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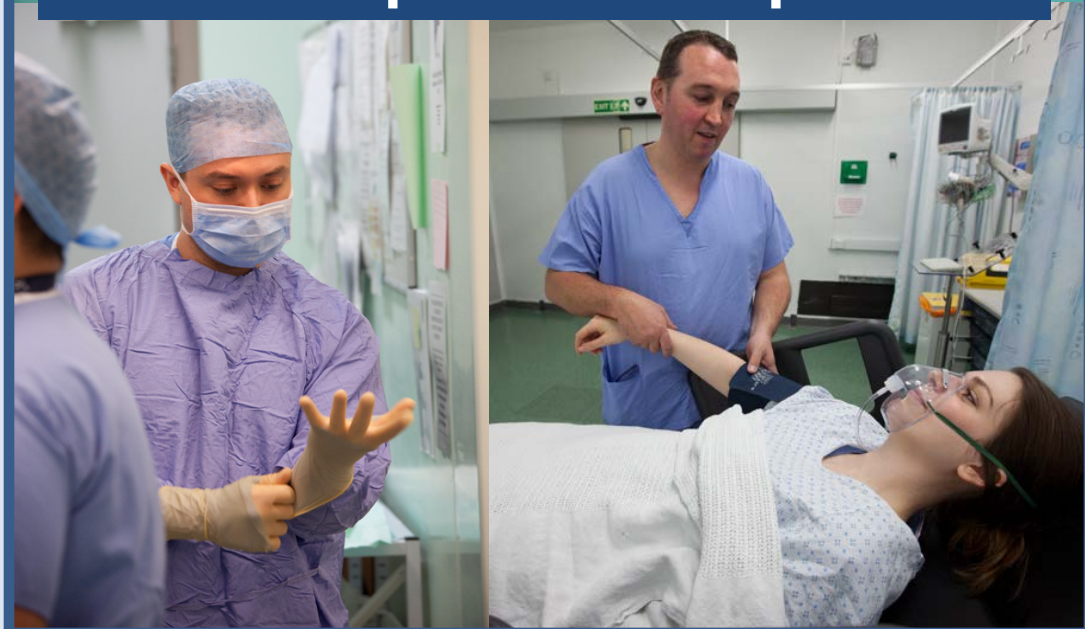
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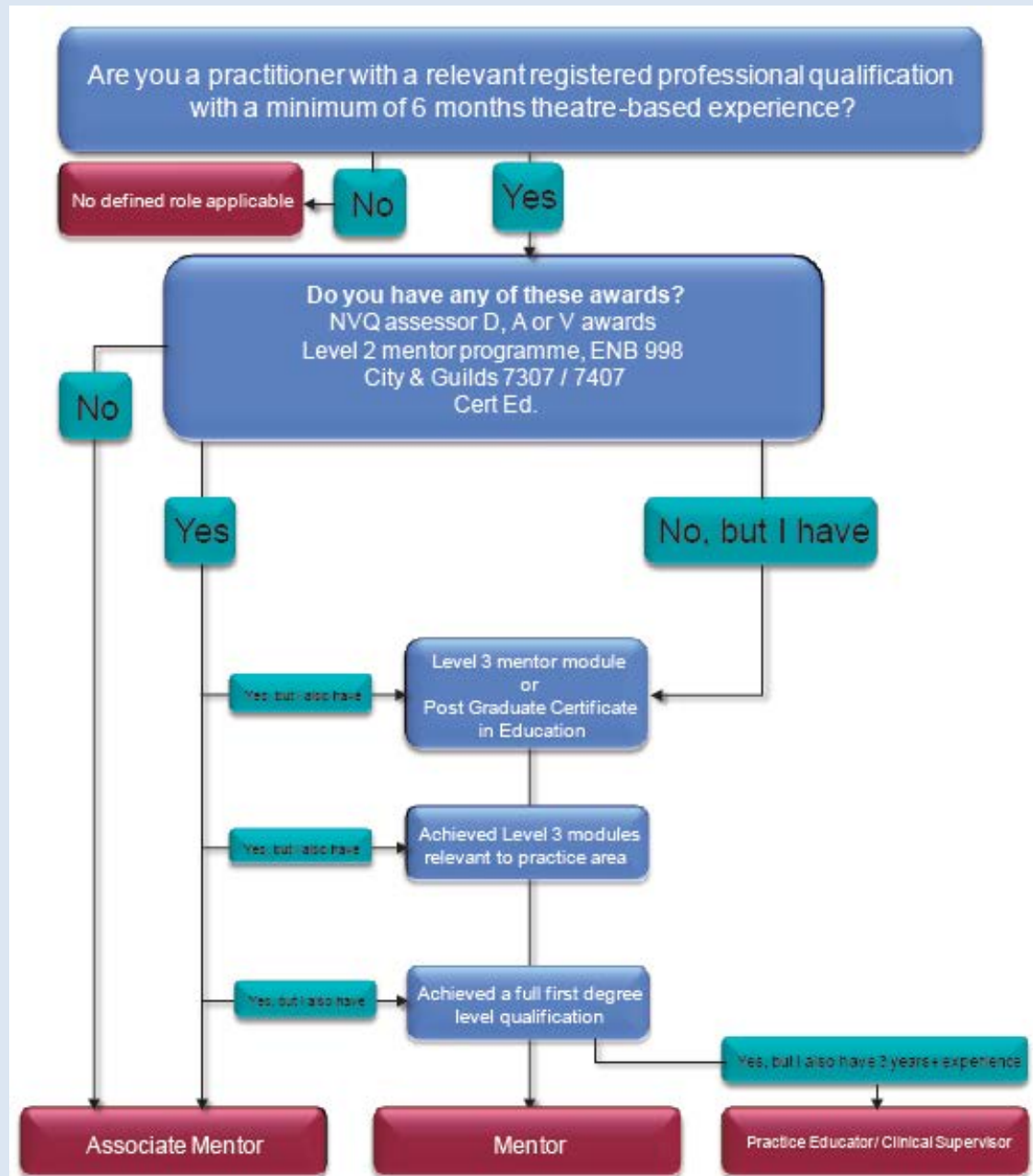
Mentorship in clinical practice



