MENTORING

'Stepping in' or 'stepping back': how first year nursing students begin to learn about person-centred care. Nurse Ed Today, 2015, vol 35, p. 239-244. Currie, K, at al

Abstract: The concept of person-centred care has gained international recognition over the last decade and forms one of the key concepts of our Nursing Quality Improvement Curricular Framework. This study aimed to investigate nursing students' learning about person-centred care during the first-year of their programme. Qualitative thematic analysis of a section of placement learning documents from two consecutive cohorts of students from all fields of nursing (n=405), supplemented by three focus group discussions. Two conceptual categories of student approaches to learning emerged. Firstly, 'stepping back', or learning from
a distance about how nurses provide care, often through reading case notes and care plans; second, 'stepping in', learning about the patient as a person by direct interaction with service users. Evidence of reflection on the patient's experience of care was limited. These results have resonance with existing pedagogical theories around preferences for active or passive styles of learning. The potential for clinical mentors to build student confidence and encourage direct engagement with patients was highlighted. Students are aware of the concepts, principles and professional values of person-centred care from early in their programme; however, the majority tend to be preoccupied by learning about what nurses 'do', rather than 'how patients experience care'. Development towards a more person-centred approach may require targeted support from mentors to help students gain confidence and begin reflecting on how patients experience care.


Abstract: Practice education facilitators at a large health board in Wales have developed a lead mentor role for existing mentors who demonstrate positive role modelling. Lead mentors' responsibilities include supporting mentors and identifying their development needs. A study day for lead mentors was positively evaluated and pre-registration students have provided positive post-practice evaluation. Leadership and constructive teamwork have a positive effect on patient outcomes, and developing existing mentors is one way of achieving this.


Abstract: Aim. To discuss interpretations of the lived experience of mentoring based on Heidegger's concept of dasein. The focus is on one main theme identified in an in-depth study of the lived experience of nurses mentoring students in their workplace: a world of hope for the nursing profession. Background. This article focuses on dasein's 'existence', which is temporally aligned with having a future. Data relating to this theme are presented and interpreted with respect to the temporal aspect of dasein pertaining to 'having a future' and the Heideggerian existentials of existence and verstehen (understanding). Design. The research design was based on hermeneutic phenomenology, exploring the mentors' 'being'. Methods. Data were gathered during 2008 through hermeneutic interviews, event diaries and participant
drawings. Analysis occurred through sustained hermeneutic engagement with the data and application of an interpretive lens provided by Heidegger's care structure.

Results. Three sub-themes are identified: 'being a gatekeeper', 'sustaining a professional will', and 'passing on the special things'. Conclusions. Mentors can and need to engage on a deep personal level with their students if they are to intervene appropriately as gatekeepers to the profession.

Are we preparing student nurses for final practice placement? British Journal of Nursing, 2014, vol./is. 23/10(518-523), Morrell, N

Abstract: The aims of this research were to illuminate student nurses’ perceptions of preparedness for final practice placement, and to ascertain factors that supported and hindered preparation for final placement practice. This phenomenological qualitative research was carried out in a UK higher education institution (HEI) with eight adult branch student nurses maintaining written diaries for the first 4 weeks of their final 10-week practice placement. Data were then analysed by means of an interpretive phenomenological approach (IPA). Results showed that students felt ill-prepared for placement. Eight clear themes emerged, including: being used as ‘an extra pair of hands’; mentors appearing to treat student practice documentation as unimportant; and high staff expectations. Other themes were: mentor importance; students feeling that they lacked knowledge; and students feeling unsupported and stressed. In conclusion, although students felt that they lacked knowledge and were used as an extra pair of hands, they did show clinical competence.


