



**London
South Bank
University**

EST 1892

Mentor Handbook

BSc(Hons) Operating Department Practice

2017-2018

Thank you for agreeing to act as a mentor for students on the BSc(Hons) Operating Department Practice. Your contribution to the success of the programme is unquestionable, and we appreciate the effort you put in to ensure the maintenance of standards and the continuing development of the profession.

Whether you are completely new to the mentoring process, or have been acting as a mentor for some time, we hope that this handbook will help to clarify any mysteries within the paperwork or the process of supporting students while they are on placements within your department.

The notes in this handbook need to be read in conjunction with the practice assessment documentation that the students each have. The Lead Mentor in your department also has a sample copy you could look at.

Please be assured that a member of the team would be happy to answer any questions which you may have about the documentation or the process, and you are welcome to contact any of us by email on the addresses below. However, in general the Lead Mentor in your department should be able to deal with any queries in the first instance, and this may be a more efficient way to find answers to quick questions.

Kind regards - LSBU Peri-operative Practice team

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Mentors should remember that many of the modules are discrete, requiring completion during a single semester. So, for example, in the 1st year's documentation, there should be no "Introduction to Peri-operative Practice Skills" carried over to semester 2, and no Understanding Fundamental Anaesthetic practice or Understanding Fundamental Surgery practice skills should be assessed during semester 1.

The Practice Assessment Document has been structured in various sections within a loose leaf folder, to differentiate the assessments required specifically in each academic semester. Hopefully this will help all those concerned with assessment to focus on the specifics required within each module. Some sections (eg: sample signatures, or scrub record) may be applicable to the whole year.

Mentors Role

The mentor's role will encompass teaching, guiding and supervising students. Students need to know much more than can be delivered during academic sessions at University. The time spent at University can be used to introduce students to basic concepts and underpinning knowledge, but the application of those theoretical constructs can only be supported by qualified mentors in real practice settings. Therefore the mentor's first and foremost role is in supporting students to make the connections between the theory they are learning during classroom or self-managed study exercises and the reality of caring for patients in practice.

This will require:

- assessment of levels of knowledge and ability;
- development of that knowledge and ability;
- and the eventual assessment of competency against a number of skill outcomes.

The mentor will also be required to exercise some discretion at the *level* of expertise, which the student is expected to demonstrate, according to their level of study (academic level 4, 5 or 6 – certificate, diploma or degree level). If you are unsure about this, there is more information below ([Competency level year 1](#), [Competency level year 2](#) and [Competency level year 3](#)). Your Lead mentor can also offer advice or you can contact the course team for further clarification if you need to.

NB: If mentoring level 6 (3rd year students) the mentor must have completed and passed a course of study at level 6, in order to meet the requirements of the professional body.

Integration of Theory and Practice

The Operating Department Practice course requires consistent and congruent integration of theory and practice. All assessments on the programme, whether from

an academic or practice perspective, require the demonstration of this integration for students to succeed. All written work requires the student to make the connections between the theory they have learned and real practice situations. At the same time, all assessments that are undertaken in practice require the student to demonstrate sound underpinning knowledge associated with the clinical skills they are demonstrating. The documentation which mentors complete indicate that adequate knowledge and understanding has been demonstrated by the student, and mentors need to recognise that all involved in supporting the student have a role to facilitate learning of both knowledge and practice skills.

Competency level : YEAR 1 (Level 4 students)

Students studying to this level are expected to be able to perform **basic** skills, with awareness of the necessary equipment and materials and their potential uses and hazards. They should be able to apply those skills within simple but largely predictable contexts. They should be able to demonstrate a factual knowledge base within the context of their expected level of ability.

In real terms, this means that during their first module (**Introduction to Peri-operative Practice Skills**, October to December), students should develop the basic skills associated with working in the theatre environment. This includes infection control, maintenance of the environment, basic circulating skills and communication. During this first module students are not expected to gain specific anaesthetic skills, although they may be placed in an anaesthetic allocation for generic perioperative care skills. You may want to show the student how to check an anaesthetic machine, or which ET tubes to have ready, as part of their learning, but the student should not be assessed against these skills in this module. For their first allocations they are just learning the basics of how to “be” in theatre. This should then give them solid foundations to learn the more specific anaesthetic skills in future modules.

The second semester modules (**Understanding Fundamental Anaesthetic practice and Understanding Fundamental Surgery practice**, January to June) will teach students to be able to support clinicians both from an anaesthetic and surgical perspective, during **routine, minor procedures**, and therefore by the end of the first year, the underpinning principles of patient care within anaesthetic and surgical parameters can be consistently and safely practised.

Within the practice outcomes listed, **not all equipment, materials and instruments are necessarily specified.** It is considered that each mentor will be adequately experienced to recognise the items of equipment that are required in each area, and will therefore teach and assess safe practice appropriately in each situation. However there are certain places where fundamental pieces of equipment are mentioned as in A1.2 it is clearly stated that the anaesthetic machine checks must be assessed.

Of course, operating theatres are not always predictable, and students should not be prevented from taking part (within the scope of their practice) in more complex and unpredictable procedures during the first year. However, such situations **would not** be used when making assessment decisions regarding level of practice, and at all

times mentors must take responsibility for the student's activities to maintain patient safety. It is not anticipated that first year students would ever be given responsibility which would require them to run a list. Nor should they find themselves in the position of selecting their own placement opportunities on a day by day basis, since this could easily lead them into difficulties, were they to find themselves in a clinical situation that was beyond their capabilities.

