction or support</li> <li>• Beginning to initiate appropriate actions</li> <li>• Identifies priorities with minimal prompting</li> </ul>
<b>Independent (Ind)</b>	<ul style="list-style-type: none"> <li>• Confident / safe / efficient</li> <li>• Works independently without direction / supervision</li> <li>• Able to prioritise</li> <li>• Able to adapt to unpredictable situations</li> </ul>

### **Section 7: Airway and ventilation record; cannulation record; drugs audit**

- Maintain a record of your practice
- This includes simulation, hospital placement and supervised practice
- BVM; LMA; ETI
- Cannulation

Student paramedics are permitted to administer the following drugs under the supervision of a registered paramedic, providing they have passed the knowledge assessment for that drug:-

- Oxygen
- Entonox
- Aspirin
- Glyceril Trinitrate
- Salbutamol
- Ipratropium Bromide
- Glucagon

- Adrenaline 1:1000
- Naloxone

### **Section 8: Continuing professional development record / record of other courses / conferences**

- Any other information the student has from CPD events they have attended:
  - o Study days
  - o Seminars
  - o Lectures
  - o Workshops
  - o Refresher courses

### **Section 9: Third party evidence, includes:**

- Letters/ cards of thanks from patients/relatives
- Commendations from others:
- Other emergency services
- Other health and social care professionals
- Witness statements from other healthcare professionals

### **Section 10: Reflective writing**

- The student must use a reflective framework e.g. Gibbs, Driscoll, Boud etc.
- Reflective practice is not just their thoughts on current practice, but involves them having to critically think about a situation or series of situations which have occurred in their clinical practice;
- They need to turn them into learning opportunities which can then be shared and in the long term incorporated into future clinical practice

### **Section 11: Critical reading**

- The wider the student reads, the more they can reference: the more they read, the better informed they will become
- Provided with the portfolio is an example of a template to record and reflect upon their reading
- Completed example also on Blackboard

CRITICAL READING TEMPLATE

Topic: (Head injury, CHD etc.)	
Date Article Read:	
Name of Journal/Text Book:	
Title of Article/Chapter:	
Author:	
Why I chose to read this:	
Main points from my reading:	
Possible changes in my clinical practice that will result:	

**Section 12: Patient care forms / Incident Log**

- These must be cross referenced to the elements of practice
- ? One for each formative
- The student must take care to ensure complete anonymity for the patient
- The student must avoid naming crew-members and other medical staff
- UWE does not expect students to include PCF's unless relevant and with the permission of an Operational Officer (OO), and different OO's have differing views on whether this is appropriate
- An incident log now replaces this section and should contain a list of all cases attended including date & time, general description (i.e. chest pain) and any skills used. The aim of this section is as an aide memoire for students (they can use it to then choose cases for reflection) and so that a general overview of the variety of cases attended can be seen at a glance. It can also be used to cross reference to their elements of practice, reflective essays and critical reads etc.

### Example of Layout: for the Reflective Journal

Day 1	State the placement area
07.00	<p><b>Maintaining a Placement Reflective Journal</b></p> <p>The student paramedic will maintain a daily reflective journal in which they write about their learning experiences. For advice on reflective writing, please see section 10.</p> <p>The journal should be word-processed and follow the directions in the introduction section of the portfolio, i.e. –</p>
09.15	<ul style="list-style-type: none"> <li>• Typing should utilise the same font size throughout – 12; and lines should be double spaced to allow room for marker’s annotations.</li> <li>• Typing should also use the same font throughout. Avoid using a mixture of different font styles</li> <li>• Handwritten evidence should be avoided. Where it is unavoidable, it must be legible.</li> <li>• The layout should follow a consistent pattern.</li> </ul>
10.30	

### Section 13: Year 2 : Hospital placement records

- This section is for hospital placements only

### Section 14: Final sign off

- The student must sign this and ensure that they get the mentor to sign the Portfolio. If this is not completed the student will be presumed to have failed the module.

### General Comments

The student must remember:

- To clearly index each item
- To clearly label each item
- That each piece of evidence you are submitting should be numbered and logged against the appropriate competence in the evidence column
- Items must be easy to handle and read
- Only 2 items, back to back, must go in each clear pocket
- Entries should be typed and lines double spaced free from spelling and grammatical errors
- Where appropriate the portfolio must be fully referenced throughout using the Harvard referencing system adopted by UWE
- A reference and bibliography list must be appended to the work

- The references must reflect current thinking and research in the subject area and be within the period of 2000 – 2010. Older references used to support your work should be justified within the body of the text

**The student must ensure that all documentation relating to individuals must be anonymised**

**What is acceptable evidence?**

There are many ways a student can show their placement educator what they do and know in practice.