Abstract: Assessment received by students affects the way that they conduct their studies and shapes their interests in clinical placements. It is therefore important that mentors and teachers have high quality assessment strategies to ensure the competence of nursing students. The objective of this study is to describe the views and experiences of nursing students, nursing teachers, and mentors on the final assessment of nursing students in clinical practice. The study also investigates respondents' views on using a standardized national or European scheme for clinical assessment in the future. Descriptive survey design with a questionnaire. Implemented in five Finnish universities of applied sciences and in five partner hospitals. Nursing students (n = 276), nursing teachers (n = 108) and mentors (n = 225). A questionnaire was used to collect data. Survey data were analyzed by using SPSS version 19. Descriptive statistics and cross tabulations were used to characterize the data. Nursing students felt that they had spent enough time with their mentors during their clinical practice period to ensure that the mentors could assess their behavior. Mentors also evaluated that they had spent enough time with
the students. Students and mentors both indicated occasional difficulties with the language used in the competence assessment document. Most of the nursing students and mentors shared the view that it is always necessary for a teacher to be involved in the final assessment discussion. The study highlights the importance of assessment skills of mentors and the important role of the teachers. Findings from this study indicate that nursing students' clinical practice assessment already includes many good practices, but we still have some difficulties in ensuring effective measures of competence.

Assessment matters—mentors need support in their role. B J Nursing, 2014, vol./is. 23/9(454-458), Bennett, M et al

Abstract: In the UK the Nursing and Midwifery Council (NMC) standards to support learning and assessment in practice state that mentors are responsible and accountable for the assessment of preregistration nursing students in practice. This study was undertaken to explore mentors' experience of assessing nursing students in practice post implementation of the NMC standards. Method: Five focus groups were conducted with mentors (N=35) who had assessed adult preregistration nursing students in the previous 12 months. The focus groups were recorded, transcribed and analysed to generate categories. Results: Five categories were identified from the data: Changing roles and responsibilities; Exploring the past to understand the present; Just knowing; The odds; Time to mentor. The findings highlighted that mentors were aware of their role and responsibility for the assessment of students in practice. However, many felt this was a new responsibility and role in which they lacked experience. Some existing mentors felt that they may not have had the necessary preparation to effectively assess students in practice and identified their need for support. Conclusion: Given that mentors are expected to be competent assessors of students in practice and protect the public through gate-keeping professional registration, this study suggests that serious consideration should be given to how mentors are prepared and the ongoing support and education they receive in assessment.
Educating practice teachers and specialist practice mentors for their new role. Community Practice 2015, vol 88, p47 Bayliss-Pratt, L

Abstract: Since The Health Visitor Implementation Plan 2011-2015: A Call to Action (Department of Health, 2011), the profile of practice teachers and specialist mentors has been raised considerably which presented a real opportunity to strengthen and grow the health visiting workforce. In February 2014, Lynne Hall, Health Education England Clinical Advisor, initiated and then co-led with Pauline Watts, the Department of Health Visiting Professional Officer, a broad reaching Task and Finish Group. The purpose of this was to enhance quality and consistency of student placement and student support through the development of common standards and expectations, and promotion of clearer understanding of roles and responsibilities and educational preparation.


Abstract: In the face of the UK-wide policy shift to increased home care, inspiring and enabling the next generation of community nurses is more urgent than ever. The quality of the pre-registration practice learning experience is highly influential on career choices at the point of qualification. Given that 50% of learning by pre-registration students takes place in practice, mentors have a crucial role to play in preparing the next generation of nurses to work in the community. This article discusses the findings of a systematic and critical literature review of pre-registration placements that was funded by the Queen's Nursing Institute Scotland. The review found that students' experiences of learning in community settings are variable, and perceptions of students and mentors are misaligned in terms of what a quality placement should look like. Although there is no clear definition of what constitutes a community placement and there is some underuse of learning environments in areas such as general practice nursing, there are also a number of examples of new and imaginative placements. While these innovations provide 'whole experience' placements, they are currently lacking robust evaluation, despite their potential usefulness on a larger scale. Mentors have the opportunity to provide students with a range of learning opportunities that increase preparedness for working in the community, allowing final year students in particular greater influence over their learning experience. Students undertaking community practice learning, where they
have a managed level of autonomy, are more likely to feel confident to take on community nursing roles.

