College of Operating Department Practitioners

Standards, recommendations and guidance for mentors and practice placements

Supporting pre-registration education in Operating Department Practice provision

www.codp.org.uk

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Contents

About the College

The College of Operating Department Practitioners (CODP) is the professional body for Operating Department Practitioners (ODPs). It is a membership 'not for profit' organisation that sets standards of education for the pre-registration aspect of the profession and promotes the enhancement of knowledge and skills in the development of the profession through regional, national and international networks. The College works on behalf of the profession and its members in the context of the multidisciplinary team.

The College (previously the Association of Operating Department Practitioners (AODP) circa 1945 – 2006) has been in existence since December 2006*, and was officially launched at a reception held at the House of Commons in May 2007. The previous work of the AODP was focused around the establishment and maintenance of the voluntary register, leading to the Association's application to the Health Professions Council for registration, which was secured for ODPs in October 2004. The AODP developed a national curriculum in 2001 and the CODP has maintained this, and been responsible for subsequent reviews; for example, the development of standards for ODPs and in particular recent changes to the drugs legislation.

The College changed its name, focus and structures in recognition of the role it would need to fulfil for the future. The College recognises there is a need for a driver of change for the profession and the College takes this role seriously as one of its primary functions. It is evident that the profession is responsive, meeting patient and service needs. The College believes the ODP profession is pivotal in meeting the future agenda in relation to the delivery of quality care.

*The CODP now comes under the umbrella of Care Connect Learning; a wholly owned subsidiary of UNISON. The newly formed College is the professional body for ODPs and therefore retains its autonomy with regard to professional matters.

Glossary

Academic levels

CODP recognises that each HEI will use different level descriptors, and some of these have been included in this glossary. For a complete list, please see **section 9**, **frequently asked questions.** A full list can be accessed at**:**
www2.warwick.ac.uk/fac/soc/ier/glacier/qual/qualifications_cross_countries_2008.pdf.
This document uses the terminology 'level 3' for degree and 'level 2' for diploma – this is for consistency with the CODP (2006) mentor standards document.

First degree

This refers to a Bachelor's-level degree.

Formative assessment/feedback

Formative assessment and feedback measure a student's progress through their study or a defined assessment process. Students should be given formative feedback on a regular basis to communicate strengths and areas for improvement. With assessment processes there is usually a mid-point review which is formative in nature.

HEI

Higher Education Institution, this is the university.

HPC Standards of Conduct, Performance and Ethics

This document sets out the standards of conduct, performance and ethics that the HPC expects from the health professionals that they register (HPC, 2008).

HPC Standards of Education and Training

'The standards which education providers must meet to ensure that all those completing an approved programme meet the *HPC Standards of Proficiency*' (HPC, 2005: p11).

HPC Standards of Proficiency

The standards required of registrants and those applying for registration for the safe and effective practice of their profession (HPC, 2008).

Interprofessional

Interprofessional working refers to working collaboratively with other healthcare practitioners from different professional groups.

Link tutor / link lecturer

The link lecturer (or tutor) develops and maintains lines of communication between the academic and clinical sites; acting as the conduit for students, clinical staff and academic staff. They have an overall view of the student experience and can support clinical staff in the support of students in clinical placement.

Nurse

This refers to a practitioner holding the protected title of 'nurse' who is registered with the Nursing and Midwifery Council (NMC).

Practice educator / clinical supervisor (PE/CS)

CODP recognises that there are a number of titles used to describe this role, which vary on a local level. Although practice educator / clinical supervisor (PE/CS) has been used in this document for consistency, provided the role dimension is fulfilled, the specific title is flexible.

Reliable assessment

A reliable assessment will yield the same results if repeated; similar results should also be produced with a similar student group, thus demonstrating consistency in criteria and assessment methods (Atherton, 2005).

Scottish curriculum and qualification framework (SCQF)

'A nationally recognised system bringing together all Scottish mainstream qualifications into a single unified framework. Developed in partnership by the Scottish qualifications Authority, Universities Scotland, Quality Assurance Agency Scotland and the Scottish Executive' (NES, 2007: p.62).

Summative assessment

Summative assessment refers to the final assessment of a unit or competency, and therefore contributes to the overall assessment outcome of the award.

Valid assessment

A valid assessment successfully measures the skills or knowledge it is designed to assess (Petty, 2004).

Foreword

The purpose of this document is to define the CODP standards of support for student ODPs in the clinical environment and aid the mentorship team members in supporting the student effectively, while also developing themselves as an individual professional practitioner. This document is designed to provide a standard for mentorship of pre-registration ODP students and will support both HEIs and practice placement areas in the transition to a graduate profession.

The standard for mentor qualifications remains unchanged from the CODP (2006) document entitled *Qualifications Framework for Mentors Supporting Learners in Practice*. However, this document aims to offer clarification of the roles within the mentorship team and this is supported by the mentor algorithm **(1.2: Fig.1, p.13).** As ODP students spend increasing amounts of clinical placement time in non-traditional clinical areas (e.g. endoscopy suite), this document offers guidance on the interprofessional mentoring of ODP students resulting from such placements. CODP recognises the importance of the mentoring role in the learning and assessment of student ODPs, therefore this document makes recommendations for protected time to ensure the mentor and student have sufficient time to complete the assessment process. It is also recognised that mentors will often be the first person to identify an underachieving student, and this document aims to offer some support and guidance to these mentors throughout the management of an underperforming student. In addition to supporting the student, mentors have a professional obligation to develop themselves – both as mentors and practitioners – and this document offers a framework to achieve this.

The frequently asked questions (FAQ) in **Section 9** of the document offer answers to some of the most common questions met during the development of this document. However, it cannot be an exhaustive list and new questions will arise as the profession develops, particularly during the transition to a graduate profession. To ensure this standard can be clearly related to current developments within the profession, the mentorship frequently asked questions (FAQs) area on the CODP website will be regularly updated to continue to support the mentorship team in effectively supporting students in clinical practice.

The origins of the term 'mentor' are well documented (Earnshaw (1995), Neary (2000)). Lane (2004) reflects on the role of the mentor as the relationship developed between master and apprentice; the former passing on their wisdom and experience as the latter makes the transition to mastery of their chosen trade. Although there are similarities in health care, the requirement to produce practitioners who are fit for practice and able to meet the *Standards of Proficiency* for their chosen profession introduces a complexity to the development of healthcare practitioners not experienced in 'standard apprenticeships'. The professional requirements for the Diploma (HE) Operating Department Practice (CODP, 2006a) mean that students will pass through a number of clinical placement areas to develop essential areas of skill and knowledge to support their professional practice. In so doing, they will meet a number of mentors who will participate in their development over a number of shortened placements – ie placements of a few weeks, rather than many years. It is therefore essential that mentors are prepared to receive these students and contribute effectively to their development.