Discover the contents – Click on this bar

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Introduction

Following the Clinical Placement Coordinators (CPC) meeting and the publication of the Mentorship Standards from CODP the following guidance has been compiled to supplement learning within the workplace for Sheffield Hallam ODP students. It is accepted by all that although the CODP standards for mentorship are the GOLD standard which we should all strive to achieve in the near future, however in the interim you should adopt one or both of the suggested models in this document.

Summary of important points from the Standards Document

- Students should be with a named mentor for 40% of the clinical placement time.
- Associate Mentors can be named mentors. All paperwork requires countersign by CPC (see below for further explanation).
- CODP recognise that local agreements may be agreed with individual Higher Education Institutions.

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1.1: Table 1: Roles and qualifications framework within the mentorship team

Title	Role	Qualifications / requirements
Associate mentor	<ul style="list-style-type: none"> • Supports students in clinical placement • Provides formative feedback • Completes formative assessment documentation • Must demonstrate competence in the area of assessment • Implements local hospital policy. 	<ul style="list-style-type: none"> • Registered practitioner with a minimum of six months post-qualification experience • Attendance at a specific local HEI preparation session • Completes the cycle of mentor development every two years • Implements evidence-based practice • Can provide evidence of CPD
Mentor It is expected that mentors will have achieved this standard by January 2010.	<i>In addition to the above:</i> <ul style="list-style-type: none"> • Performs summative assessment • Must demonstrate competence in the area of assessment • Must implement HEI assessment regulations and hospital policy. • Mentors two ODP students within a two-year time period to remain on the 'live' register. 	<i>In addition to the above, holds or is working towards (to be completed within a two-year time period)) at least one of the following:</i> <ul style="list-style-type: none"> • Mentorship qualification at level 3 (or above) • Post Graduate Certificate in Education • Post-graduate award in healthcare education • Holds a level 2 mentorship / Cert Ed qualification and has completed level 3 modules • Has completed the Scottish National Approach to Mentor Preparation

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I know I am a **qualified mentor** but what can I sign?