Competency level: YEAR 2 (Level 5 students)

Students studying to this level are expected to be able to select and perform an appropriate action in response to the circumstances. They should be able to apply those skills within both simple and complex contexts, with varying degrees of predictability. They should be able to demonstrate a detailed knowledge base in the area they are working, and an awareness of the variety of situations that may occur.

In real terms, this means that during their second year, they should develop the skills that they have gained in the first year, to the point where they may be able to set up for and assist with the full range of procedures that may be encountered in any DGH operating department. Advanced levels of patient care, including the rationale for planning care, coping with non-routine cases, and dealing with clinical emergencies, within anaesthetic, surgical and post-operative care parameters should be consistently and safely practised.

In the second year documentation, there are discrete modules associated with each semester (**Ambulatory Care/Day Surgery** in semester 1 gaining a greater understanding of the entire patient journey from admission to discharge, and **Post Anaesthesia Care Skills** in semester 2). There are also a number of generic skills that are not so clearly defined, which are grouped together in the “**Developing ODP skills**” module, and these can be assessed across the whole year rather than by semester. The module specific allocations may require that all the relevant skills competencies be assessed within a relatively short time, so careful planning will be important.

Competency level: Year 3 (Level 6 Students)

Students studying to this level should be able to demonstrate a detailed knowledge base in the area where they are working, and an awareness of the variety of situations that may occur. They should be able to rationalise their actions against identified clinical need, and apply skills and knowledge consistently across a range of peri-operative scenarios.

In real terms, this means the student should be able to provide advanced levels of patient care, including the rationale for planning care, coping with non-routine cases, and dealing with clinical emergencies, within anaesthetic and surgical parameters. This will require them to further develop the skills they have gained in the first two years, to the point where they may be able to undertake the full range of procedures that may be encountered in any DGH operating department.

On completion of this year, the student will be eligible for registration and will then be in a position to work unsupervised in any operating department in the country. During this final year the student will not only develop enhanced patient care skills relevant to all aspects of the peri-operative environment, but will also gain valuable experience in self-awareness and self-assessment which will be invaluable for continuous professional development as a qualified member of the theatre team.

The two clinical modules for year 3 are semester specific. In **semester 1** the students undertake an **Peri-operative Practice Skills for Paediatrics** placement. In **semester 2** the students undertake a placement in **a longer stay / overnight recovery unit / HDU**, caring for patients with more specific clinical and care needs. In addition for the **Preparation for Practice module** (which spans both semester 1 and semester 2) students are expected to undertake **advanced anaesthetic** and **advanced surgical placements** during their 3rd year.

NOTE:

Students at all levels, and their mentors are expected to work explicitly within the guidelines laid down by the HCPC/NMC Codes of Conduct Performance and Ethics, as well as the “Standards of Proficiency for ODP”. On no account should mentors EVER take it upon themselves to meddle with medical equipment or materials in order to “test” a student’s proficiency in checking equipment or setting up. Similarly, students should not be placed in the difficult position of being expected to undertake tasks which are not within their Scope of Practice.

At all times patient safety is paramount.

General Notes about the Assessment documentation (all years)

Section 1: Generic Placement Information

Mentors details and sample signatures

This will provide a record of the mentors involved in the student learning experience, and will document the qualifications held by those personnel. Mentors should indicate in this section the recognised qualifications (**both** Professional and Mentorship-see example below) that they hold that allow them to undertake this role before completing any further boxes. Mentors should initial the column using their usual initial signature so that comparisons can be made between the completed skills outcome boxes and the list of mentors.

Mentors details and sample signatures

ODP mentors **MUST** hold a recognised Mentorship award, and have attended an annual update.

Name (please print)	Signature	Initial signature	Mentorship Qualification Attained (level and date of last update)	Professional Qualification (e.g. ODP, RGN etc)
<i>A.N.Other</i>	<i>A.N.Other</i>	<i>AO</i>	MSPP Update 07/09/16	ODP- CGLI-752
John Smith	<i>J Smith</i>	<i>JS</i>	Prepn for Mentorship Update 04/10/16	RGN – BSc Nursing

Important Note-

Counter-signing of unqualified mentors will only be deemed acceptable by the university where the practice educator can prove that individuals are actively undergoing formal recognised mentorship training courses and where the qualified mentor has actually witnessed the assessment process.

Year Plans

The pages in this section provide you with an overview of which weeks the students are expected to be in clinical practice gaining experience in order for them to achieve their competencies and practice hours, and which weeks they will be undertaking study at LSBU. The plans also provide information on examination periods and assignment due dates.

Placement Orientation

Placement orientation pages need to be completed at the start of the students clinical orientation to the host Trust, and again only should they be moved to a *significantly different clinical area*. For most students the orientation needs only to be undertaken once in each year. An example of a completed Placement Orientation is provided below.