Hagerty describes the 'definition quagmire' surrounding the term '*mentor*' (Andrews and Wallis, 1999). This is created by 'a lack of agreement regarding the role and function of mentors' (Andrews & Wallis, 1999, : p.202). It is important therefore, that the term is clearly defined in a profession-specific context (Clutterbuck, 2004), outlining the characteristics required to support ODP students. Building on the concepts introduced in *Preparation of Mentors and Teachers* (DH & ENB, 2001b) and *Qualifications Framework for Mentors* (CODP, 2006b), a mentor of ODP students will:

- **Supervise, support and guide students** during their clinical placement, a key feature of which will be assisting the integration of the student into the clinical team. This is crucial in the early stages of the mentor/mentee relationship which sets the tone for the remainder of the placement. 'If students lack clarity regarding the mentor and student relationship or the method of supervision, they can feel that they are left "hanging around waiting to be noticed" . . . '(West 2007, p.17)

- **Facilitate student learning** which will involve helping the student to make links between theory and practice

- **Apply approved assessment procedures** and provide feedback on student performance. This will be carried out in accordance with the HEI's processes for assessment in clinical practice.

Detail on the qualification framework for mentors is provided in **1.1: Table 1, p.12.** The role dimensions of mentors are discussed in **Section 1.**

To support their role, the mentor will undertake development in line with the requirements of the Mentor Framework outlined in this document, and must maintain a position on the Register of Mentors through the cycle of mentor development (**8.5: Fig.5**)

Due to the diverse nature of clinical placements and local interpretations of the ODP curriculum, this document does not advocate one model of mentorship. It is left to the individual HEI, in partnership with their placement providers, to determine the most effective way to support and assess their student ODPs, incorporating the guiding principles outlined in this document. However, a focus on effective mentorship is an essential requirement in providing high quality placement experiences:

> 'This is a challenge to us all; it is not an optional one, but a requirement of contemporary professional practice' (Andrews, 2007: p.2).

Since the publication of the NHS Plan (DH, 2000), emphasis has been placed on clinical placements as an important component in the preparation of health and social care students for professional practice. The Department of Health and English National Board for Nursing, Midwifery and Health Visiting documents *Placements in Focus* and *Preparation of Mentors and Teachers* (DH/ENB, 2001a; 2001b) increased focus on placement providers and their responsibilities for maintaining the quality of clinical placements, and hence the student experience, in partnership with HEIs. They also set the tone for formal preparation of mentors and clinical teachers.

The Department of Health document *Managing Attrition Rates for Student Nurses and Midwives* (DH, 2006) highlights the quality of clinical placements as a factor in student attrition. This document acknowledges that the actual quality of the placement may differ from an individual student's perception, but it is the student's experience that influences their decision to leave their programme of study. Poor quality placements are characterised by an unwelcoming environment, lack of input from a clinical co-ordinator, a lack of competent mentors and not being valued as a member of the team (DH, 2006).

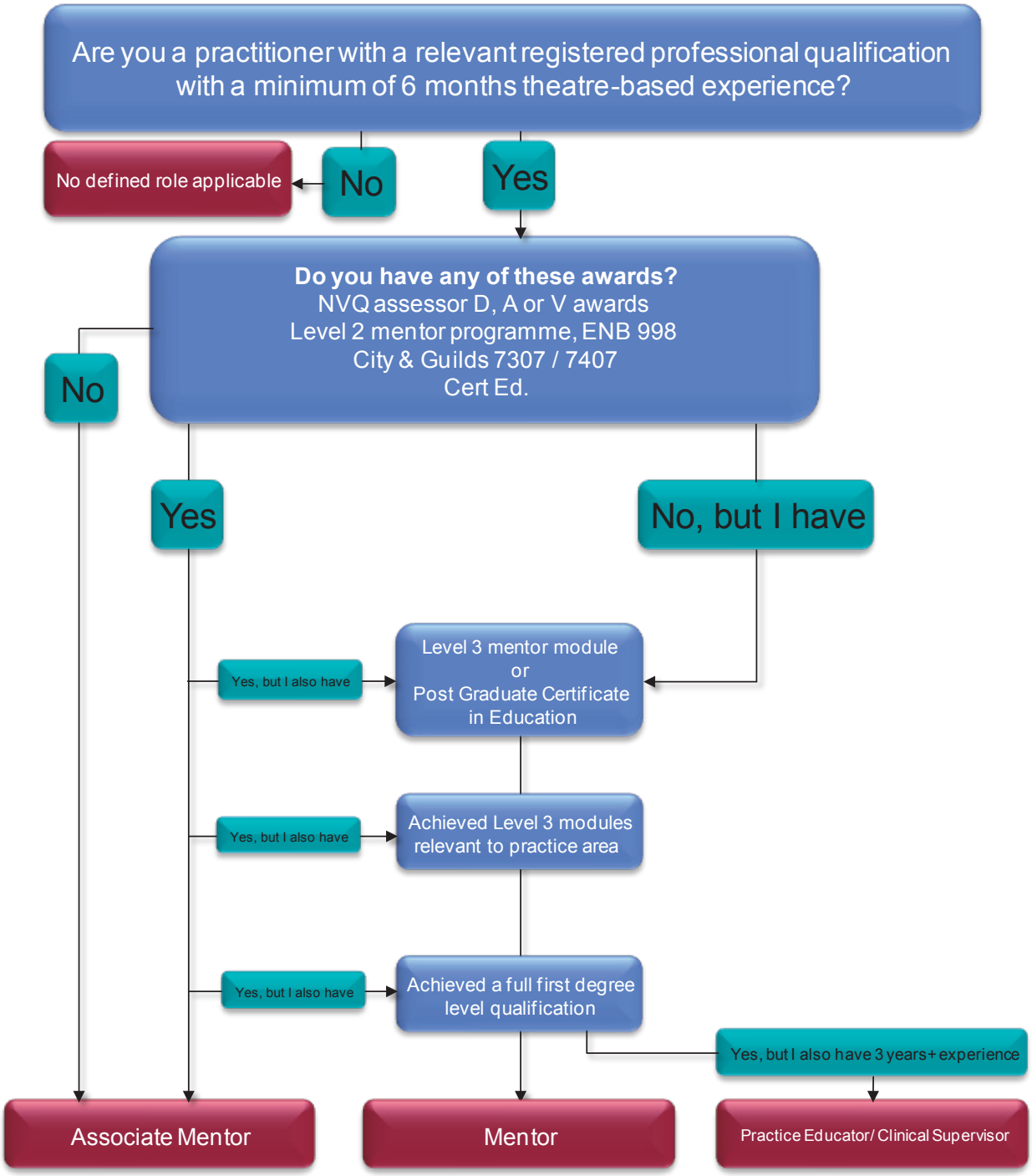
Quality assurance mechanisms implemented by commissioners of ODP education include emphasis on both HEI and clinical placement quality. As part of their annual monitoring processes, placement areas will be required to perform a self-assessment of placement quality and demonstrate that mechanisms exist within the organisation to address any issues raised in the resulting action plan.

Section 1: Roles and qualifications framework

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

Title	Role	Qualifications / requirements
Associate mentor	• Supports students in clinical placement • Provides formative feedback • Completes formative assessment documentation • Must demonstrate competence in the area of assessment • Implements local hospital policy.	• 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.	*In addition to the above:* • 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.	*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:* • 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
Practice Educator / Clinical Supervisor (PE/CS) It is expected that the PE/CS will have achieved this standard by January 2010.	*In addition to above:* • Has overall responsibility for students in placements • Organises workplace teaching sessions • Placement organisation and mentor allocation • Holds current mentor data and provides regular updates to the HEI • Attends ODP education meetings.	*In addition to above:* • Has a minimum of three years post-registration experience • Posses a relevant first degree (see section 1.9) or • Enrolled and working towards a relevant first degree.