Mentors

Have to be Level 6 (degree level) qualified (or equivalent) mentors.

You can sign all aspects of the ODP paperwork progression statement at the end of the gateways.

You can do end of year assessments.

You should be part of planning the placements for students and completing the learning agreements and mid term reviews.

If you complete the end of the gateway progression statement with the student you must sign all progression boxes (at the bottom of each competency) as the second, or counter signature and by doing so you are declaring that the student has gained signatures for all competencies and is competent for the completion of the gateway.

The ODP course team requires that you maintain your mentorship qualification by attending regular (annual) updates. These should be available in your department, but requests can be made to your visiting lecturer to come and deliver an update. Alternatively you may wish to attend a nursing mentor update as this will cover key aspects of mentorship, however the specifics of the ODP paperwork may not be considered.

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I know I am an associate mentor but what can I sign?

Associate Mentors

Non level 6 qualified practitioners.

You can sign, date and make comments on, or write a testimony in the main boxes on each competency within the ODP paperwork, however, the progression statement at the bottom must be countersigned by a qualified mentor.

You **cannot** complete the progression boxes at the bottom of each competency or complete the progression statement at the end of the gateways and should not complete the learning agreement unless countersigned by a qualified mentor.

You **cannot** do end of year assessments.

The ODP course team requires that you maintain your associate mentorship status by attending regular (annual) updates. These should be available in your department, but requests can be made to your visiting lecturer to come and update a number of mentors together, or you may wish to attend a nursing mentor update as this will cover key aspects of mentorship (however perhaps not the specifics of the ODP paperwork).

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The SHU teaching Team

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Key	Placement	Alternate placement pattern	Academic work KD - Knowledge Development
	Reading/Study time	Vacation	SP - Simulated Practice