Placement Orientation

The following criteria need to be met within the <u>first 5 days</u> of the initial (and any significant change of) placement area	Name of area / dept 1 Adult Inpatient theatres		Name of area / dept 2	
	Initial/Date STUDENT	Initial/Date MENTOR	Initial/Date STUDENT	Initial/Date MENTOR
A general orientation to the placement setting / theatre department has been undertaken	<i>GS</i> 13/10/16	<i>AO</i> 13/10/16		
The local fire procedures have been explained (Tel no to call)	<i>GS</i> 13/10/16	<i>AO</i> 13/10/16		
The student has been shown the: <ul style="list-style-type: none"> • Fire alarms • Fire exits • Fire extinguishers 	<i>GS</i> 13/10/16	<i>AO</i> 13/10/16		
The student knows how to summon help in the event of an emergency	<i>GS</i> 21/10/16	<i>AO</i> 21/10/16		
Resuscitation policy and procedures have been explained (Tel no to call)	<i>GS</i> 21/10/16	<i>AO</i> 21/10/16		
The student is aware of the whereabouts of the resuscitation trolley and associated equipment	<i>GS</i> 21/10/16	<i>AO</i> 21/10/16		
The student has been made aware of information governance requirements	<i>GS</i> 19/10/16	<i>AO</i> 19/10/16		
The shift times, meal arrangements and SICK and ABSENCE reporting arrangements have been explained	<i>GS</i> 19/10/16	<i>AO</i> 19/10/16		
The student is aware where to find local policies on: <ul style="list-style-type: none"> • Health and safety • Infection control • Incident reporting • Safeguarding • Handling of messages and enquiries 	<i>GS</i> 17/10/16	<i>JS</i> 17/10/16		
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy have been discussed (where disclosed)	<i>GS</i> 17/10/16	<i>JS</i> 17/10/16		
Placement provider induction has been completed (if applicable)	<i>GS</i> 24/10/16	<i>AO</i> 24/10/16		
The following criteria needs to be met prior to use				
The student has been shown and given a demonstration of the moving and handling equipment used in the clinical area	<i>GS</i> 17/10/16	<i>JS</i> 17/10/16		
The student has been shown and given a demonstration of relevant medical devices used in the clinical area	<i>GS</i> 17/10/16	<i>JS</i> 17/10/16		

Record of scrub experience

Students should record and date **all** of the operations they have scrubbed for, whether this was with another qualified scrub person (i.e. 'double scrubbed' or 'back scrubbed') or scrubbed alone under un-scrubbed supervision. The student should ensure that whoever supervised them during that case signs to verify that the scrub activity was witnessed. This helps to document the range of experience that the student has gained and adds validity to the scrub experience being claimed. By the end of the **1st year** it is expected that students should be able to show that they have scrubbed alone for a range of minor surgical procedures (clearly, it is better to have a variety of cases, rather than having scrubbed for the same procedure fifteen times). During the **2nd year**, students are expected to provide a good number of major scrubs in a variety of specialisms, including **general** and **orthopaedic** surgery. In the **3rd year** the students undertake an elective surgical placement.

Record of Scrub Experience.

By the end of the first year it is expected that you will be able to show evidence of scrubbing 'alone' for a good number of minor cases. You need to record **all** of the cases you scrub for and get your surgical mentor or whoever supervised you during the case to sign in one of the boxes below.

NB * If a student is supported by a qualified scrub person, BUT that person is not required to intervene during the procedure, this counts as scrubbed alone *

Title of Operation	Date of case	With qualified scrub person	Alone *
1. Insertion of grommet right ear	04/01/16	Supervisors signature <i>J Smith</i>	Supervisors signature
2. Bilateral Tonsillectomy	06/01/16	<i>J Smith</i>	
3. Insertion of bilateral grommets	06/01/16	<i>J Smith</i>	
4. Septoplasty	11/01/16	<i>J Smith</i>	
5. Insertion of Bilateral grommets	13/01/16		<i>J Smith</i>
6. Bilateral tonsillectomy	17/01/16	<i>M Fitzgerald</i>	
7. Right tonsillectomy	17/01/16	<i>M FitzGerald</i>	
8. Insertion of bilateral grommets	18/01/16		<i>J Smith</i>
9. Septoplasty	23/01/16	Sadia Kaur	
10. Insertion of grommet left ear	24/01/16		Sadia Kaur
11. Removal of ear wax	26/01/16		<i>M Fitzgerald</i>
12. Left Tonsillectomy	27/01/16	<i>J Smith</i>	
13. Bilateral tonsillectomy	27/01/16		<i>J Smith</i>
14. FESS	30/01/16	Sadia Kaur	
15. Bilateral tonsillectomy	30/01/16		<i>J Smith</i>

Section 2: Module Specific Placement Outcomes

Placement Information

The student in agreement with their Lead Mentor, Practice Educator, and placement mentors must ensure the Placement Trust, Mentor/Co-mentor details and academic contact details are fully completed. This section provides quick reference to all members of the student's supporting team.

Placement 1 – Introduction to ODP practice

Placement Trust: *West London Primary NHS Trust*

Placement Area (e.g. theatre no. or dept.): *Main theatres 1 and 2*

Type of experience/specialism: *General and Plastic Anaesthetics*

Placement contact phone no: *020X XXX XXXX*

Start date: *13.10.16*

Mentor / Co mentor details:

Name: *...John Smith...(Mentor).....*

Name: *...Sadia Kaur...(Co-mentor).....*

Other staff / key contacts

Practice Educator / Lead mentor: *Arabella Daniels (Education Lead for Theatres)*

Other (please specify) *Aloysia Ivanov (Lead Mentor)*

Academic contact details:

Link Lecturer: *Penelope Diddyp.diddy@topstaruni.ac.uk.....*

Module lead: *Orson Hightower.....O.hightower@topstaruni.ac.uk*

I have seen and discussed the purpose of the Student's Ongoing Achievement Record

Mentor's signature: *John Smith* Date: *04-01-16*.....