1.2: Fig.1: Mentor role algorithm



- Associate mentors will provide feedback to students throughout each clinical shift, so that the student can identify their strengths and areas for further development.

- Associate mentors who have attended a specific preparation session by the HEI may be able to conduct formal formative reviews and complete associated documentation.

- Associate mentors may develop their own knowledge and skills through a variety of CPD activities, which may include: reflective practice, clinical audit, work-based training, reading relevant journal articles, writing for publication or attendance at study days and conferences (HPC, 2006)

1.3: **The associate mentor**

The associate mentor role is suitable for any registered practitioner with a minimum of six months post-qualification experience; it is recognised that each individual develops at a different rate and therefore it is the responsibility of the PE/CS to agree with an individual when they feel ready to take on the role of associate mentor. The associate mentor role may be either a starting point for a practitioner who plans to undertake formal mentor training, or a specific role for individuals who support students in clinical placement, but are engaged in other forms of CPD and are unable to undertake mentor training.

This role allows the associate mentor to support students in the clinical environment and provides the student with formative feedback regarding their performance. An associate mentor and mentor will develop a co-mentoring approach; the associate mentor will participate in initial meetings and may conduct formal formative review processes. While the associate mentor will participate in the formative assessment / student development process, they are unable to perform the final summative assessment.

It is important that the associate mentor is prepared for their role and therefore must attend a specific local HEI preparation session and complete the mentor development cycle every two years (**see Section 8**). To ensure students have a meaningful learning experience, the associate mentor must implement evidence-based practice and continue to develop their own knowledge and skills through CPD.

1.4: **The mentor**

To build upon the role of the associate mentor, and become a mentor, a practitioner must be developed to level 3 through completion of level 3 modules relevant to clinical practice and hold, or be working towards, a formal mentorship module (or equivalent). For those mentors who are working towards a formal mentorship module, this must be passed and credits awarded within a two-year period from enrolment. The completion of a PGCE or post-graduate (level 4) award in healthcare education is considered to be equivalent to a defined mentorship module. CODP continues to apply the principle that mentors should hold a qualification at an academic level equal to or above the level they are teaching and assessing (CODP, 2006) and therefore mentors are required to hold a level 3 qualification to assess ODP students at both diploma and honours level. In addition to this principle, it is important that mentors have graduate skills, for example critical analysis or literature review, to effectively support students in developing an evidence-based approach to clinical practice.

In Scotland, completion of the 'National Core Curriculum Framework for the Preparation of Mentors' fulfills the criteria for becoming a mentor. CODP acknowledges that there may be no academic credits attributed to this programme, however the unit learning outcomes are 'consistent with the generic outcomes of awards at Scottish Credit and Qualifications Framework level 9 (NES, 2007) which equates with a level 3 qualification (Warwick IER, 2008). While the Scottish framework specifically applies to nursing and midwifery (NES, 2007), CODP considers it suitable for the preparation of ODP mentors if the specific professional issues pertinent to education and regulation of the ODP profession are addressed as part of the programme. The NES 'National Approach to Mentor Preparation for Nurses and Midwives Core Curriculum Framework' (2007) acknowledges that the programme will be valuable to other professions and incorporates flexibility in the learning and assessment methods as appropriate to the mentors' practice setting. It is therefore, the responsibility of the HEI delivering the programme to ensure that the specific needs of ODP mentors are addressed within the delivery.

The mentor must only summatively assess students in clinical specialties / roles which are within their scope of practice; this is to ensure validity of competency assessment. The mentor must understand and implement the HEI assessment regulations throughout the assessment process and it is the joint responsibility of the mentor and the HEI to ensure individual mentors understand

these regulations and their implementation. Mentors must also ensure they understand the assessment outcomes, as defined in the HEI practice assessment documentation. This is to ensure an equitable assessment for all students, because mentors are responsible for making an assessment decision by determining whether evidence provided by the student meets the identified outcomes. In the application of assessment processes, mentors are accountable for their judgments and are responsible for completing required documentation in a timely manner and ensuring these assessment records are accurate, factual and complete. Mentors must ensure they implement local hospital policies at all times, which will include both theatre-specific policies (ie health and safety) and generic human resources policies (ie bullying and harassment).

1.5: **The role dimensions of the mentor**

1.5.1: **Facilitate student learning**

- Demonstrate differences between teaching and facilitation
- Demonstrate detailed knowledge of the learning programmes, learners and their outcomes
- Show an ability to identify learning needs
- Plan and teach sessions where theory is applied to practice relating to the learning outcomes of the learner's programme
- Demonstrate how to develop reflective skills with a learner
- Demonstrate an understanding of interprofessional issues in practice and how this impacts on learning and how this learning can be facilitated in practice

Focus on good mentoring practice

Using the practice competencies of the programme and unit/module outcomes, the mentor plans a teaching session to address the underpinning knowledge and skills. The mentor uses reference to policies and key guidance documents where they can be accessed, and demonstrates how these are applied to clinical practice.

The mentor guides the student to further evidence-based material – hence showing relevance and adding value to their knowledge and skill progression.

Defining the dimensions

- Facilitation of student learning bridges the gap between the student and the material — more of a discussion leader. Facilitation has become recognised as an important process in assisting a group to work together effectively to achieve shared outcomes.
- Using the initial, intermediate and final discussions in module practice documentation will enable both the mentor and student to identify, plan and review the learning outcomes and personal learning needs for the module.
- Donald Schön (1983) suggested that the ability to reflect on action so as to engage in a process of continuous learning was one of the defining characteristics of professional practice. Reflective practice is now seen as an integral part of continuing professional development and lifelong learning in health care.
- In 1988, the World Health Organization endorsed interprofessional learning, *'Learn together to work together'*. Team working is central to any activity you will engage in when you qualify, and an essential part of professional practice for any health or social care employee. Not only does effective team working benefit patients/service users/clients, but also it has been found to improve working lives (Borrill et al , 2000).

Defining the dimensions

- A good mentor from the student perspective is someone who is supportive, acts as a good role model, teacher, guide, and assessor; generally, someone who has a genuine concern and has the student's interests at heart (Andrews and Roberts, 2003).
- Learners are best able to provide quality client care when they are in an environment that supports quality professional operating department practice (DH 2006).
- Mentors and students need to build effective working relationships based on mutual trust and respect that recognises the diversity of all individuals (DH, 2001)
- Areas of concern about performance should be highlighted as early as possible. Feedback should give students an opportunity to show some improvement. Verbal and written feedback is vital, as students should never be surprised by the details of a failed final clinical assessment (Duffy, 2003).
- Mentors need to demonstrate continual professional development though a range of learning activities, which they maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice (HPC, 2008).