WEEK No.	Date	Year One	Year Two	Year Three		
2	06-Aug		Vacation	Vacation		
3	13-Aug		Vacation	Vacation		
4	20-Aug		Vacation	Vacation		
5	27-Aug		Vacation	Vacation		
6	03-Sep		Transition to Year 2	Transition to Year 3		
7	10-Sep		AP2, AS2 & SP2	Peri-Operative Practice		
8	17-Sep		CLINICAL	Peri-Operative Practice		
9	24-Sep	Induction	CLINICAL	EQSECP		
10	01-Oct	ODPF & AS1	CLINICAL	CLINICAL	Academic	
11	08-Oct	ODPF & AS1	CLINICAL	CLINICAL		
12	15-Oct	ODPF & AS1	CLINICAL	CLINICAL		
13	22-Oct	ODPF & AS1 + Prep	CLINICAL	CLINICAL		
14	29-Oct	PREP FOR PLACEMENT	AP2, AS2 & SP2	CLINICAL		
15	05-Nov	PREP FOR PLACEMENT	AP2, AS2 & SP2	CLINICAL		
16	12-Nov	FUNDAMENTALS	AP2, AS2 & SP2	CLINICAL		
17	19-Nov	FECP	Academic writing weeks	CLINICAL ONLY		
18	26-Nov	FUNDAMENTALS	AP2, AS2 & SP2	CLINICAL		
19	03-Dec	FUNDAMENTALS	AP2, AS2 & SP2	CLINICAL		
20	10-Dec	FUNDAMENTALS	Academic writing weeks	CLINICAL		
21	17-Dec	Assessment	Assessment	CLINICAL		
22	24-Dec	Vacation	Vacation	Vacation		
23	31-Dec	Vacation	Vacation	Vacation		
24	07-Jan	Academic writing weeks	CLINICAL	CLINICAL	Academic	
25	14-Jan	AP1 & SP1	CLINICAL	CLINICAL		
26	21-Jan	AP1 & SP1	CLINICAL	CLINICAL		
27	28-Jan	AP1 & SP1	CLINICAL	CLINICAL		
28	04-Feb	AP1 & SP1	CLINICAL	CLINICAL		
29	11-Feb	AP1 & SP1	CLINICAL	CLINICAL		
30	18-Feb	CLINICAL	DCECP	CLINICAL		
31	25-Feb	CLINICAL	Academic writing weeks	CLINICAL		
32	04-Mar	CLINICAL	CLINICAL	L&E + WfP		
33	11-Mar	CLINICAL	CLINICAL	L&E + WfP		
34	18-Mar	CLINICAL	CLINICAL	Academic writing weeks		
35	25-Mar	CLINICAL	CLINICAL	L&E + WfP		
36	01-Apr	Academic writing weeks	CLINICAL	L&E + WfP		
37	08-Apr	Academic writing weeks	CLINICAL	Academic writing weeks		
38	15-Apr	Vacation	Vacation	Vacation		
39	22-Apr	Vacation	Vacation	Vacation		
40	29-Apr	CLINICAL	Research and Management	CLINICAL	Academic	
41	06-May	CLINICAL	Research and Management	CLINICAL		
42	13-May	CLINICAL	Research and Management	CLINICAL		
43	20-May	CLINICAL	CE2 CLINICAL SUBMISSION	CLINICAL		
44	27-May	CLINICAL	Academic writing weeks	CLINICAL		
45	03-Jun	CLINICAL	Academic writing weeks	CLINICAL		
46	10-Jun	CE1 CLINICAL SUBMISSION	Academic writing weeks	EPP CLINICAL SUBMISSION		
47	17-Jun	VALIDATION PERIOD Exam boards/Ratifying marks for transition to next year/into employment Student attendance may be required No holidays should be booked except in vacation weeks				
48	24-Jun					
49	01-Jul					
50	08-Jul					
51	15-Jul					
52	22-Jul					

All year 3 students do clinical and simulation placements

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SHEFFIELD HALLAM UNIVERSITY

BSc (Hons)

OPERATING DEPARTMENT PRACTICE

YEAR 1 (LEVEL 4)

CLINICAL PORTFOLIO

SHEFFIELD HALLAM UNIVERSITY

BSc (Hons) ODP

YEAR 2 (LEVEL 5)

CLINICAL PORTFOLIO

Updated September 2018

SHEFFIELD HALLAM UNIVERSITY

OPERATING DEPARTMENT PRACTICE

BSc (Hons)

YEAR 3 (LEVEL 6)

CLINICAL PORTFOLIO

Updated September 2018

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PLEASE COMPLETE THIS FORM FOR EACH NEW PLACEMENT AREA

This is for any learning opportunities available within the different theatre environments.	
Initial interview	Mid-term review
Student name:	Mentor name:
Student signature:	Mentor Signature:
Date of agreement:	Placement:

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A.2 PATIENT CARE

This competence pertains to the students' understanding of patient care within the operating department. The student should display a professional manner which incorporates good communication, anti-discriminatory practice and a holistic approach to individualised patient care. Subjects for development include;

	Competence description	Mentor Comments: Sign and Date
A	Awareness of possible patient requirements prior to arrival within the department. They are not required to be experts; some awareness is all that is required at this stage of their development	
B	Welcoming the patient utilising good communication with a holistic approach to patient care.	
C	Able to send for and check in patients; correct site surgery, consent and identity, utilising local protocols. Students will be expected to participate within team briefs, and WHO led protocols, with a view to building student self-esteem and understanding of patient care	
D	Students should start to gain experience in recognising potential dangers to staff, patient and personal wellbeing	
E	Students will be expected to observe and to comment afterwards on patient handover, this should include some patient follow through into the recovery area. This will allow introduction to recovery and development of patient care	
Student Name:		Placement:
Student & CPC/Mentor declaration		
The student believes they can demonstrate practical competence and supporting knowledge regarding the above elements and this is supported by the CPC.		
Student signature and date		CPC/Mentor signature and date