Student Ongoing Achievement Record (OAR) - To be completed by Lead Mentor / Practice Educator.

The OAR is a separate document to the student's PAD and is completed by the student's Lead Mentor or Educational Lead. The OAR provides an overview of the students' progress throughout the year from placement to placement including any achievements or areas for concern. While it is not the placement mentors responsibility to complete this documentation, you as the student's mentor should ask to see the OAR at the start of any placement to gain a better overall picture of the student's identified learning needs and be better informed in order to support the student. You are required to sign that you have seen the OAR.

Initial, Mid, and Final Interview and Action Plan documentation - To be completed by placement mentor/s.

The individual skills competency sections within the three practice modules all follow the same format, and should be completed in the same way. For each allocation you are expected to complete, with your student, an **Initial interview** which identifies their planned learning outcomes for the placement. Mid-way through the allocation, a **Mid Point interview** will be completed with your student to review and document their progress. Before the hand in deadline of the Student's Practice Assessment Document you will need to arrange a **Final interview** with your student and you will both need to complete this **documentation before the PAD is handed in**. To avoid the hand-in deadline being missed students have been asked to approach their mentors in good time to ensure all documentation has been completed. It is therefore important to communicate your availability and arrange a suitable time for the final interview **before the end of the placement**. It is important to remember that this document not only records the student's progress in relation to their clinical competences, but also whether professional behaviour and values based attitudes have been assessed as meeting the requirements of the profession. If there are any issues associated with either skills acquisition, or professional attitude or behaviour, an **action plan** will be triggered and documented, in order to ensure that the student meets the requirements by the end of the allocation.

The following pages provide examples of the student's interview documentation as well as action plans (**if needed**) which are available within the student's PAD.

Placement 1 – initial interview

This interview takes place within the first week of the placement

Allocation (theatre number or dept): Main theatres 1 and 2	Proposed dates of allocation: 17/10/16 – 09/12/16
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Student: Identified learning and development needs			
<p>Consistent use of correct hand-washing technique and appropriate use of PPE. To identify, remove, or report any hazards within the department as appropriate. Albert will also achieve basic circulating competencies including presenting items to the scrub practitioner using aseptic technique, receiving specimens from the surgical field according to local policy and providing dressings to the scrubbed practitioner as required. To demonstrate professional attitudes to patients, relatives and colleagues at all times.</p>			
Mentor: Identified learning opportunities to enable the student to meet their learning and development needs and succeed in assessment			
<p>Albert will assist in preparing the surgical environment for a range of surgical cases ensuring the area is clean and free from hazards.</p> <p>Working in a circulating role with mentor guidance during general and plastic surgical cases. Aseptic technique will be demonstrated by mentors and staff and practiced by Albert wherever possible. Use of the handwashing light box is available as well.</p> <p>There are a number of scheduled cases where lymph node biopsy specimens will be taken, and dressings are commonly used for patients undergoing general/plastic procedures within these theatres.</p>			
Mentor and student agreed learning plan			
<p>To undertake a session with Albert using the Hand-washing light box followed by feedback.</p> <p>Practice of handwashing and appropriate use of PPE during lists with guidance and feedback from mentors.</p> <p>Albert will be provided with the local policies on Infection control, Health and safety, Accounting for Instruments, needles and swabs and the specimen policy. Albert will be given time to read these and ask questions to clarify any content. Albert's knowledge and understanding will then be tested on these policies according to his level of experience.</p> <p>Mentors will provide feedback on Albert's interaction with patients, relatives and colleagues to allow him to make improvements where necessary and increase his awareness of self.</p> <p>The achievement of Albert's learning and development needs will then be reviewed at the mid-point interview to identify any additional learning activities that may be required to achieve his competencies.</p>			
Student signature Albert Scroggins	Mentor signature <i>John Smith</i>	Lead mentor signature <i>Aloysha Ivanov</i>	Date 17/10/16

Placement 1 : Mid point interview

This interview takes place halfway through the placement/allocation

Mentor, Lead mentor, and student to sign next page

Student self-assessment/reflection on progress:

Reflect on your overall progression in the three areas below. Identify strengths as well as areas for development

Knowledge and understanding

So far during this allocation I have learnt a lot about infection control and health and safety. I understand why it is important to wash my hands between every patient, and how easily this can sometimes get forgotten during a busy list. I am learning the importance of keeping to a routine and ensuring that everything is put back in the right place so that it can be found easily when needed. I have learnt about which areas of Health and Safety I need to consider when working in the operating department including the environment, sharps management and correct moving and handling. I realise that I have some catching up to do with the specimen policy and plan to focus my reading on this next.

Attainment of practical competencies

I have achieved some basic competencies in maintaining theatre dress in the operating theatre, use of PPE and hand washing. I am really pleased with the feedback I have received as I realise the importance of maintaining good infection control at all times. I have also been achieving my Health and Safety competencies. There have been a number of occasions when I have noticed potential hazards such as a wet floor and have taken action to remove this hazard quickly. I have not achieved any competencies related to specimens yet, but believe I will still have time to get these signed off if I now focus on achieving these with the support of my mentor.