**Hub and spoke model for nursing student placements in the UK.** Nursing Children & Young People, 2015, vol. 27, no. 2, p. 24-29, Harrison-White, Karen, King, Elizabeth

**Abstract:** The quality of clinical placements is an important factor in nurse education and depends, partly, on the quality of the mentoring. In a hub and spoke model of practice learning, pre-qualifying nursing students are allocated to their placement (hub) in the traditional way and, in addition, are formally supported by their mentor to work in other settings and with different clinicians (spoke experiences) for one week in eight. In a first pilot in three children's wards, participants reported the wide-ranging benefits of this model, which included: a richer learning experience; a heightened sense of belonging; enhanced understanding of the patient journey; greater insight into the roles and responsibilities of the multiprofessional team; and increased awareness of possible career choices. The projects students were able to work more confidently with different clinicians and teams, which should help them become nurses who deliver high quality, modern health care.

**Mentors: supporting learning to improve patient care.** B J of Healthcare Assistants, 2015, vol 9, no. 3, p. 132-137, Norman, K

**Abstract:** Mentorship is becoming an important aspect of professional development among all healthcare professionals. What was once understood as purely the domain of nurse registrants in teaching and assessing student nurses is now being considered to support healthcare assistants (HCAs) in their professional development. This article introduces some of the benefits of mentorship for HCAs and how this can ultimately improve care delivery.

**Mentorship part 1: the role in the learning environment.** British Journal of Nursing 2015, vol./is. 24/1(50-53), Vinales J.J.

**Abstract:** Mentors play a vital role in the education of preregistration nursing students. Because the learning environments in which the students are placed are crucial for the development of the future workforce, it could be argued that mentors are the 'gatekeepers' of the nursing profession. However, the mentor's role is not an easy one and, with the added pressures of modern health care, there appear to be greater demands placed on nurses, which in turn affect the mentor's role. This article will be the first in a series of five looking at aspects of the mentor and the mentor's role in practice. This first article will focus on the mentor and the role of the mentor in practice, together with the identification of 'toxic mentors', who can hinder learning in the clinical environment. It is in working together with the mentor that
students will learn the true nature of nursing from a 'hands-on' perspective, applying in practice the knowledge learned in class.

**Mentorship part 2: assessing preregistration student nurses.** B Journal of Nursing, 2015, vol./is. 24/3(174-177), Vinales, J

**Abstract:** The role of the mentor has been evolving since it was introduced following Project 2000 in 1986. The role that mentors of pre-registration nursing students are tasked with on a daily basis is crucial to the overall assessment of the student nurse. Assessment and the importance of the mentor’s role when assessing the students in practice will be discussed in this article. The reliability and validity of assessment and the mentor’s responsibility in assessing the competencies in the learning environment is explored, together with the roles of formative and summative assessment. The introduction of the sign-off mentor and the ongoing achievement record as part of the assessment process will also be explored. It can be argued that mentoring is not a simple task, and that there are a number of barriers to successful assessment.

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**Abstract:** The literature related to nursing students' mentorship experiences is surprisingly limited and research findings related to students' experiences of mentorship is often integrated with other components of clinical placement experiences. This study aimed to gain a greater understanding of students' expectations and experiences of mentorship and to identify the kind of support provided by the mentor that is most valued by the student, the role of the link lecturer in mentorship and how the university might further enhance the mentorship experience of their students. Mixed-methods exploratory sequential design was used. This study was conducted in one university in south west London. All final year pre-registration nursing students enrolled on a Diploma/BSc in Health Studies course (n = 129) were invited to participate. Participation was voluntary resulting in a convenience sample. Fifty-three students completed the questionnaire (response rate = 45%). The research involved two stages: a semi-structured focus group in the first stage and an online questionnaire in the second. Quantitative analysis was
undertaken of Likert-style questions using SPSS version 18 and qualitative analysis was undertaken using the Framework Method. Students' experiences were largely positive. A picture emerged about the most valued mentor activities which included teaching and explaining, support and supervision and encouragement. Students differentiated encouragement from what they labelled as support. Contrary to the literature, the mentor role in practice assessment was not identified as highly important. Support from link lecturers was less well evaluated and students felt that the university needs to support mentors better. Students in this university valued the teaching, support and encouragement they received from mentors but the university needs to address ways of strengthening the link lecturer involvement in mentorship which includes the imperative for the university to explore ways of better supporting mentors in their role.