1.5.2: **Supervise, support and guide students**

- Support the student in identifying best practice
- Explore practice issues with the learner
- Use resources for practice education
- Demonstrate knowledge of the *Codes of Professional Practice* for the learner being supported
- Understand cultural issues of both the learner and environment
- Be able to support learners who are not managing their learning
- Recognise differences and diversity in practice
- Demonstrate how effective teamwork can change practice to benefit the patient
- Display evidence of professional development skills

Focus on good mentoring practice

A mentor makes use of opportunities to address any deficit of applied knowledge of clinical guidelines in a group of first year and second year students. A mentor has a good working relationship with the students, which has enabled them to provided individual support to the group.

Recognising individual differences and similarities between learners, a mentor emphasises the significance of clinical guidelines by utilising practice resources and formatively assessing the students, providing effective and timely feedback.

1.5.3: **Apply approved assessment procedures**

- Demonstrate a wide use of reliable assessment methods founded on an evidence base
- Demonstrate an understanding of diverse teams and their cultural impact in relation to assessment
- Demonstrate an understanding of the assessment process and documentation
- Use formative assessment as a tool for enhancing substantive knowledge

Focus on good mentoring practice

Mentors use various forms of formative evidence, such as discussion with other team members, reflective records and previous assessment documentation to inform their summative assessment decision of a student's clinical competence.

They design a practice assessment that allows the student to demonstrate and discuss the knowledge and skills that are matched to the assessment documentation and *Health Professions Standards of Proficiency* (HPC, 2008).

Defining the dimensions

- To promote learning, assessment should be educational and formative – students should learn from experience and receive feedback, on which they can build their knowledge and skills (Wass et al, 2001).
- Mentors need to ensure that the assessment of practice is reliable, valid, and has relevance and transferability, in reference to the criteria or norm of the outcome being assessed.
- Where clinical competence is being judged, assessments are designed to ensure the practitioner's fitness to practise and to safeguard the patient (QAA, 2006).
- Initially, students have to join clinical teams and learn at the periphery. As they become more competent, they move more to the 'centre' of the team. Thus, learning is not seen as the acquisition of knowledge by individuals, so much as a process of social participation. The nature of the *situation* impacts significantly on the process (Smith, 2003).
- Mentors will ensure that they are regularly updated through their HEI of the current assessment procedures and documentation. Mentors should identify any specific needs through the updating cycle and their CPD.

1.6: **The practice educator / clinical supervisor (PE/CS)**

A key named person (or persons) who is clinically based in theatres and takes responsibility for the implementation of the programme in the clinical area for quality assurance. It is recognised that this role may vary between HEIs and individual clinical placement sites. However, it is vital that the dimension of this role is fulfilled.

This person(s) has overall responsibility for students in clinical placement and will therefore organise student placements, allocation of mentors and workplace teaching. Hence, this role involves acting as a link between the clinical area and the HEI, as well as acting to support both mentors and students. Essential elements of the role are detailed below, however this list is not exhaustive and it is recognised that there may be some local variations:

1.6.1: **The upkeep of a register of 'live' mentors** – this person(s) is responsible for maintaining the register of mentors (**see Section 6, placement quality**) and providing the HEI with a biannual report.

1.6.2: **Determining arrangement for mentor briefing/updating** – the PE/CS is responsible for ensuring that mentors have opportunities to access mentor development. This will require liaison with the HEI to arrange mutually agreeable mentor update sessions in a manner most suitable to the clinical area to ensure the maximum number of mentors possible is able to access these sessions.

1.6.3: **Allocation of an appropriately experienced mentor to support student development** – it is essential that the mentor allocated is able to effectively support the students in achieving their identified placement outcomes. The allocation of a mentor should be communicated to both the student and mentor prior to commencement of the placement to allow the student and mentor to make any necessary arrangements. It is important that the allocated mentor is able to work with the student for 40% of the assessment period (**see Section 3, protected time**) and therefore the PE/CS needs to consider the mentor's additional commitments during the placement period.

1.6.4: **Participation in managing students who are experiencing difficulties in clinical practice** – when a mentor identifies that a student is underperforming, the mentor will alert the PE/CS who will support both the mentor and student throughout the process. This may include attending progress meetings or working with the student and mentor. The PE/CS will liaise with the link lecturer as required, to ensure the student has access to appropriate support.

1.6.5: **Ensuring that students have access to all areas of assessment required to meet professional body requirements of the programme** – the PE/CS will arrange a placement rotation, which allows students to gain experience in the range of specialities required to meet the programme requirements. When students or mentors identify clinical areas where additional placement time is required, the PE/CS will make appropriate arrangements to ensure students have access to the required experience.

1.6.6: **Participation in completion of annual placement self-evaluation as part of the on-going quality management and enhancement of the provision –** this will be completed in conjunction with the HEI.

1.6.7: **The PE/CS role requires a current knowledge of ODP educational issues and therefore attendance at local, regional and national meetings pertaining to ODP education is paramount.**

In order to undertake this role, the named person(s) must hold mentor status and either posses a relevant first degree or be enrolled on a defined pathway and working towards a relevant first degree. A 'relevant first degree' is defined as a programme of study which is relevant to clinical practice through the acquisition of knowledge and skills which may be used to develop clinical practice; for example, an ODP who completed a science degree would have gained skills of scientific enquiry and research processes which can then be applied to clinical practice. The study of a first degree will develop understanding of the academic processes that the students experience, thus improving the support mechanisms for students.

1.6.8: **Case study of a PE/CS**

Robert has 25 years experience as an ODP and is a mentor to ODP students. A number of complaints have been received from students regarding the difficulties they experience in Robert's practice area.

Students coming out of their placement with Robert have low confidence and doubt their ability to complete their award. Robert's current student is no different and is currently not in a position to achieve his placement outcomes according to Robert's recent report.

The PE/CS and the student's personal tutor have arranged a meeting with Robert and the student to discuss the issues surrounding the placement further. The student claims that he feels he is performing well, but Robert's questioning becomes so detailed that he cannot provide suitable answers. The student claims he feels 'thick' and under pressure.

Robert claims that he is providing a thorough, challenging assessment for the student. However, as the discussion develops he states that he expects all students to 'meet my standards' and provides a criticism that the practice outcomes developed for the award do not reflect the role the ODP should be performing.

The PE/CS and personal tutor remind Robert of assessment regulations and the need to judge only against the standards developed for the award. Robert is also reminded that his level of knowledge has developed over the 25 years of his service and that the students he is supporting have only a limited range of knowledge and experience to draw on. It is agreed that Robert's performance will be monitored and supported by the PE/CS.

Section 2: The mentorship team

The CODP recognises the diverse roles, responsibilities and specialist knowledge of individuals within the mentorship team (Fig.2, p.24) and actively encourages the contribution of different professional groups towards the support of students in clinical practice. CODP also recognises the importance and value of team working.

As part of the mentor team's requirement to ensure good student experience and practice placement quality, it is recommended that:

2.1: The team presents a climate conducive to learning. This can be achieved by contributing to the evaluation of the learning environment through participation in regular audit processes in conjunction with the delivering HEI(s), and adopting any changes arising from the evaluation process. Mentors should attend update sessions and/or forums held either by the HEI, or within the clinical area to discuss and share aspects of good mentoring practice.