Professional attitude and caring behaviour

I believe I have good working relationships with my colleagues and am receiving positive feedback. I have enjoyed explaining to patients what is happening in theatre and supporting them at what must be a very difficult time. I do however feel nervous about starting a conversation with a patient and am hoping this will slowly improve the more I put myself forward to undertake this role

Mentor's comments

Discuss with the student their self-assessment and comment on their progress using the descriptors below, detailing evidence used to come to your decision

Knowledge and understanding

Albert is progressing well with regards to achieving his competencies. He has made a significant start in relation to developing his knowledge about Health and Safety, Infection control as well a good basic understanding of the responsibilities of the circulating practitioner within theatre. Albert has not demonstrated an acceptable level of knowledge with regards to the handling of specimens however, we plan to work on this for the rest of his placement. I have arranged for him to visit 2 other theatres within our department to see how different types of specimen are taken.

Attainment of practical competencies

Albert is achieving his competencies at a steady rate and is listening to feedback provided in order to continually improve and refine his practice. He has not attained any competencies related to specimen management so far, and this is a continuing learning need.

Professional attitude and caring behaviour

Albert has a pleasant manner with patients and is always polite and courteous both with patients and other members of staff. Albert can be a bit quiet and he has expressed concerns about this, but I believe this aspect of his practice is improving as the placement advances and have told him that I do not see this as an issue at this stage. I have communicated that I am more concerned with the number of times he has been late for placement and therefore I have triggered an action plan for this.

Placement 1: Midpoint interview (cont)

Ongoing learning and development needs (to be agreed between Mentor and Student)

STUDENT: Identify learning and development needs (refer to progress in achieving across all three areas as necessary)

I need to gain more confidence when talking to patients and not be scared to start a conversation with them.

I need to attain competences related to specimen management. In order to do this I feel as though I need more experience handling specimens as well as obtain a deeper understanding of the different types of specimen taken, their appropriate transport media, and the nature of investigations undertaken.

MENTOR: Identify learning opportunities / support to enable the student to meet their needs

To assist Albert in gaining confidence when talking to patients increased opportunities will be made to allow Albert to collect patients from day surgery admissions, escort them to theatre, and check their details. This will provide him with increased contact with patients, which will hopefully enhance his communication skills. Albert's Lead Mentor has also enrolled Albert on the trusts Assertiveness and Communication skills, 1 day course to help with is.

Arrangements have been made for Albert to visit theatre 3 for two afternoons a week to increase his exposure to specimen collection. Albert has been shown how to locate the Trust website pages relating to the histopathology and microbiology laboratory labs to provide him with further resources. Regular reviews will be made of Albert's progress against his learning outcomes.

Student signature: *Albert Scruggins*

Date: *21.11.16*

Mentor signature: *John Smith*

Date: *21/11/16*

Lead Mentor signature: *Aloysha Ivanov*

Date: *21/11/16*

If specific concerns have been raised about the student's performance or behaviour this must trigger an Action Plan at this point, and should be properly documented using the template (page 63)

Placement 1 : Final interview

This interview takes place towards the end of the placement/allocation

Mentor, Lead mentor, and student to sign next page

Student self-assessment/reflection on progress:

Reflect on your overall progression in the three areas below. Identify strengths as well as areas for development

Knowledge and understanding

I have read widely about specimens and this combined with asking surgeons and scrub practitioners questions about individual cases has helped me understand their importance for patient diagnosis and treatment. I have learnt all the steps to ensure that specimens are properly labelled, transported and accounted for. I really appreciate the help mentors have provided, continually testing my knowledge so I can identify any gaps in my understanding and address them. This learning combined with my improved understanding of infection control and health and safety within theatres has made this an extremely productive placement.

Attainment of practical competencies

I have now successfully achieved all my planned practical competencies for this placement. I have also improved my confidence in talking to patients prior to surgery and supporting patients in theatre who are having procedures under local anaesthesia. I feel as though my communication skills have improved and I am keen to improve further by working with more patients who have a variety of presenting complaints, from different backgrounds, ages etc.

Professional attitude and caring behaviour

I feel I get on well with all members of the team I have been working with in both theatres 1 and 2 and when visiting theatre 3. I feel part of the team and am willing to contribute and learn as much as I can. My mentor has pointed out to me that on a number of occasions I have been late in the early part of the term and I have worked hard to improve this. I have enjoyed working with J, who has taught me a lot and encouraged me to improve my organisation skills. In my next allocation I hope to learn more about anticipating requirements rather than responding to requests.

Mentor's comments

Discuss with the student their self-assessment and comment on their progress using the descriptors below, detailing evidence used to come to your decision

Knowledge and understanding

Albert has demonstrated a good to excellent range of knowledge and understanding about health and safety, infection control, specimens and dressings for a student at his level and should be proud of the work he has put in to achieve this. For his next surgical placement I have advised him to focus more of his reading on how these same aspects relate more specifically to the roles and responsibilities of the scrub practitioner.

Attainment of practical competencies

Albert has worked hard to achieve the practical competencies we had planned for him to achieve during this placement. Albert consistently demonstrates the correct handwashing technique at all 5 moments of care. PPE is used and disposed of appropriately. Albert has learnt how to present items to the sterile field aseptically, as well as receiving, recording and preparing histopathology specimens for transport.

