Supporting the underachieving student: a guide for mentors.

A resource for mentors in practice

This resource may provide evidence of development within the NHS Knowledge and Skills Framework and the development review process, in C1, C2, C3, C5, IK1, IK2 and G1
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1. Introduction

Welcome to Identifying the Underachieving Student work book. This workbook is intended for mentors who are currently mentoring students and who are on the local mentor Database. The workbook can be used in addition to the face to face mentor upskills workshop ‘identifying the underachieving student’ or as a stand alone resource.

The Nursing and Midwifery Council (2008) state that mentors must have the opportunity to meet and explore assessment and supervision issues with other mentors/practice teachers on a face to face basis and a number of mentorship upskill workshops are delivered throughout NHS Lothian and Borders. Dates and venues can be accessed via the Edinburgh Napier mentor centre [http://staff.napier.ac.uk/faculties/fhiss/mentorcentre/](http://staff.napier.ac.uk/faculties/fhiss/mentorcentre/)

Attendance at any face to face sessions will be recorded on the mentor database via Empower or SWISS and enables you to meet the NMC requirements for the year.

In addition this guide will enable you to provide evidence of your continued mentorship development as required for your triennial review. Please access triennial review documentation p15 – 18 and the record of face to face update documentation p19 for your professional portfolio.

1:2 How to use this guide

You may find it useful to register with NHS Scotland e-library service as indicated in the link below as this will enable you to access the recommended articles and carry out the web based learning activities.

- Alternatively, NHS Lothian and NHS Borders have a library service.

They will help you accessing either the e-library or using the library in your local area.

There are five activities within this workbook, which include reading, reflective and case scenario activities. You may find that only some of these activities meet your learning needs and therefore may opt to do those relevant to your current clinical situation. You do not need to complete all five activities but should consider the concluding activity as a way of consolidating your learning.
1:3 Aim of the workbook

The aim of the workbook is to enable you to critically reflect on the processes involved in supporting and managing a learner who is failing to meet the NMC proficiencies for registration, developing an action plan to resolve this situation. This workbook can be used as portfolio evidence for your personal development plan (PDP).

1:4 Learning Outcomes:
On completion of this workbook you should be able to:

- Identify and critically reflect on the common behaviours of the underachieving student.
- Utilise a problem solving approach to construct an Action Plan to support the learning needs of an underachieving student.
- Based on the best evidence, consider the implications of failing a student.
- Critically reflect on the consequences of ‘Failing to Fail’.
- Demonstrate recordable evidence of mentorship update which is relevant to remain on the mentor register database.

2. Identifying the Underachieving Student

Most students successfully achieve their learning outcomes on placement. However, some students do not perform at the expected level and evidence suggests that mentors find this one of the most challenging aspects of the mentoring role (Duffy and Hardicre 2007). Many contributing factors can influence how to deal effectively with this aspect of the mentor’s role such as:

- Uncertainty about expected levels of competence
- Allowing a settling in period
- Time constraints
- Conflicting shift patterns
- Lack of confidence in dealing with the issue
- Lack of support for the mentor.

Mentors often have an instinctive feeling early on in the placement about a student’s performance but may have difficulty in articulating or describing what is often a vague concern. It is important that the mentor is able to recognise the behaviours of the underachieving student, identify them objectively, gain support from key colleagues (Higher Education Institute (HEI) Linked Lecturer, Practice Education Facilitator (PEF), line manager and peers), and take steps to address concerns in an appropriate and timely manner.

Following a directive from the NMC, students are now required to carry a progress record of their achievement with summaries of previous mentors’ assessments. It may be valuable to review this again with the student to gain an understanding of how the student views their previous assessment and development. Any identified factors from
this should not influence your assessment decisions, but may help inform a strategy of support and guidance.

**Examples of this include:**

- Ensuring particular learning experiences are made available
- Offering reassurance of abilities
- Seeking support from the HEI regarding specific learning needs.
- Providing constructive feedback
- Ongoing formative assessment
- Development of action plans

The mentor also needs to ensure they have a realistic expectation of performance for the stage in the students programme. Discussing this with the student and considering the appropriate Practice Placement Assessment Books can also help clarify the knowledge and skills expected from the student. If necessary seek additional advice from the relevant HEI Linked Lecturer and the PEF.

Whilst many mentors voice concerns around the theoretical knowledge and practical skills displayed by a student, they often state that they have more difficulty in objectively identifying and measuring the student performance of those who displays 'problematic behaviour' or has an 'attitude' problem. The underachieving students often display a range of behaviours as identified by research conducted by Maloney *et al.* 1997; Skingley *et al.* 2007; Duffy 2003

**Key behaviours of the underachieving student.**

- Unenthusiastic attitude - not asking questions, lack of motivation or interest
- Unreliable - poor punctuality or poor attendance
- Displays high level of anxiety - lacks confidence or initiative
- Inconsistent or erratic clinical performance
- Lack of theory, knowledge, skill and provides little evidence to support their learning
- Care incomplete - patients not left comfortable, poor record of care given, not passing on relevant/important information
- Dismissive of learning opportunities - “done that before, don’t want to repeat”
- Avoidance of working with mentor - changing shifts
- Poor interpersonal skills - insensitive in interaction with patient/client/family
- Lack of insight into their behaviour and lack of response to feedback
- Preoccupied with personal issues / continual health issues
- Unsafe practice or judgements
- Absence of professional boundaries and poor professional behaviour
- Failure to progress and develop skills through placement

Maloney *et al.* 1997; Skingley *et al.* 2007; Duffy 2003
You may find the following articles useful:


With another mentor discuss the behaviours and consider any experience you or they have had of students who displayed some of the behaviours and how it was addressed (or not). Can you think of further examples of other actions or behaviour that might cause you concern about a student’s performance?