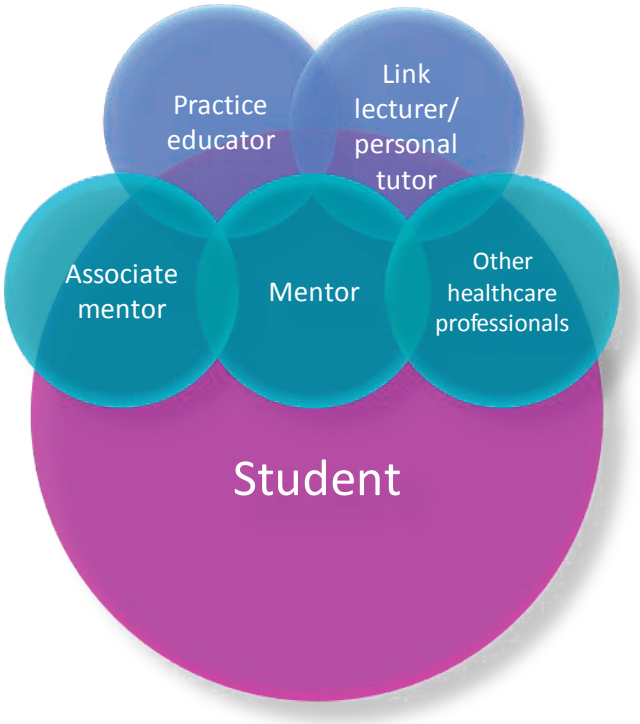
2.3: Information regarding student issues is communicated within the team, except where this breaches areas of confidentiality. Under the Disability Discrimination Act (2005) reasonable adjustments in teaching and assessment must be made when supporting students with disabilities – for example, students with dyslexia must be given the option of answering oral questions instead of written ones. Students are advised to disclose disabilities to their mentor to ensure an equitable assessment, but it is not recommended that the mentor discloses this information to a third party. Advice on supporting students with disabilities can be sought from the personal tutor and/or link lecturer of the HEI.

2.4: Ongoing and constructive support is provided both within and across mentor teams to enable students to make the transition across learning environments, ie theatre areas, departments and ward areas (West et al, 2007).

2.5: The team identifies, provides and regularly updates information and resources particular to the specialty, and demonstrates evidence-based practice both within the area of specialist practice and around wider aspects of operating department practice and patient care. 'Placement profiles' mapped against the current clinical practice outcomes identify learning opportunities available for the student and may include opportunities outside of the boundaries of the placement area – for example, multiprofessional meetings, which may enhance knowledge and role development within the specialty. Resources provide ongoing evidence in support of placement quality and audit (West et al, 2007).

2.6: All team members are committed to their own professional development and maintain an up-to-date continuous professional development (CPD) profile relevant to their professional requirements (HPC, 2006; NMC, 2008). Individuals undertake regular self-evaluation, and demonstrate reflective practice and critical analysis of incidents affecting the team in relation to the teaching and learning environment. Mechanisms are also in place to provide support for new mentors or associate mentors joining the team.

2.7: Fig.2: Relationships between the mentorship team



Section 3: Protected time

Mentors often experience conflict between the competing demands of providing patient care and fulfilling their roles as a mentor (Davies et al, 1994 in: Gray and Smith, 2000). Lack of contact time with students and insufficient time to undertake mentoring activities is cited as a common problem in the mentoring relationship (Webb and Shakespeare, 2008) and can affect placement outcome. While acknowledging the demands of service provision, to ensure the quality of placement for student learning and to enable the mentor to make a valid and reliable judgement of the student's ability, it is recommended that:

3.1: The designated mentor or associate mentor works with the student on their first day in any clinical placement area; establishes learning opportunities available for that placement; identifies and plans the placement activities and assessment dates; and completes the appropriate departmental induction.

3.2: Mentor and student work together for a minimum of 40% of the assessment period. Shift patterns / duty rota are arranged between the student, mentor and PE/CS to facilitate this. The mentor should seek support from their manager in arranging similar shift patterns and freeing up sufficient time for undertaking mentorship activities (Pulsford et al, 2002). Students should follow shift patterns which expose them to learning experiences appropriate to their practice outcomes.

3.3: Where possible, the mentor should have supernumerary or protected time with the student at designated points during the placement in order to undertake assessment processes, complete relevant documentation, provide feedback to the student, participate in reviews with the link lecturer / personal tutor and reflect on student practice and progress (Morton Cooper and Palmer, 2004). To ensure good practice, these should be identified at the beginning of the clinical placement.

3.4: The mentor arranges for other designated members of the team (ie mentor or associate mentor) to supervise the student when their mentor is unavailable. The mentor communicates any relevant student information relating to the established placement learning activities to the designated person / team member and ensures the student is aware of their point of contact. The mentor remains accountable for their decisions and responsible for allowing the student to work independently or with others (under direct or indirect supervision) depending on the level of experience of the student.

Examples of interprofessional mentoring

- A nurse who has undertaken a level 3 mentorship module and passed a competency-based anaesthetic nursing module may act as a mentor for ODP students and conduct summative assessment within their area of practice (anaesthetics).
- A scrub nurse who has worked in theatre for 18 months and has completed both post-registration competency-based training and a level 3 mentorship module may mentor ODP students in the scrub role, as they have a formal 'in-house' competency based qualification relevant to the scrub specialty.
- A ward or critical care nurse who has completed a level 3 mentorship module may conduct summative assessment for those areas within that nurse's scope of practice and covered by the pre-registration nursing programme – for example, drug administration.
- A radiographer who fulfills the CODP mentor criteria and works with an ODP student on a regular basis may summatively assess those competencies pertaining to their scope of practice – for example, heath and safety relating to the use of X-ray in theatre.

Section 4: Interprofessional mentoring

CODP recognises and welcomes the positive contribution that mentors from a range of professions can make to ODP education through developing students' appreciation of the wider clinical environment. Interprofessional mentoring can foster clear partnerships and a stronger ethos of team working. The importance of team working was identified as essential in providing patients with 'high quality, integrated care' (DH, 2008).

4.1: Registered health professionals, other than ODPs, may mentor ODP students as a mentor or associate mentor in line with the criteria in **Section 1**. To fulfill the role of mentor and summatively assess students, the registered professional must fulfill the mentor criteria and have completed a competency-based course relevant to their specialty.

4.2: Registered professionals who do not fulfill the mentor criteria may support students within the clinical area and will contribute to the assessment process; for example, by providing formative feedback. However, they are not able to undertake summative assessment.

Section 5: Accountability and supporting the underperforming student

Determining competence to practice as an ODP requires students to fulfill professional, theoretical and clinical criteria, as required by the Health Professions Council and interpreted by the individual HEI (Cleland et al, 2008). As registered professionals, ODPs are accountable for the decisions they make and 'must act in the best interests of service users' (HPC, 2008). This can be clearly related to the role of the mentor and the assessment of students in clinical practice. Therefore, assessing students' clinical competence carries significant responsibility, equal to the responsibility that the registered healthcare professional has to their patients (Jarvis and Gibson, 1997).