If there is a cause for concern or a lack of progression, then please consult the 'Cause for Concern' Process

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A.5 ANAESTHETIC ASSESSMENT

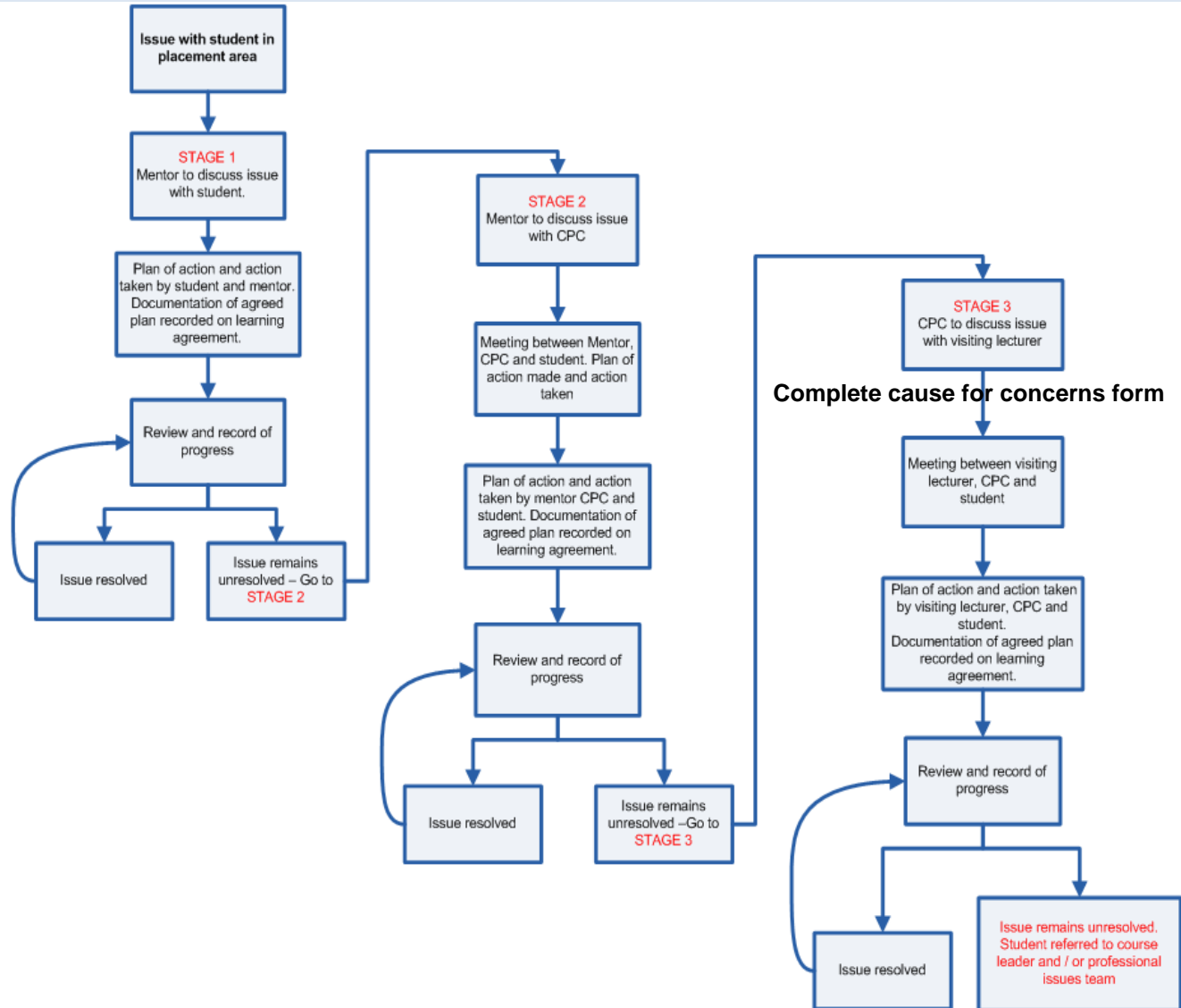
Activity	Comments	Pass/safe	Fail/unsafe
Pre anaesthetic equipment checks are carried out in line with local and national policy			
Prepares appropriate equipment in line with the requirements of the case			
Patient received and identified into the theatre with local and national guidelines and practicing as a caring and compassionate practitioner			
Communication with the patient is appropriate to the patients' needs			
Monitoring of the patient is undertaken and maintained throughout the procedure			
Assists the Anaesthetist in the airway management of the patient effectively			
Moving and handling and positioning of the patient is undertaken with care for the needs of the patient and the procedure being undertaken			
The rights and dignity of the patient are upheld at all times			
The use of equipment in the theatre is undertaken with regard for Health and Safety and the requirements of the procedure			
Immediate post-operative care of the patient is appropriately carried out			
Adheres to relevant infection control procedures and policies			
Overall comments			
Student Name:		Placement:	
CPC/Mentor Name			
Time and Date:			
Student signature		CPC/Mentor signature	