**Opening up placement opportunities for students** Nursing Times, Sep 2014, vol. 110, no. 38, p. 20-22, Hill, Phillipa, et al

**Abstract:** Student nurses need a variety of high-quality practice placements to prepare them for qualification yet, in reality, this can be difficult to achieve. A practice placement allocation model has enabled one university and its partner healthcare organisations to shift from a traditional, process-led system to a robust, proactive, student-focused approach. The model is based on partnership concepts including advance planning of student placements and clear lines of communication. It has resulted in 100% of first-year students taking part in a new fundamentals of care placement and received positive feedback from students and mentors.

**Partnership work in mentorship for students: facilitators and constraints.** Nursing Times, 2015, vol. 111, no. 13, p. 18-19,

**Abstract:** A complex network of partnerships between higher education institutions and healthcare personnel ensures that student nurses are placed with appropriately qualified mentors in approved clinical learning environments during the practical component of their course. These partnerships then support mentors in guiding and assessing students, so are central to assuring that students are fit for practice at the point of registration. Drawing on National Nursing Research Unit research (NNRU,
2012; Robinson, 2003), this Policy Plus focuses on partnership working in delivering student nurse mentorship and considers the implications of factors that facilitate and constrain its operation.


**Support for mentors in clinical education.** Nursing Times, 2015, vol./is. 110/51(21-23), Winterman E., Sharp K., et al

**Abstract:** Mentorship of student nurses within the clinical environment is a well-established aspect of nurse training. With theory and practice being given equal weighting in the assessment of students' fitness to practise, effective mentorship in clinical settings is essential. While there have been calls for improvements to the clinical learning environment, the demands of daily practice mean it can be difficult to achieve effective mentorship. This article outlines one trust's initiative to improve mentorship support by introducing a clinical education mentorship support team.

**The archaeology and genealogy of mentorship in English nursing.** Nursing Inquiry, 2015, vol./is. 22/1(39-49), Fulton, John

**Abstract:** In the United Kingdom, the concept of mentorship has been central to nurse education since the 1980s. Mentorship has become the definitive term used to denote the supervisory relationship of the student nurse with a qualified nurse who monitors and evaluates their skill development in the clinical area. The background against which the concept was established is examined through a consideration of the concepts of archaeology of knowledge and genealogy of knowledge as conceptualised by Michel Foucault. In particular, the Foucauldian concepts of power, discourses and the gaze are used to direct and shape the analysis. The paper explores the interplay of managerial dominance and professionalism and the ways in which mentorship can be used as a means of control and surveillance.
The health mentors program: Three years’ experience with longitudinal, patient-centered interprofessional education  

Abstract: Increased emphasis on team care has accelerated interprofessional education (IPE) of health professionals. The health mentors program (HMP) is a required, longitudinal, interprofessional curriculum for all matriculating students from medicine, nursing, occupational therapy, physical therapy, pharmacy, and couple and family therapy. Volunteer lay health mentors serve as educators. Student teams complete four modules over 2 years. A mixed-methods approach has been employed since program inception, evaluating 2911 students enrolled in HMP from 2007 to 2013. Program impact on 577 students enrolled from 2009–2011 is reported. Two interprofessional scales were employed to measure attitudes toward IPE and attitudes toward interprofessional practice. Focus groups and reflection papers provide qualitative data. Students enter professional training with very positive attitudes toward IPE, which are maintained over 2 years. Students demonstrated significantly improved attitudes toward team care, which were not different across programs. Qualitative data suggested limited tolerance for logistic challenges posed by IPE, but strongly support that students achieved the major program goals of understanding the roles of colleagues and understanding the perspective of patients. Ongoing longitudinal evaluation will further elucidate the impact on future practice and patient outcomes.