**Direct observation (DO)** is when a mentor observes a student performing an activity / skill whilst under supervision. You would observe that the student is working to the correct and appropriate standard for their level of training. You may observe them on more than one occasion to ensure they consistently work at this level. Observations should take place as part of the normal working activity. Direct Observation is recorded in the student’s assessment of practice record as **DO** and would be dated and then signed by you to verify the student had been seen delivering this area of practice.

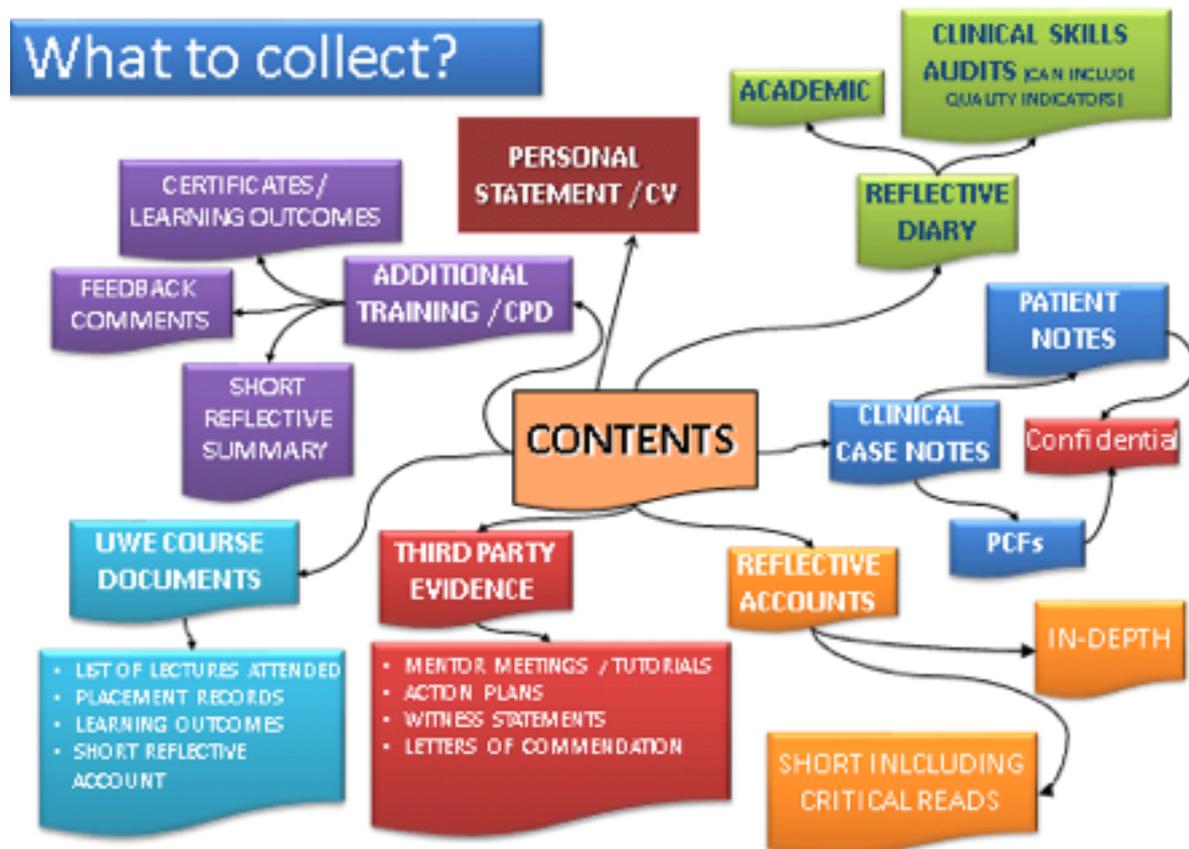


Figure 12: Sources of Evidence

**Questions and answer sessions (QA)** can be used by the mentor to assess a student’s underpinning knowledge. This is usually done as you work alongside the student and ask them questions as you work about the activities and skills you

observe. This would be recorded as **QA**, dated and then signed by you to verify the student had answered sufficiently to show their knowledge appropriate to their level of training. It may be useful to note the focus of the topic of questioning.