Many studies have identified that assessment elements of the mentor role can create conflict when mentors act as both 'friend' and assessor (McNair et al, 2007). Some mentors find it difficult to make decisions which may negatively impact upon a student's future career (Jarvis and Gibson, 1997). Students may also feel the mentor/mentee relationship is conflicting, especially if the student fails an assessment. Duffy and Hardicre (2007) reported students feeling betrayed and hurt when failed by a 'friend', and so it is important that students understand the remit of the mentor role and that this remains a professional relationship. Students may react to a failed assessment by blaming others and may accuse the mentor of bias (Duffy and Hardicre, 2007). If this is anticipated, then it may be helpful for the link lecturer or practice educator to be present to support both the student and mentor. Cleland et al (2008) identified that mentors may feel they have some responsibility for a student's underperformance. This was found to be more common in inexperienced mentors; consequently, it is recommended that the mentorship team approach is used to support both the mentor and the underperforming student.

The handover within the mentorship team is crucial in identifying and supporting the underperforming student. It has been identified that mentors may tolerate some lack of knowledge in a student's first year assessments (Cleland et al, 2008); hence underperforming students do not become apparent until they are nearing completion. This may cause feelings of confusion for the student, because they have passed previous assessments and mentors may express feelings of anger that colleagues had not failed the student earlier (Marsh et al, 2008). A clear handover within the mentor team ensures that the student progresses with each clinical placement and any

identified areas of required further development can be addressed. This may prevent a student reaching the point of failure. Clear assessment criteria will support the assessment process throughout, and this should prevent underperforming students from passing early assessments before they are fully competent. Mentors should liaise with the link lecturer to clarify any elements of the assessment documentation if required.

To ensure an equitable and rigorous assessment process, it is recommended that:

5.1: Mentors develop a detailed learning plan with the student during the first week of the student's placement, one that relates directly to the criteria identified in the practice assessment documentation. This should be documented, and both the mentor and student should retain a copy.

5.2: The mentor and student should regularly review targets to identify areas of achievement and where further development is required, and create an action plan accordingly.

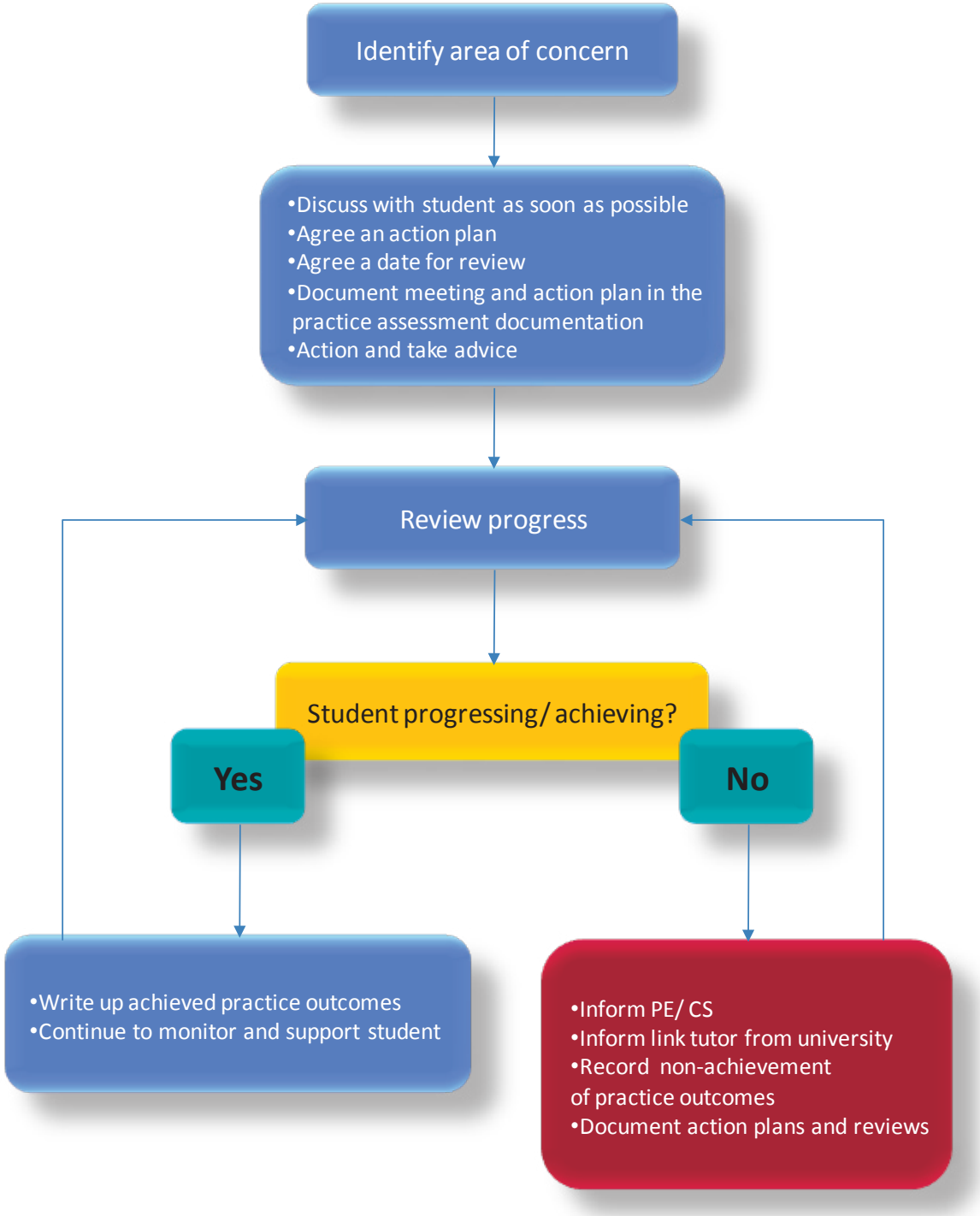
5.3: Students should receive regular formative feedback from both mentors and associate mentors. Feedback should always be constructive, but mentors must not avoid communicating areas of underperformance with the student.

5.4: Mentors should facilitate opportunities for the student to gain experience in identified areas of underperformance. This may involve negotiating with the clinical placement supervisor / practice educator to enable access to appropriate clinical areas.

5.6: The mentor should seek the advice and support of the clinical link lecturer regarding the assessment process and the support mechanisms for the underperforming student as soon as possible.

5.7: There is documentary evidence of the assessment and support processes, so that the mentor can evidence that the process has been fair and transparent. Consequently, documentation must be factual and identify specific examples where possible (Duffy, 2007). It is advisable for both mentor and student to sign these records after each meeting.