The learning environment and learning styles: a guide for mentors.  
BJ of Nursing, 2015, vol 24, no 8, p. 454-457, Vinales, J  

Abstract: The learning environment provides crucial exposure for the pre-registration nursing student. It is during this time that the student nurse develops his or her repertoire of skills, knowledge, attitudes and behaviour in order to meet competencies and gain registration with the Nursing and Midwifery Council. The role of the mentor is vital within the learning environment for aspiring nurses. The learning environment is a fundamental platform for student learning, with mentors key to identifying what is conducive to learning. This article will consider the learning environment and learning styles, and how these two essential elements guide the mentor in making sure they are conducive to learning.
"If they can't tell the difference between duphalac & digoxin you've got patient safety issues". Nurse Lecturers constructions of students dyslexic identities in nurse education. Nurse education today, 2014, vol. 34, no. 6, p. e41. Evans, W

**Abstract:** The paper explores how student nurses with a dyslexic identity were discursively constructed by lecturing staff in nurse education. An increasing number of students completing programmes of study in higher education are registering and disclosing one or more disabilities to their respective institutional support services. As students with dyslexia enter the nursing profession, they bring with them their own unique identity that situates their disability in a specific light. Nurse lecturers play an integral role in supporting all students including those with a disability; however no previous research has attempted to examine the language they use to construct students with a dyslexic identity. Critically, the internalised views of those with teaching and learning responsibilities who directly interact with students with disabilities have a critical influence on the nature of the supports provided, as well as decisions about students' professional competence. Discussions that centre on the inclusion of individuals with disability in healthcare education are shaped by language and diverse ways of understanding, therefore, an exploratory discursive design, examining how dyslexic identities are socially constructed by nurse lecturers is an overarching focus of the paper. Using narrative interviewing, twelve nurse lecturers from two higher education institutions in the Republic of Ireland were interviewed during the period February to July 2012. Discourse analysis was guided by a narrative-discursive approach. Nurse lecturers identified 'Getting the work done' as a critical component to becoming a nurse, where expectations associated with efficiency and independence superseded students' right to accommodation. An implicit mild-severe binary existed amongst lecturers while categorising students with dyslexia, with those placed in the latter considered professionally unsuitable. These concerns are individually critiqued. Critically, policy leaders must continue to consider wider sociocultural as well as individualised understandings of dyslexic identities in order to enhance inclusion prerogatives.

**Clinical experiences of students with dyslexia.** J Advanced Nurs, 2006, vol/is 54/2(238-247), Morris D, et al

**Abstract:** Aim. This paper reports a study exploring the clinical experiences of student nurses with dyslexia and its potential influence on their practice. Background. Widened access to university education has meant an increase in the number of students with dyslexia. A limited number of studies have explored the academic experiences of dyslexic student nurses. However, nursing students in the
United Kingdom spend 50% of their programme in practice settings, and there are no studies detailing their clinical experiences. Method. This qualitative exploratory study involved tape-recorded interviews with a convenience sample of 18 nursing students with a formal dyslexia diagnosis. Data were collected in 2003-2004 and were analysed using thematic analysis. Findings. Participants described a number of personalized approaches to managing their difficulties in practice. Whilst many of these may be useful to non-dyslexic students, descriptions of, for example, avoiding answering the telephone, were inappropriate. Some participants contended with discrimination and ridicule, often choosing not to disclose their disability. Less acute clinical environments appeared to provide more satisfying working experience, and this factor may be influential in shaping future career options. Participants valued more time and an undisturbed place to complete clinical documentation. Heightened self-awareness promoted patient safety as the major concern for study participants. Positive aspects of dyslexia were never raised or acknowledged by participants.