Professional attitude and caring behaviour

Albert has at all times been courteous, polite and mature when interacting with patients and other health professionals. Albert was having some problems early in his placement with punctuality. However an improvement has now been seen since the mid-point that he has always been changed and in the clinical area ready for the start of every shift. I feel as though he better appreciates how tardiness can affect both his professional standing and reduce the learning opportunities available to him.

Mentor: Review learning and development issues identified at Mid-point Interview and those to take forward to next placement

- 1) *Professional conduct issue noted at Mid-point interview has improved with no further late attendances being recorded for this placement. Albert appears to have managed this issue successfully by altering the time he leaves home in the morning. It is now hoped he will continue being punctual during the rest of his placements.*
- 2) *Albert had identified that he was nervous speaking to patients and it took a while before he relaxed and felt comfortable. Both Albert and his mentors agree that this has improved significantly but he would still like to make the most of all opportunities that could be provided in future placements to refine his patient communication skills further.*
- 3) *Albert has learnt a great deal about the role of the circulating practitioner and whilst he has been presented with an opportunity to practice 'scrubbing-up' for cases, for future placements he wishes to become more skilled at scrubbing and performing the role of the scrub practitioner. To do this he plans to do much more reading about the responsibilities of this role.*

Was an ACTION PLAN required to support the student? Yes / No

If YES, was the Academic Representative / Link lecturer informed? Yes / No

(Action plans can be found on page 63)

Mentor's checklist for documentation	Initial
I have signed the professional/ caring value statements the student has achieved in this area	JS
I have signed the relevant skills /competencies the student has achieved in this area	JS
The student and I have checked and signed the practice placement areas for this placement	JS
I have printed and signed my name in the List of mentors record (pages 8-9)	JS
Any meetings with students have been documented (page 64-67)	N/A

Mentor signature: *John Smith* **Date:** *07/12/16*

Lead Mentor signature: *Aloysha Ivanov* **Date:** *07/12/16*

Student undertaking

In signing this document, I accept that it is my personal and professional responsibility to maintain the skills I have achieved in this area to the same, or greater, level of achievement.

Student signature: *Albert Scruggins* **Date:** *07/12/16*

ACTION PLAN

An action plan is required when a student's performance causes concern

The mentor / supervisor must liaise with the academic representative (link lecturer or student's personal tutor) and senior practice representative (Lead Mentor)

DATE	PLACEMENT	REVIEW DATE
Area(s) of Concern (Note professional value, or skill area if appropriate)	Criteria for Success	Notes at review meeting
<p><i>Professional attitude</i></p> <p><i>The student maintains a professional attitude regarding punctuality and attendance.</i></p> <p><i>Albert has been late on 4 occasions since the start of his placement.</i></p>	<p><i>To attend the placement area punctually at the start of every shift for the remainder of the placement. This requirement means you are changed into scrubs and in the placement area for handover at 8am.</i></p> <p><i>Attendance data (confirmed by staff signatures within Albert's PAD) will be reviewed by myself and the lead mentor in conjunction with feedback from other staff to ensure this criterion has been met before this placement can be signed-off.</i></p>	<p>Date: 07/12/16</p> <p>Reviewer: John Smith - Mentor</p> <p>Comments: <i>Albert is now setting out earlier each day in order to catch the earlier train; this has successfully resulted in him not being late for the start of his shift since his midpoint interview. It has been agreed that a further review date will not be required, unless the situation changes again.</i></p> <p>Outcome:</p> <p>Achieved <input checked="" type="checkbox"/> Not achieved <input type="checkbox"/></p>
<p>Mentor signature: <i>John Smith</i> Date <i>21/11/16</i>..... Mentor's Name (please print) JOHN SMITH.....</p> <p>Student signature: <i>Albert Scruggins</i> Date <i>21/11/16</i>.....</p> <p>Lead Mentor signature: <i>Aloysha Ivanov</i> Date <i>21/11/16</i> Link Lecturer signature: <i>P. Diddy</i>.....</p>		

Meeting records (as required)

Student pads also contain meeting record sheets. There are regular meeting sheets for LMs to complete every two weeks. If mentors, students, or other members of staff feel additional meetings are required for any reason in addition to the initial, mid-point and final interviews, and the regular LM meetings, they can be recorded using these sheets. These meetings are not compulsory but documentation is provided to record the outcomes of any discussions involving changes for example to student allocations, shift patterns, changes in mentor, any other concerns etc. This list is not exhaustive. If more meeting records are required then additional pages may be photocopied and attached to the PAD.

<i>Record of meeting with student on (date)</i>
<i>Individuals present:</i>
<i>Reason for meeting:</i>

Professional Behaviour, Meeting NHS Values and Situational Awareness Requirements

Achievement of skills without safety and professional practice are **not** acceptable under the HCPC Standards of Proficiency. This means mentors need to ensure that decisions about competence are based on the underlying practice criteria of health and safety, professionalism and sound subject knowledge. **Mentors are reminded NOT to complete any of the individual skills boxes for the students' placement unless the student meets these underlying professional criteria.** If as a mentor you have any concerns about the students' performance in any of these areas, either at the mid-point review or the final interview, the professional values boxes **must not** be signed off, the lead mentor and link lecturer should be informed and an action plan must be triggered by yourself as the mentor. The student can then be supported to achieve these professional values and behaviours. A section of this documentation is provided below as an example.