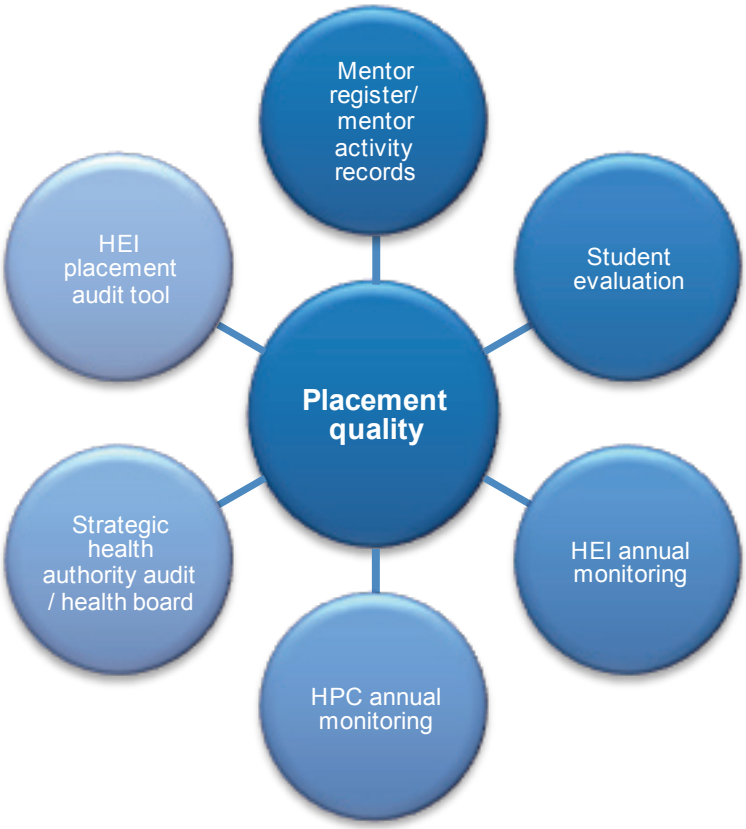
5.8: Fig.3: Example generic algorithm of supporting the underperforming student



Section 6: Placement quality

Assuring placement quality is a necessity for all placement providers and HEIs. Placement quality will be reviewed as part of the on-going quality management and enhancement arrangements identified for the provision. This will include the HEI's annual monitoring process, and the annual monitoring process of the Health Professions Council. Fig.4 provides an overview of the quality assurance mechanisms that contribute to maintaining/improving the placement experience for students.

6.1: Fig.4: Quality assurance mechanisms



Section 7: Placement preparation

7.1: Placement areas must be fully prepared to accept students, and new placements will require a placement audit prior to receiving students. The host HEI will utilise its mechanisms for determining the suitability of clinical placement areas. Once approved, the placement area must have access to the following as a minimum:

- Award-specific documentation (for example, programme specification, award handbooks)
- Practice assessment documentation
- HEI policies and regulations regarding assessment in clinical practice
- A link lecturer (or equivalent)

7.2: The placement area must have at least one PE/CS who will be based in theatre, will coordinate student placements and will ensure that a suitable number of mentors are in place to provide student support. Essential aspects of this role are:

- The upkeep of a register of 'live' mentors
- Determining arrangements for mentor briefing/updating
- Allocation of an appropriately experienced mentor to support student development
- Participation in managing students who are experiencing difficulties in clinical practice
- Ensuring that students have access to all areas of assessment required to meet professional body requirements of the programme
- Participation in completion of annual placement audit as part of the on-going quality management and enhancement of provision.

7.3: **Placement audit**

7.3.1: Clinical placement areas for operating department practice will be audited in accordance with the HEI's auditing cycle to ensure a thorough and effective mechanism to monitor clinical placements (HPC, 2005). Where necessary, the auditing tool must be amended to elicit relevant information surrounding the quality of placements for ODPs.

7.3.2: If, for any reason, the placement area is unable to maintain the quality of clinical placements, then the HEI must be notified by the PE/CS and an appropriate action plan developed.

7.3.3: Mentors deemed not to be fulfilling their role effectively will require a period of supervised practice, as determined by the PE/CS and ODP programme leader. The departmental manager will be notified of the issue by the PE/CS so they can offer appropriate support. Mentors who continue to provide inadequate support for students will be removed from the mentor register. This change in status will be reported to the departmental manager and may be reflected in the annual appraisal process.

7.3.4: **Case study of a new mentor**

Sandra is a registered theatre practitioner currently working in the orthopaedic theatres. She has completed a level 3 Mentoring in Clinical Practice module at her local HEI and meets the criteria to act as a mentor. Therefore, she is allocated a first year student ODP. Placement evaluations suggested that Sandra was unfamiliar with the ODP assessment documentation and was not completing documentation in a timely manner.

The PE/CS discussed this with Sandra and provided an update on how and when to complete the documentation. However, a second student placed with Sandra made similar comments to the first student.

This was again discussed with Sandra and an action plan was drawn up to support Sandra at key stages of the clinical placement where documentary evidence is required. Sandra worked in conjunction with the PE/CS, who was able to give advice on when to complete assessment documentation and how to manage time more effectively.

Sandra has since supported a number of ODP students who comment positively about the placement and level of support received.

Section 8: Mentor register

8.1: A register of personnel participating in the support and assessment of student ODPs will be maintained by the PE/CS in the placement area. The mentor register must record the following:

- Name and professional registration number
- Professional qualification
- Capacity in which registrant will act, ie associate mentor, mentor, PE/CS
- Detail of mentor preparation (date of completion, academic level)
- Other relevant study and academic level (essential if mentor preparation is at diploma level)
- Date of ODP mentor briefing and subsequent updates
- Area of assessment – the practice areas where the mentor summatively assesses students
- Summary of recent mentor activity

8.2: The PE/CS will forward a regular update of the mentor register to their HEI. These records will be held by the PE/CS for a minimum of two years. In so doing, evidence will be generated to support the CPD activities of mentors.

8.3: To maintain their position on the mentor register, mentors must attend an update within a two-year period as part of their CPD cycle. During this time, the mentor must provide evidence of their support of at least two pre-registration ODP students. CODP recognise that mentors may be temporarily removed from the mentor register due to absence – for example, maternity leave, career break. Individuals should discuss with their PE/CS the arrangements required to regain their position on the mentor register. This will include attendance at an HEI update.

8.4: **Mentor preparation**

HEIs provide mentor preparation awards as part of their learning beyond registration portfolio. Many of these programmes are delivered inter-professionally and must include information surrounding the curriculum, assessment processes and regulatory mechanisms for operating department practice. Existing arrangements in place for mentor preparation in Scotland are acknowledged and reflected in this framework.

8.5: **The cycle of mentor development**

The College has produced the cycle of mentor development illustrated in Fig.5; the cycle's four elements can be clearly referenced to the HPC (2006) CPD activities. The elements of the cycle have been designed to ensure they are not prescriptive, but focused with recommended activities. However, these are not exhaustive in nature, and the aim of this cycle is to ensure that the mentor can provide evidence for their revalidation of registration requirements (HPC 2006) within an existing two-year cycle and demonstrate good mentoring practice.

8.5.1: Fig.5: The cycle of mentor development.

8.5.2: **Examples of CPD activities for the mentor**

8.5.3: **Work-based / informal learning:**

CODP recognises that through the mentorship of students, the individual will also learn and develop in their role as a mentor or associate mentor. Work-based/informal learning activities are core to all professionals and enable the practitioner to direct their own development based on identified needs, activities may include:

Reflective practice: This is a key element of working as a professional. Mentoring specifically affords practitioners an opportunity to reflect on their experiences and develop their practice for future students.