Conclusion. The clinical setting provides a challenging environment for nursing students with dyslexia, who find personalized ways to manage their disability. A dyslexia diagnosis continues to carry a stigma that may result in non-disclosure, with implications for the level of support available. Greater awareness of the practice-specific needs of such students is required to ensure appropriate support and public safety.

Disclosing a dyslexic identity. British Journal of Nursing, 09 April 2015, vol./is. 24/7(383-385), Evans, William

Abstract: Potential difficulties experienced by nursing students diagnosed with dyslexia can be minimised with the introduction of appropriate policies and guidance around reasonable adjustment and support. In order to access all relevant services, however, a student must actively decide to disclose their dyslexic identity to relevant faculty personnel. Disclosure of such personal information is a complex matter and, critically, requires a receptive environment where diversity and disability are embraced in a positive and meaningful way. The act of disclosure for the most part has previously been described in simplistic terms, with the focus being solely on the behaviour itself and not on the individual's own positioning of their dyslexia or the social context associated with the act. There is an onus on all students with dyslexia to self-monitor how this aspect of their identity interacts with their professional duty of care.
Edu
Educational support for nursing & midwifery students with dyslexia. Nursing Standard 2000, vol/is 14/41(35-41), Wright D
Abstract: Aim: This article sets out to begin the process of discussing and investigating the support of nursing students and midwives with dyslexia. Method: The method is informed by grounded theory using a survey of universities through email contact with members of the Council of Deans (CoD). Results: Twenty eight universities responded to the survey, representing 46 per cent of the CoD membership and 40 per cent of the universities offering nursing and midwifery courses. The results show a wide variation of support available to students within financial constraints. Many universities offer support funded by top-slicing or goodwill gestures. Conclusion: Although concentrating on academic support, there are implications for practitioners who support students on clinical placements.

Experience of nursing students with dyslexia on clinical placement. Nursing Standard, 2014, vol/is 28/41(44-49), McPheat, C
Abstract: A review of the literature was conducted to explore the experience of nursing students with dyslexia while on clinical placement. Three main themes emerged, including risk to patient safety, disclosure of dyslexia and support for nursing students. The literature review highlights the lack of dyslexia awareness and understanding in the research and at the trusts at which nursing students are placed, and calls for further research in this area.

Abstract: Aim To examine the learning experiences of nursing students with dyslexia during clinical placements to establish ways of improving support in practice. Method A phenomenological life world approach was adopted using semi-structured interviews. Students reflected on their experiences during clinical placements allowing the researcher to gain an in-depth knowledge of the students' lived experience of dyslexia. Twelve student nurses six with dyslexia and six without were interviewed using a standard set of questions and the data were collated and analysed. Using a comparison group of students without dyslexia was felt to be important to contextualise and compare the students' experiences. Findings Three main themes emerged: the value of work-based learning days, the importance of the clinical placement mentor role and the need for advocacy. Both groups of nursing students contributed to recommendations relating to support in practice and those
Nursing students with dyslexia: WWW support - an ongoing project. ITIN, 2001, vol/is. 13/1(18-22), Wright DJ

Abstract: Many nursing students are unable to access funding for extra support if they are disabled or have dyslexia. Because of this, innovative methods have to be found to support these students and to provide information to lecturers who support them. The Dyslexia information Site (DiS) is an example of such innovation and on-going project within the School of Nursing and Midwifery, University of Sheffield. The DiS is an example of a collaboration between disciplines to develop a resource that provides information and resources via a WWW medium. A brief outline of the development of the site and contents is provided. Analysis of the site suggests that the medium is appropriate and provides the information and resources required by both nursing students with dyslexia and the lecturers who support them. Further work is needed to be undertaken to develop the DiS into a national resource that will also include clinical practitioners who support nursing students with dyslexia on clinical placement.

