Good practice principles to support students in Placement: mentoring approaches

Peer Dyads

Background

These learning resources provide some helpful information about how to approach mentorship in practice. Suggested approaches are probably formalising something you are already doing for students in your areas e.g. students time with other members of the MDT, visiting departments linked to your area, working with other registrants to support students and identifying students to work together for particular patient care episodes. There are resources for three particular approaches that you may find helpful to consider in relation to what would work best in your area.

The purpose of considering different approaches is to improve the student experience in relation to the patient journey but also to improve the experience of mentorship even when your workload is particularly busy. The three mentorship approaches we are providing information for are:

- Hub and Spoke
- Team Mentoring
- Student Dyads

The key principles underpinning these approaches are:

Preparation and Sustainability

Step 1: Know about the university curriculum: e.g. philosophy and learning and teaching strategy. The specifics of the students practice assessment.
Step 2: Identify and understand the learning opportunities which are available within and connected to your area or work (e.g. clinics, labs, departments, other roles/people, private and voluntary sector groups) and how they relate to students of each year group (so that they are challenging). Think about learning opportunities related to:
  - Speciality specific knowledge and experience
  - Patient pathways- where do you patients come from, go to, what investigations do they have, what members of the MDT contribute to their health and wellbeing
  - Essential Care Need groups (Babies, Children, Young People, Pregnant and Postnatal Women, People with a learning disability, people with Mental Health needs)
  - Developing practice -Leadership, research and education

Step 3: Negotiate, plan and develop learning opportunities and resources: To reduce duplication of effort and ongoing workload, resources should be developed and shared that
identify; learning opportunities and communication strategies specific to your area. It is likely that you will already be providing students many opportunities as suggested in Step 2. You should capture these opportunities in a list with contact details and brief outline of the experience for students (see below). This information can be linked to the placement profile so that students can access the information prior to the placement commencing. You might want to identify some ‘Essential Must Do’s’ these can be used to support the student experience and be retained for subsequent students (this can be a shared file, resource box, notice boards etc.) Students can help with the on-going evaluation and development of resources, they can help you regularly monitor the effectiveness of the placement arrangements, communication strategies and resources and enhance as required.

**Organisation – Planning Ahead!**

**Step 1:** Students are part of the future for healthcare, you should always expect to have students within your practice (a yearlong capacity plan is managed by the Learning Environment Leads) therefore, developing resources ahead of time will save time overall.

**Step 2:** Placements will be confirmed in advance of the placement starting with placement areas the name and level of the student and include dates and any specific (target time is). *Students can access information via the placement profile and additional resources may be provided by the placement area*

**Step 3:** Managing student numbers and overlaps.

- A nominated lead person (e.g. Manager/education link nurse) should have an overview in order to manage student capacity of all allocated students. They should make note of the student names and dates of the placement.
- A nominated person (e.g. Manager/education link nurse) should identify a relevant LEAD practice assessor (named mentor) for each student who will **co-ordinate and lead** the learning experience. This person should support the student for 40% of their placement (directly or indirectly). *Note that this can be job-shared by two named practice assessors who will make joint competency decisions.*
- In addition, the student should have a named and accountable registrant for each shift in the absence of the LEAD. The LEAD Practice assessor or accountable registrant may delegate shift supervision to another e.g. other professionals, care assistants or a more senior student nurse.
- To manage capacity and off duty effectively various models may be used flexibly for example; all students could experience Hub and Spoke and for part of their placement they may also experience Dyads and/or Team mentoring.
- Specify when and where students will be in practice *(this may be via a student notice board)* and in the off duty.
- Link lecturer contact details to be visible in the placement area with preferred method of contact indicated i.e. email/phone

**Induction to the placement**

When students first make contact with the placement area, it is best practice to make them feel welcomed and expected. *If the placement area is not aware, contact the University for confirmation/clarification and investigate why the placement area was not aware.*
Students should be able to meet with their LEAD Practice assessor to set objectives for the placement ideally within the first week. Opportunities to formally review progress throughout and complete the practice assessment document (PAD) should be identified by the LEAD. If a hub and spoke approach is being used (see definitions) then a plan should be negotiated regarding other learning opportunities and spoke placements, contacts and communication methods should be identified. Some student may have child care/dependants/commitments, so reasonable notice should be given of the placement pattern and hours. Practice assessor should be aware of the students simulation based education and what they have already undertaken in University.