EXAMPLE OF END OF YEAR ASSESMENT PAPERWORK

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Guidance on what to do if you have concerns about a student



↑ **DOCUMENTATION** ↓

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CONCERNS ABOUT A STUDENT?

CONFRONT THE ISSUE AND ACT AS EARLY AS POSSIBLE
“Causes for Concern paperwork”

What is a Cause for Concern? There may be occasions in placement when the performance of a student is such that additional action is required beyond the normal systems of support and assessment. In such cases Visiting Lecturers, Clinical Placement coordinator (CPC's) and/or ODP Mentors may be required to set in motion the 'Cause for Concern' process.

[Cause for concerns paperwork can be found @](#)

<https://www3.shu.ac.uk/hwb/placements/OperatingDepartmentPractitioners/documents/ODPCauseforConcern.pdf>

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The Cause for Concern Process

Evidence from observations in clinical practice

A. Following a period of time in which issues have been raised but not resolved by the student the Mentor, CPC, Professional, or Visiting Lecturer decides to instigate the Cause for Concern process. The student is informed to ensure clear awareness of the concern.

Action points identified with reasonable time scale for resolving issues

B. Consultation phase of interested parties followed by completion of first section of form including nature of Concern & Evidence for Concern.

C. Mentor, CPC, Professional, or Visiting Lecturer and student agree action, enter details on form and sign relevant sections.

D. Instigator sends copy of form to clinical coordinator and student places copy in their file.

E. The Mentor and CPC supports student in meeting agreed action and notes progress made on form.

Review of agreed action points as central focus for the weekly / daily progress meetings

F. A date is set for completion of agreed action by the Mentor, CPC, and Visiting Lecturer to review progress and complete form. Mentor ensures copies are sent to relevant person.

G. **Quality Assurance Check.** If a quality assurance issue arises from the above process CPC, and Visiting Lecturer completes section G.

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A Cause for Concern form should be initiated in cases of:

Lack of ability to accurately perform practical skills	The student is unable to accurately perform practical tasks to meet the required standards for the particular stage of the course.
Lack of ability to demonstrate or apply theory and knowledge to practice	The student is struggling to understand relevant knowledge involved in a particular aspect of the role of the ODP; Or, the student is having difficulty/underperforming or is unable to apply theoretical knowledge to practice. (Must be considered in line with meeting the required standards for the particular stage of the course)
Lack of professionalism / professional conduct	The student consistently acts outside of professional boundaries For example: punctuality, dress, lack of self-critical awareness, unable or unwilling to accept professional criticism, use of offensive language, difficult relationships with staff, and so on.
Lack of progress	A student is considered to be failing, or is judged to be in danger of failing, to meet the required standards for the particular stage of the course. Such cases may be resolvable if action is taken early enough
Other	Any other aspect which gives the mentor cause for concern. Mentor must specify.