Reading the signs. Nursing Standard, 2009, vol./is. 23/52(61-61), Wray J

Abstract: Nursing students with dyslexia perform better at university with tailored support.

Supporting nursing students with dyslexia in clinical practice. Nursing Standard January 2007, vol./is. 21/19(35-42), White J.

Abstract: AIMS: To determine whether pre-registration nursing students with dyslexia experience specific problems in developing clinical competence, identify what strategies they use and how they may be supported in clinical practice. METHOD: Qualitative case study methodology was used. Stage 1 involved semi-structured interviews with seven students, three support and eight teaching staff, postal questionnaires from nine mentors, in addition to a review of policy documentation. Stage 2 involved a two-year study of four students on their branch programme and included semi-structured interviews with seven mentors. FINDINGS:
The students' difficulties in clinical practice fell into three categories: dealing with information; performing the role; and administering drugs. Specific supporting measures included: informal and formal support networks; portable information technology equipment; and personal strategies, for example, rehearsing difficult tasks such as the handover report. The students' relationships with their mentors and the type of environment they were working in were key to the successful development of clinical competence. CONCLUSION: Nursing students who have dyslexia have specific learning difficulties in practice. Their response to these difficulties is individual and support needs to be tailored to meet their specific needs.

The disclosure of dyslexia in clinical practice: Experiences of student nurses in the United Kingdom. Nurse Education Today, 2007, vol./is. 27/1(35-42), Morris D.K.,

Abstract: Heightened awareness and increasingly sophisticated psychological tests have seen a dramatic rise in the numbers of people diagnosed with dyslexia. Accordingly, there is a reported increase in the numbers of students with dyslexia entering Higher Education (HE) in the United Kingdom (UK) [Singleton, C.H., Chair, 1999. Dyslexia in higher education: policy, provision and practice. Studies researching the effects of dyslexia on the clinical practice of nurses are almost non-existent. This paper reports part of a UK study exploring the clinical experiences of student nurses with dyslexia. In depth interviewing of 18 adult branch student nurses revealed a range of difficulties encountered and a variety of coping mechanisms to manage these. Other than in exceptional circumstances there is no legal requirement to disclose a dyslexia diagnosis. The decision to conceal or disclose their dyslexia was particularly prominent and contentious for these participants. This related to the attitudes of co-workers, concerns for patient safety, expectations of support, confidentiality issues and potential discrimination. Dyslexia continues to attract an unwarranted stigma and can adversely affect the learning experience. The need for disability awareness training in the workplace and improved education/service partnerships to support these students is considered crucial.
**The experiences of nursing students with dyslexia.** Nursing Standard 2011, vol./is. 25/24(35-42), Ridley C.

**Abstract:** To explore the experiences of pre-registration nursing students with dyslexia at one university. Qualitative methodology was used and semi-structured interviews were carried out with a convenience sample of seven students with formally diagnosed dyslexia. Data were analysed using a thematic network approach. Fear of ridicule and discrimination exist for nursing students with dyslexia, and delays in identification, referral and testing may adversely affect learning. A sense of duty to disclose dyslexia is linked to students' determination to safeguard those in their care, although there is confusion about the nature of disclosure by the university to lecturers and practice colleagues. Students are acutely self-aware although not all feel disabled by dyslexia. Requirements for support relate to personal attributes, knowledge and perception. A perceived lack of caring in the profession for nurses with dyslexia is of concern. Early diagnosis of dyslexia enables the provision of appropriate support. Support should be tailored to individuals' needs. Disclosure can cause anxiety, and the attitude of educators and clinical colleagues towards students with dyslexia affects students' experiences. Students with dyslexia are aware of their professional responsibilities. Professional and legislative guidance provides information for those working with students who have a disability.