Professional Attitude, behaviour and responsibility for safe and compassionate care (incorporating NHS values)					
Placement 1	Achieved midpoint? Yes/No	Mentor Initial / Date	Achieved Final? Yes/No	Mentor Initial / Date	Evidence /Comments
Professional attitude					
The student maintains a professional attitude regarding punctuality and attendance	No	JS 17/11/16	Yes	JS 07/12/16	Review of student's placement hours and feedback from staff demonstrate achievement of this objective.
The student complies with the reporting policy if unable to attend placement	Yes	JS 17/11/16	Yes	JS 07/12/16	
The student demonstrates, honesty, trustworthiness, and integrity, and behaves appropriately within the acute care setting	Yes	JS 17/11/16	Yes	JS 07/12/16	

Skills Competency Pages

There are two columns for skills competencies which should be completed by both yourself and your student.

The **first** boxes should be completed when you and the student are satisfied that they are able to complete the skill with only minimal supervision, (i.e. with you watching the student from a distance and only intervening in cases of difficulty or unsafe practice). These boxes do not have to be completed by both yourself and your student at the same time. Your student may feel as though they have achieved a competency before you as their mentor does, and vice versa.

The **second** box should be completed when you and your student are satisfied that they are able to perform the skill **consistently, and safely**, without intervention from a mentor or other qualified person.

The completion of these boxes is expected to be a progressive process across the duration of the module, but the expectation is that the entire second column is completed by the hand in date. **The practice of block signing by one mentor in several columns all on one day should be discouraged.**

Placement 2. Understanding Fundamental Anaesthetic Practice (Dec – June)

Skill outline	Performed with minimal supervision		Safe practice consistently demonstrated	
	Student	Mentor	Student	Mentor
A1. Prepare and monitor anaesthetic materials and equipment for routine cases:				
A1.1 The correct materials and equipment are selected and prepared according to the needs of the patient, the and the specific requirements of the operating list.	AS 19/01/16	PL 25/01/16	AS 07/03/17	PL 17/03/16
A1.2 The anaesthetic machine and other necessary equipment is checked and confirmed as safe and in correct working order	AS 03/02/16	PL 13/02/16	AS 13/03/17	GF 29/03/17
A1.3 Where any equipment is found to be faulty, or unsafe, before use, the appropriate action is taken	AS 17/02/16	PL 17/02/16	AS 13/03/17	PL 17/03/16
A1.4 Materials and equipment are positioned appropriately for ease of access, and in line with all health and safety initiatives	AS 25/01/16	PL 25/01/16	AS 07/03/17	PL 07/03/17
A1.5 Equipment is monitored during use, faults are identified quickly and the appropriate action taken	AS 17/02/16	PL 20/02/16	AS 13/03/17	GF 29/03/17

Practice Attendance Record Sheets

Students must maintain a full record of their hours in each placement at their hospital base or any outside placements, on a **daily** and **weekly** basis. **Your student will ask you and your supervising colleagues** to provide daily signatures to verify their **actual** hours of attendance in the practice area. These must correspond to the minimum placement hour requirements as set out by their professional body. The Lead mentor will regularly collate these to ensure they are meeting their required hours. Students must provide evidence of their total practice hours in each placement and account for any absences in the boxes provided. Failure to do so can hamper their progression through the course, and it is considered unprofessional practice if students do not attend placement as expected.

Generally speaking students will be required to work fairly regular and straightforward hours with very little shift work, but it is expected that students should try to follow local patterns of work, within reason, in order to make the best use of their time and get the best from practice experiences. Meal breaks and tea breaks are negotiated with the practice area, but it is expected that students are given at least a half hour meal break with discretionary tea-breaks during any 7.5 / 8hr shift.

All ODP students are allowed **5 hours** study time each week while on placement, which is usually taken as a half day. Any extra study time during practice hours should be at the discretion of the Lead Mentor and should not be taken for granted by the student. Students are in practice to gain practice experience, not to catch up with assignments!

Students are not expected to work bank holidays, nights or weekends, however they may choose (with the agreement of the lead mentor) to work extra hours when making up for sickness or any absence periods out of placement. **When a student chooses to work a Bank Holiday in order to make up lost time (due to sickness/absence) no additional time in lieu will be given.** If a student does not work a Bank Holiday they should not be credited for the hours for that day.

When completing the grids the student will need to record their **start time** and **finish time** for each day, and get this initialled by the member of staff they are working with. Any instances of absence or lateness should be recorded by either the student or the staff member, and an indication of the reason should be given (e.g. Sickness, Compassionate leave, Unaccounted for, etc.)

To this end the students Practice Assessment Document should be made available for you to sign every single shift they are with you.

Students are required to report all non-attendance at the soonest opportunity to placement areas, their Lead Mentors and the university. Please document any absence and report any concerns about student attendance to their Lead Mentor in the first instance. An example of a completed **Practice Attendance Record Sheet** is provided on the following page.