[Access to the Cause for Concerns Form](http://www3.shu.ac.uk/hwb/placements/OperatingDepartmentPractitioners/documents/ODPCauseforConcern.pdf)

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Failing to fail....

There has been some research completed into the reasons why we fail to fail

(Duffy, 2004)

Why do *you* think we fail to fail students?

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Why do we fail to fail?

- Loath to fail students as awarding a fail meant additional work plus have to deal with the rancour of the student -Lankshear (1990)
- Mentors lacked confidence in assessing, had poor preparation for their role, do not know the student very well or if they did not have sufficient assessment evidence, the benefit of the doubt was more likely to be given - Duffy (2004), Fraser et al (1997), Bedford et al (1993)
- Assessors and/or the system are manipulated by students to avoid failure - Duffy (2004), Fraser et al (1997), White et al (1994)
- Inadequate support from colleagues and education staff to fail incompetent students; mentors pressurised to pass - Duffy (2004), Green (1991)
- Difficult to fail students in their third year; equally difficult is failing students in their first year - Duffy (2004), Phillips et al (2000)

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Times of Stress from 'Life'

Being a student

Money

Travel

Family

Relationships

Health

Academic work

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How to alleviate stress on clinical placement

Induction is crucial!

- Welcome students
- Introduce students to staff and to the clinical placement area
- Work collaboratively to create clear goals
- Have realistic expectations - for the student and the mentor
- Timely evaluations, feedback and reviews of progress.
- Give the student clear study opportunities / reflection time
- Ensure the students' personal wellbeing whilst on placement
- Understand and utilise support mechanisms for students who struggle

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Motivating Students

- A student who, whilst not actually failing, shows disinterest and limited motivation to learn can be difficult to manage.
- What are the tell tale signs of a student who may have an ambivalent attitude to learning whilst on placement?
- What issues might cause the student to lack motivation or come across as ambivalent?

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Reason why students may lack motivation