**FAILING STUDENTS**

Assessing professional behaviour: Overcoming teachers' reluctance to fail students. BMC research notes, 2014, vol./is. 7/(368), Mak-van der Vossen M., et al

**Abstract:** BACKGROUND: Developing professional behaviour is an important goal of medical education in which teachers play a significant part. Many teachers can be reluctant to fail students demonstrating unprofessional behaviour. We hypothesize that supporting teachers in teaching and assessing professional behaviour and involving them in remediation will reduce this reluctance. FINDINGS: In 2010, VUmc School of Medical Sciences Amsterdam introduced an educational theme on professional behaviour for the bachelor's and master's programmes in medicine with a Special emphasis on supporting teachers in teaching and assessing professional behaviour and involving them in the remediation process. Information was extracted from the student database on the number of unprofessional behaviour judgments awarded over 2008-2010 (before the intervention), and 2010-2013 (after introducing the intervention), which was compared. To find out if teachers' reluctance to fail had decreased, qualitative feedback from the teachers was gathered and analysed. Since the implementation of the educational theme, the number of unprofessional behaviour judgments has risen. The teachers are positive about the implemented
system of teaching and assessing professional behaviour, and feel less reluctant to
award an unsatisfactory professional behaviour judgment. CONCLUSIONS: Supporting teachers in teaching and assessing professional behaviour and involving them in students' remediation appears to reduce their reluctance to fail students demonstrating unprofessional behaviour.

Abstract: Failing a student nurse can be a challenging task for mentors in the learning environment. It is often an unpleasant experience for all involved. However, mentors have a duty to uphold the reputation of the nursing profession and be the gatekeepers of the profession and the Nursing and Midwifery Council (NMC) professional register. Failing a student who is not meeting the required competence in the learning environment is a way of safeguarding the nursing profession and the future workforce. This article will look at the mentor's role when a student nurse is identified as not meeting competencies in the learning environment. The article explores the importance of following process when identifying weak students and the role that clinical educators and university staff have in supporting mentors when a student is deemed to be failing their learning experience.

Abstract: The factors preventing registered nurses from failing students in practice are multifaceted and have attracted much debate over recent years. However, writers rarely focus on what is needed to fail an incompetent pre-registration nursing student in their final placement. This hermeneutic study explored the mentor experience of failing a pre-registration nursing student in their final placement. A total of 19 mentors were recruited from 7 different healthcare organisations in both inner city and rural locations in the southeast of England. Participants took part in individual reflective interviews about their experience of failing a pre-registration nursing student in their final placement. These experiences were interpreted through a hermeneutic discovery of meaning. The new horizon of understanding
which developed as a result of this research is framed within the context of moral stress, moral integrity and moral residue with the overall synthesis being that these mentors' stories presented a new horizon of moral courage.

**Supporting failing students in practice: the experience of nurse academics.** Mental Health Nursing, 2015, vol 35, 1, p 16-20, Hadland, R

**Abstract:** A focus group explored the experiences of nurse academics working at a university in the UK, who are experienced in supporting nursing students who are not meeting NMC standards. The focus group examined how the role is managed in relation to underperforming students; the challenges faced and the support needed. The themes identified and explored include: expectations and conflict, tacit expert knowledge and emotional labour. Recommendations for future practice include the need for clarity around roles, dedicated time and resources, and clear mechanisms to share best practice.

**To pass or to fail. Understanding the factors considered by faculty in the clinical evaluation of nursing students.** Nurse Ed Today 2014 vol 34 p 631-636, DeBrew J et al

**Abstract:** Making the decision to pass or to fail a nursing student is difficult for nurse educators, yet one that all educators face at some point in time. To make this decision, nurse educators draw from their past experiences and personal reflections on the situation. Using the qualitative method of critical incident technique, the authors asked educators to describe a time when they had to make a decision about whether to pass or fail a student in the clinical setting. The findings describe student and faculty factors important in clinical evaluation decisions, demonstrate the benefits of reflective practice to nurse educators, and support the utility of critical incident technique not only as research methodology, but also as a technique for reflective practice.
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