**Observed practice statement (OP)** can be obtained from any member of staff (other than the mentor) the student has worked with, as evidence of their observed performance and skills. The student **must** write the statement and the witness sign it. It should link directly to the elements of practice that the student is working towards.

Patients will not be approached to provide statements. However, should a letter of commendation or thanks be received, it may be included within the portfolio.

**Reflective accounts. (RA)** Following a particular incident or episode of learning / care delivery a student may write an account of this and use a model of reflection to analyse their learning experience. They may then present this as evidence. As the mentor assessing this you are checking the evidence is valid, that the incident or learning did occur during this placement, and that the standards are met. They may ask you for some support with the structure of this account when using a reflective model.

**Anonymised patient documentation.** During care delivery students will complete documentation that they may wish to add as evidence of their achievement. Documentation **must be anonymous** and not identify the patient. Photocopies of documents or blank documents completed retrospectively are acceptable.

**Other forms of acceptable evidence are:**

- Reflective accounts of reading
- Reflective diary
- SWOT analyses
- Certificates of attendance

**Academic assignments** the students have completed can also be added to support their practice evidence. This is good practice as it links the relevant academic and practice learning and demonstrates the student is able to integrate the two and transfer skills and knowledge.

Students should be aiming for **quality of evidence not quantity** where possible, so an account that covers many standards is seen to be more valuable as evidence than many pieces of evidence that only meet one standard each.

## 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 challenging 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 University Placement Coordinators and 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.

These include:

- Lecturers
- Personal Tutor
- Programme Lead

Contacts include:

University West of England	Sarah Todd <a href="mailto:Sarah2.Todd@uwe.ac.uk">Sarah2.Todd@uwe.ac.uk</a>	Course Lead / Lecturer/ Personal Tutor
University West of England	Gary Smart <a href="mailto:Gary.Smart@uwe.ac.uk">Gary.Smart@uwe.ac.uk</a>	Lecturer / Personal Tutor
University West of England	Nigel Fortune <a href="mailto:Nigel2.Fortune@uwe.ac.uk">Nigel2.Fortune@uwe.ac.uk</a>	Lecturer / Personal Tutor
University West of England	Jeff White <a href="mailto:Jeff.White@uwe.ac.uk">Jeff.White@uwe.ac.uk</a>	Lecturer / Personal Tutor
University West of England	Martyn Whatmore <a href="mailto:Martyn.Whatmore@uwe.ac.uk">Martyn.Whatmore@uwe.ac.uk</a>	Lecturer / Personal Tutor
University West of England	Nick Miller <a href="mailto:Nick.Miller@uwe.ac.uk">Nick.Miller@uwe.ac.uk</a>	Lecturer / Personal Tutor
University West of England	Jason Brooke <a href="mailto:Jason.brooke@uwe.ac.uk">Jason.brooke@uwe.ac.uk</a>	Lecturer / Personal Tutor
University West of England	Jane Collins <a href="mailto:Jane.collins@uwe.ac.uk">Jane.collins@uwe.ac.uk</a>	Lecturer / Personal Tutor
University West of England	Shane Daley <a href="mailto:Shane.Daley@uwe.ac.uk">Shane.Daley@uwe.ac.uk</a>	Lecturer / Personal Tutor
University West of England	Simon Kersey <a href="mailto:Simon2.Kersey@uwe.ac.uk">Simon2.Kersey@uwe.ac.uk</a>	Lecturer / Personal Tutor

SWASFT Practice Placement Coordinator	Alex Jamieson <a href="mailto:alex.jamieson@swast.nhs.uk">alex.jamieson@swast.nhs.uk</a> <b>07786275061</b>	North Division
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**Please refer to the Student's PAD for further information on how to access this support.**

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



## **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.

### **Supernumerary status**

All students' paramedics are classed as supernumerary and will always be the 3<sup>rd</sup> person on an ambulance or second person on a rapid response vehicle.

### **If a student is off sick**

Students should report any absence whilst on placements to the general reporting hotline which can be accessed through the UWE switchboard. The student should also advise their mentor as well as their scheduling or Placement Coordinators.

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

- FORM 001: 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 should be self-explanatory

## **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

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