Participation in educational audits: either in conjunction with the HEI or to promote good practice within the clinical area.

Sharing good practice within the mentorship team: for example, through discussions with other mentors or peer reviews.

Representing mentors in meetings: for example, HEI course committee meetings, and disseminating relevant information to the mentorship team.

Journal club or reading journals or articles relevant to practice or education and mentorship. This will develop the mentor's understanding of current best practice, which ensures students receive current information. The mentor may also wish to develop their understanding of teaching and learning, with the aim of enhancing the learner experience.

Mandatory training: ensures current knowledge of local policy, which is disseminated to the student.

Developing links with the HEI and reporting back to ensure mentors understand the taught programme and the HEI regulations, especially those pertaining to assessment.

Reviewing books or articles: enables the mentor to support the student through the recommendation of suitable resources.

Updating knowledge: ensures current practice is disseminated to the student. Mentors should therefore use a number of resources to achieve this, including websites – for example, National Institute for Health and Clinical Excellence (NICE), Department of Health, Health Professions Council (HPC) and the CODP.

8.5.4: **Professional activity**

The aim of this element of the cycle is to ensure the ongoing development of the professional in the role of mentor or associate mentor. In the mentoring role, the practitioner acts as a role model for the student and works to develop the learner as a professional practitioner; consequently, it is essential that the mentor demonstrates these qualities and standards. Examples of professional activity include:

Mentoring: this is a professional activity

Membership of the recognised professional body for the mentors' profession: this ensures the mentor understands current professional issues and developments within the profession. For ODPs this will be the College of Operating Department Practitioners.

Membership of specialist interest group or attendance at branch meetings: this presents the mentor with the opportunity to develop professional networks to develop practice.

Teaching or examining: some mentors will choose to develop their teaching skills through the delivery of formal teaching sessions in conjunction with the HEI. Mentors may also participate in the formal examining of students; for example, in objective-structured clinical examinations (OSCEs).

Organising specialist interest groups / study days: this demonstrates commitment to enhancing the provision of evidence-based practice through the acquisition and dissemination of knowledge.

Maintaining / developing specialist skills: this ensures students are taught current best practice within the clinical environment.

Participation in audit: this may relate to either clinical or educational audit.

8.5.5: **Formal / educational**

The aim of this element of the cycle is to demonstrate progression of knowledge and understanding. Activities will vary depending on an individual's personal development plan, but may include:

Courses / further education: this provides the mentor with the opportunity to develop their knowledge which, in turn, enhances the student's clinical experience.

Research: this is an opportunity to contribute to the body of knowledge and thus develop clinical practice.

Attending conferences: this provides the mentor with a wealth of information regarding innovations in practice, developments in education within the profession, new products. Such information enhances the mentoring experience for both the mentor and student.

Writing articles / papers: this allows the mentor to develop their knowledge in an area of specific interest and disseminate it to the profession via *Technic*, the CODP's professional journal.

Seminars: these allow for mentor development through the sharing of knowledge and good practice.

Distance learning: CODP recognises that distance learning may be more suited or accessible to some learners. There are a number of distance learning options: mentors may undertake a specific distance learning course or may complete short online learning activities.

Planning / running a course: this may be specifically related to an element of mentorship, for example presentation skills for mentors wishing to increase their formal teaching sessions, or related to the development of clinical skills.

8.5.6: **HEI update**

Attendance at an ODP-specific HEI update is an essential element of the cycle of mentor development, because it ensures that the mentor remains current with student-related policies and assessment processes. The update is also an opportunity for the mentor to clarify any issues and develop a link with the HEI. CODP recognises that this may take a variety of forms; for example, formal updates, informal updates (which may occur in the working environment) or online updates.

Section 9: FAQ about mentoring ODP students

I trained through the City & Guilds 752 route and have only got the 'D' units, I have over 20 years clinical experience in practice and teaching students. What is my mentoring role?

Your role would be an 'associate mentor'. You will be able to support, supervise and guide ODP students, as well as facilitate student learning. If you have had some form of mentoring preparation by your local HEI you will be able to complete formative assessment documentation. The summative assessment would have to be signed off by a mentor with a level 3 qualification.

I did my D32/33 some years ago and have not completed any formal study since then. I really enjoy working with students in clinical practice, can I be a mentor?

You will be an associate mentor, please see the role dimensions in **Section 1.3.** This is a valuable role in working with students on a regular basis and completing initial and formative assessment. Your experience in working with students in invaluable and you can make a positive contribution to the mentorship team; to become a 'mentor' you would need to access one of the qualifications in **Section 1.**

I am a Dip HE ODP currently working towards a standalone level 3 mentoring module, can I be a mentor?

Yes, even though you have not yet achieved the module, the experience of working with the student in this role will be beneficial for your modules assessment requirements. The assessments you complete with your students will need to be countersigned by a mentor until you receive confirmation that you have passed the module. You would also be expected to identify any specific learning needs through the cycle of development for mentors. Please see **Section 8** for details.

What sort of level 3 'mentoring' module should I do to meet the CODP qualification standards for mentors?

Many universities offer a variety of post-registration modules. Often a 'mentoring' core module is part of the level 3 healthcare award. You can also access a distance learning module on mentoring in health and social care through the Open University or possibly through your local HEI.

My mentor module was predominantly focused in the context of nursing; do I need to do anything else?

Yes, make sure you contact your link tutor and arrange to undergo the recommended mentor prep/induction programme that will update you on the assessment documentation and your roles and responsibilities as a mentor in the context of the operating department practice curriculum.

How often do I need to be mentoring a student?

It is expected that you will be working with a student for at least 40% of the time over the assessment period and have at least two students over a two-year period.

How often to I need to update myself?

Updating is seen as a cyclical process. In some cases, mentors have a regular flow of students and are therefore very current in mentoring practice – they would then choose to update themselves in the course of CPD in areas that they personally identify in personal appraisals. Others may have less contact, and would therefore need a more detailed update. It is recommended that a formal recorded update should occur every two years. You would also be expected to identify any specific learning needs through the cycle of development for mentors. Please see **Section 8** for details.

I think my student is not progressing well, how should I manage this?

Assessing a student's clinical competence, whether formative or summative, carries significant responsibilities, equal to the responsibility ODPs have to their patients. Your HEI link tutor or practice educator can advise you on the correct protocol for supporting and managing underperforming students. Please see **Section 5** for details on accountability and supporting the underperforming student.

I have a level 2 mentorship module and I am now working towards level 3 modules specific to my specialist area, do I really need to do a level 3 mentoring module?

No, you have already demonstrated the skills necessary to supervise support and guide students. You will also be able to facilitate learning for the student and implement the approved HEI assessment procedures. However, the learning and study skills that you will experience during your development through your level 3 modules will be necessary and beneficial in supporting ODP students currently and in anticipation of any future changes in course curriculum.

I have been on maternity leave for almost a year, what do I need to do to get back on the mentor register?

CODP recognise that mentors may be temporarily removed from the mentor register due to absence. You should discuss with your PE/CS the arrangements required to regain your position on the mentor register. This will include the attendance at an HEI update.

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