	Date	Start	Finish	Hours	Sick/ Absent /Late	Staff Signature
M	6/11/17	08:00	17:00	8.5		<i>John Smith</i>
T	7/11/17	08:00	16:30	8.0		<i>John Smith</i>
W	8/11/17	08:00	16:30	8.0		<i>Sadia Kaur</i>
Th	9/11/17	08:00	16:30	8.0		<i>Sadia Kaur</i>
F	10/11/17	08:00	13:00	5	(Study Hours)	<i>Aloysha Ivanov</i>
Sa Su						
Total Practice Hrs for Week			37.5 hrs	0 hrs		

	Date	Start	Finish	Hours	Sick/ Absent /Late	Staff Signature
M	20/11/17	08:15	17:15	8.5	15 mins Late.	<i>John Smith</i>
T	21/11/17	08:00	16:30	8.0		<i>M Fitzgerald</i>
W	22/11/17	08:00	16:30	8.0		<i>John Smith</i>
Th	23/11/17	08:00	16:30	8.0		<i>Sadia Kaur</i>
F	24/11/17	08:00	13:00	5	(Study Hours)	<i>Aloysha Ivanov</i>
Sa Su						
Total Practice Hrs for Week			37.5 hrs	0.15 hrs		

	Date	Start	Finish	Hours	Sick/ Absent /Late	Staff Signature
M	13/11/17	08:00	16:30	8.0		<i>John Smith</i>
T	14/11/17	08:00	16:30	8.0		<i>John Smith</i>
W	15/11/17	08:00	13:00	5	(Study Hours)	<i>Aloysha Ivanov</i>
Th	16/11/17	08:20	17:00	8.2	Late 20 mins	<i>John Smith</i>
F	17/11/17	08:00	16:30	8.0		<i>M Fitzgerald</i>
Sa Su						
Total Practice Hrs for Week			37.2 hrs	0.20 hrs		

	Date	Start	Finish	Hours	Sick/ Absent /Late	Staff Signature
M	27/11/17	08:00	20:00	11.5		<i>M Fitzgerald</i>
T	28/11/17			-	Day off	<i>Aloysha Ivanov</i>
W	29/11/17	08:00	20:00	11.5		<i>John Smith</i>
Th	30/11/17	08:00	18:00	9.5		<i>Sadia Kaur</i>
F	1/12/17	08:00	13:00	5	(Study Hours)	<i>Aloysha Ivanov</i>
Sa Su						
Total Practice Hrs for Week			37.5 hrs	hrs		

LM Signature	4 weekly total	149.7
	Cumulative total	209.7
	Potential hours to date	210

General Notes about Documentation

Please remember that it is not good practice to leave paperwork for days or weeks after the event has occurred (e.g. interviews, signing competencies, signing for hours), as this can lead to poor recall of actual events. It can also leave students without a sense of their progress through the course. Paperwork is regularly checked by the course team at LSBU, and students are continually encouraged to ensure paperwork is completed in **a timely fashion**.

There should be no circumstance where initial, mid and final interview documentation is not completed at the end of the allocation, whatever the outcome.

Spare copies of all forms and documents are available electronically from the Course Director at LSBU if necessary (chris.mahoney@lsbu.ac.uk). Please contact your Lead Mentor or the LSBU course team if you have any other queries about any aspect of the assessment process.

Frequently Asked Questions

Would I ever get a student without prior warning?

Ideally, No. The Lead Mentor is responsible for organising the students placements across the year, and should be able to let you know at least two weeks before a student was due to work with you. Most lead mentors talk to you in advance, and then would introduce the student to you before or at the beginning of the allocation. The Lead mentor would also need to be involved in the planning stage at Initial Interview, or at least to agree this stage with both yourself and the student.

How do I know what the student knows when they arrive?

A good starting point is to look information in the PAD from the student's previous allocations and also from their OAR. You can also check their PAD to view the student's timetable for the year, which indicates the theory sessions they will have had at LSBU. Of course, there is no substitute for talking to the individual student!

What is the point of planning when you do not know what might come through the door on a day to day basis?

Because theatres are often unpredictable places, it would be possible for a mentor and student to work together for a three or four week allocation, and for them to be expecting different learning outcomes. A plan is not expected to be intractable, but it should help both mentor and student to focus on specific learning and assessment outcomes, so that they can make the best of any opportunities that arise during the course of the allocation.

Supposing the student is just "not getting it"?

This can happen for a number of reasons. Firstly if you are concerned about students not picking up practice skills or underpinning knowledge, you need to address this early, rather than waiting to the end of the allocation and "failing" the student. You need to discuss with the student ways to improve their learning, and encourage them to try different learning

strategies. If you are really concerned and don't appear to be getting anywhere, your Lead Mentor is your first port of call for advice, or alternatively you can contact a member of the course team. Students should be included in all discussions about difficulties they may be experiencing.

What happens when I am rostered day off or on different shifts to the student?

Usually a student is allocated to one named mentor, and other staff who work alongside that mentor. This means the student should never be left without a mentor/acting mentor, although it is accepted that this might be the case on a few occasions. If at the start of the allocation you know that there will be periods where you are not on duty, then it would be useful to agree with the lead mentor and student who the student should work with, in your absence. In some cases students (especially second or third years) may want to alter their shifts to match yours in order to get the best mentor experience.

Where can I go to for help?

Your Lead Mentor is your first port of call. Other mentors may have more experience and can help you with any simple queries. You can also contact the course team at LSBU – contact details on page 2.

Thank you from the LSBU course team for all your hard work, dedication, and professionalism in supporting our Trainee Operating Department Practitioners.