**Feedback and communication**

Students should be encouraged to self-assess before feedback is given (to highlight self-awareness)
Feedback should be frequent, specific and balanced and can be given to the student by anyone they are supervised by, verbally and in writing. If there are concerns regarding student performance then this should be documented and communicated to the LEAD mentor
The student PAD can be used for student feedback:
- Midway Review of Progress (with revised action plan)
- Record Of Additional Progress Review Meetings And Resulting Action Plans
- Mentor Final Assessment
- Feedback From Others Who Have Contributed To Assessment
- Short Placement/Clinical Visit

Practice assessors should ask students for frequent, specific and balanced feedback on their own performance.

Team and Spoke placement practice assessors should review the students PAD and so that the students experience is continued and the placements are seen as part of not additional to the placement. Good communication between placement areas and University to be maintained throughout the placement (both student and practice assessor should proactively ask for support/advice if needed and inform the Link Lecturer of any problems or concerns (i.e. regarding support, achievement of hours, professional behaviour or competency). The whole placement team should be aware of and supportive of the student placement experience and be motivated to ensure students engage in available learning opportunities.

**Competency achievement and sign-off (for pre registrant nursing and midwifery)**

On each named placement allocation, students need to achieve the minimum competencies (depending on what they have left to achieve and placement number). Mentors should carefully read the words of the competency statements and fully assess knowledge and skill by questioning, reflection and observation.
Competencies can be achieved in different ways in different settings and they need to be continually demonstrated and built on, even if already achieved. Therefore it is important that all mentors and team members are monitoring continuing demonstration of competency as well as achieving new ones.
If a mentor has concerns about a student behaviour/competency they should contact the LEAD and ensure other mentors are aware of the concerns.
The professional values/behaviour competency should be signed by the final deadline (this relates to continually demonstrating competencies already achieved as well as professional behaviour and responding to feedback).
Students who are not at the expected level can still fail the overall placement if they have been given feedback in one placement area and do not improve their performance. The lead mentor will decide if competency sign-off can be delegated to another qualified mentor and make the final competency decision based on feedback from other mentors and team members. The LEAD is the signatory and the final decision rests with the LEAD. Therefore the continual gathering of evidence of achievement is vital to the final decision.

**Peer dyads: Definitions, Roles and Responsibilities**

Formal pairing of students to work collaboratively with one another, this includes information sharing, cross-checking when making clinical decisions, and group processing when assessing the outcomes of nursing interventions. Peer dyads appear in the literature and are described for the purpose of placements as two students supporting the learning of each other at the same time. Students are put into pairs and take on the care of a group of patients or depending on the stage and level of the student this can be one patient. It is useful if students are in pairs with a more senior student i.e. 3rd year with a 1st year but this does not necessarily stop dyads.

The students work in pairs in direct contact with the patient or group of patients. One student takes on the role of 'managing' the care under supervision from the mentor; this would be reading the medical notes, organising interventions, reviewing/doing the medications, taking part in the doctor reviews, overseeing the admission and discharge if appropriate with the LEAD or co mentor. One student performs the direct care skills and relays the information to other student. The other student then looks at all the evidence base for the care that supports the care. The students then discuss this evidence with the mentor which will integrate theory and practice and inform competency assessment. The LEAD or co mentor is kept up to date with current evidence base through the students’ activity and can then apply their expertise to competency assessment and patient care planning. Both students can support each other and both can do hands on care with each other where appropriate.

Positive outcomes reported by students and patients included reduced student anxiety, increased confidence and task efficiency. Students’ concerns maybe the perceived reduced opportunity to perform direct care therefore this must be negotiated within each dyad. As this model links to competency assessment this concern is not realised.
References:


M.J. Austria et al.: Collaborative Learning Using Nursing Student Dyads Oxford Brookes University Authenticated Download Date 7/4/16


Document prepared with thanks to:
- Education, Training & Development, Guy's & St. Thomas' NHS Foundation Trust
- University of Cumbria (2012)
- Sarah Khan, Senior Lecturer & Placement Lead Adult Nursing (Oxford), Oxford Brookes University.

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