Fatigue



Vary shifts, ensure breaks

Distraction

Know academic assessment schedule

Transition

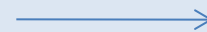


Be patient, student support service

Avoidance

Ensure inducted into the team, gain trust

Boredom



Challenge, goals

Wrong course

Advise, discuss the future

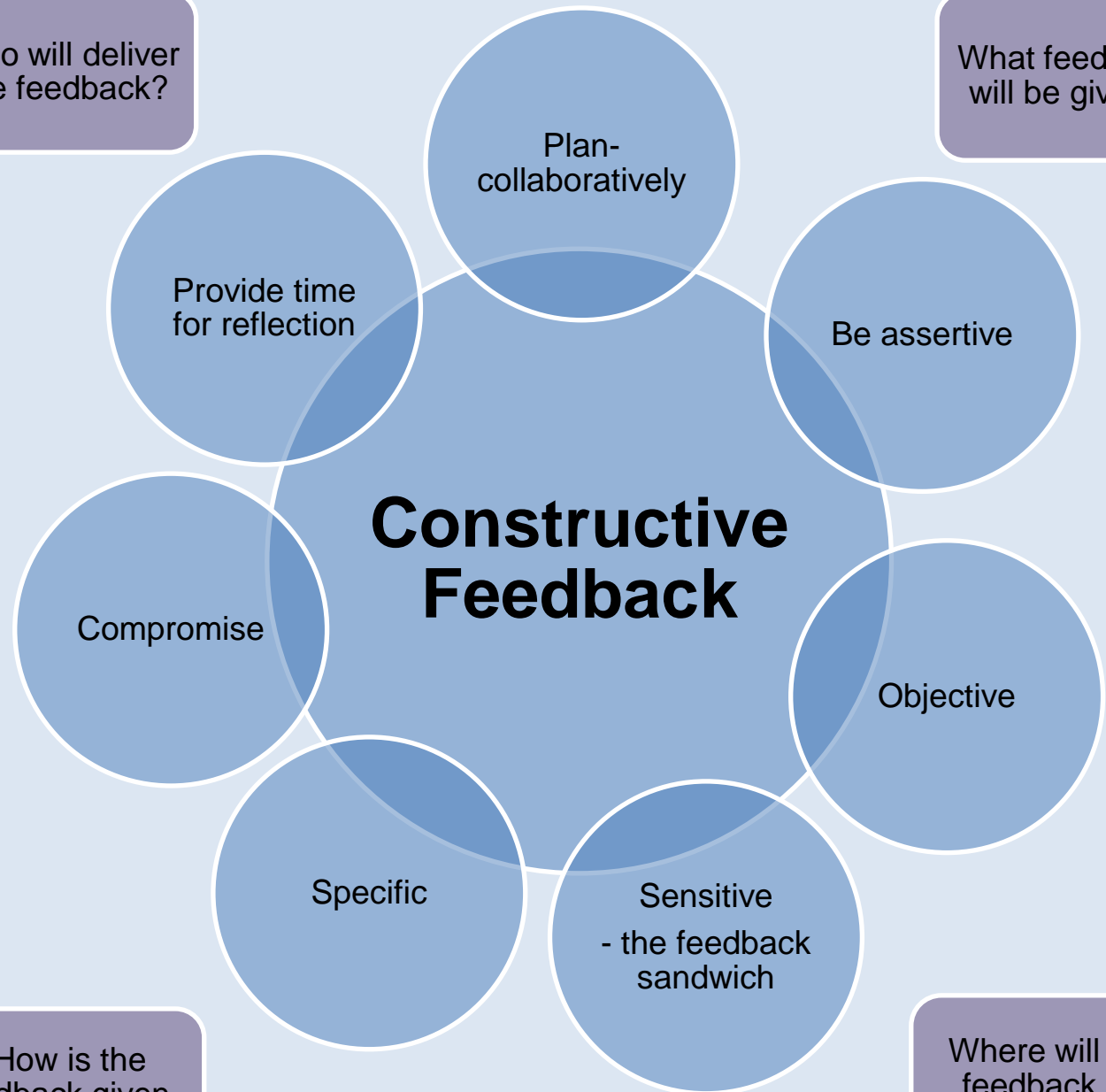
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Who will deliver the feedback?

What feedback will be given?



How is the feedback given - written, verbal?

Where will the feedback be given?

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Feedback should be...

- *Descriptive rather than evaluative* – describe what the student said or did and the impact that had on you or others, but do not make judgements
- Focus on *behaviour* which the applicant can do something about – the purpose of feedback is to learn, so suggest practical ways to rectify any shortcomings
- *Well timed* – formative assessment / summative assessment
- *Clearly and quickly stated* – get to the point without being brutal. Avoid beating around the bush or getting bogged down in self-justification. Ensure the student understands the feedback by asking them questions and summarising
- *Sufficient and appropriate* – ensure that your feedback is useful to the student, can they take it to their next placement?

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Influences on The Learning Environment

The leadership style of the clinical manager

Being part of the team

The amount of support offered to the student

The degree of challenge offered to the student

The learning opportunities

Resources for access to theory

The opportunities provided for reflective
discussion

The culture within the area

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Darling (1986)

DUMPERS

BLOCKERS

DESTROYERS/ CRITICISERS

Toxic mentors

Not available or accessible
Throw people into new roles
Leave them to 'sink or swim' strategies

Avoid meeting others needs by:
Refusing requests (the Refuser)
Controlling through withholding information (the Withholder)
Arresting development by over supervising (the Hoverer)

Set out to destroy others by:
Subtle attacks to undermine confidence (the Underminer)
Open approaches of verbal attack and argument to deliberately destroy confidence (the Belittler) constant put downs and questioning of abilities (the Nagger).

Thank you.....

.....for your continued support of our students