Write a brief account of your reflective discussion.

The following Web resource contains a section on ‘assessing students’ on the Practice Based Learning website. This has supporting information and activities around the underachieving student that you can access.


At any stage in the mentoring process, it is essential that as soon as it is recognised that the student is not performing to expected standards, the mentor should take appropriate action. This should involve:

- Discussing concerns with colleagues to consider their view of the student’s performance. Do others recognise your concerns?
- Collating objective evidence to demonstrate areas or aspects of performance that are causing concern. This could be about specific skills, care episodes or attitudes
- Discussing these concerns with the student to gauge their knowledge and self awareness.

The mentor should also involve the appropriate HEI Linked Lecturer and the PEF. This will ensure that key staff are aware and appropriate support put in place to give the student full opportunity to address their learning needs or behaviour, and improve their performance. Involving the PEF and the Linked Lecturer will also enable the mentor to be supported in their role and ensure objectivity in their assessment decisions.

An important part of this process involves giving constructive feedback to the student. Providing positive feedback when a student is performing to expected standard is a relatively straightforward activity. However, when faced with the underachieving student and the need to improve their performance, it is much more challenging.
There are many journal articles that can provide practical advice and guidance to you when preparing to give feedback.

You may want to look at the following articles for more detail on providing feedback


Also, refer to the section on ‘giving feedback’ on the Practice Based Learning website:


If feedback is required think about the feedback you want to give. Whether written or verbal, it is important the student understands that you are performing the feedback as part of the overall assessment. It is important to avoid delay, to allow the student to reflect as close to the event as possible. This will also give the student more time within their placement to provide you with the evidence of their learning and the changes they have made. It is also necessary to explain to the student your perception of their progress and this allows you to supportively challenge, whilst explaining how you as a professional came to your conclusion.

Relate your observations back to their learning outcomes. Be specific and use examples of practice or behaviour you wish to highlight. Using phrases such as ‘I noticed…, I feel… can help as this reinforces to the student that as the mentor you are required to make a judgement on their progress using the evidence at your disposal. Giving constructive feedback will provide the opportunity to discover if the student has insight into his/her development needs.

To conclude, it is important to reiterate the key points that have been discussed and explore with the student how you as the mentor can help facilitate the remainder of their practice placement. It is important as the mentor to consider the professional opinions of your colleagues if they have been involved in supporting the student you are assessing. This may include supportive educational staff from within the clinical area or the HEI. The formulation of an Action Plan will give structure to the assessment process and help the student achieve their learning outcomes. This will be addressed in the next section.
2:2 Developing an Action Plan to support the Underachieving Student

Documenting any concerns about the student is key to the process of supporting and mentoring an underachieving student. This information will be required when providing evidence of support if the student eventually fails (Smith et al. 2001). The principles for good record keeping need to be applied and can be obtained from the NMC (2005) and the documentation should be:

- Factual
- Non-judgmental
- Identify strengths and weaknesses and
- Include specific examples when appropriate

It is recommended that if the mentor needs to develop an Action Plan they contact the relevant HEI Linked Lecturer and/or the PEF to make them aware of the situation and for support.

Below are actions that could be taken to support the underachieving student and help enable them to achieve their placement learning outcomes.

**Actions to support the underachieving student**

- Invite the student to conduct either a written or verbal self-assessment feedback on their progress to date
- Formulate an Action Plan
- Clearly identify evidence of success
- Formulate learning objectives for the next meeting
- Identify appropriate learning opportunities to meet the objectives
- Identify required knowledge input and sources of these
- Plan the date of the next meeting.
  Duffy and Hardicre 2007a

With another mentor you may want to discuss the importance and significance of these recommendations. Can you think of any further actions that may be important to do at this stage to support the student?

Although the development of an Action Plan may be a difficult task for a mentor and student, the exercise can be confidence building and sets clear guidance on areas that the student requires further knowledge, skills and development. This is a good opportunity to utilise colleagues for advice and support. **Figure 1** provides a template for an Action Plan and it is recommended that it should:

- Identify areas for development
- Detail how learning outcomes will be achieved
- List success criteria to know how outcomes have been achieved
- Provide a date for achievement
- Be agreed and signed by both the mentor and student.
  Marsh et al. 2004
Figure 1 - Template for Action Plan You may need to change the headings to suit your own concerns

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Mentor Signature:  
Student Signature:  

Date:  
Date:
### Development Area | Actions Required | Success Criteria | Achievement / Review Date
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Identify the areas that the student requires to obtain further knowledge, skills, competence or changes in attitude. A useful starting point when completing this is to refer to the students' Practice Placement Assessment Books. This will enable you to identify areas for development and determine which areas the student needs to address in order to achieve the adequate level of competence and placement learning outcomes. Examples of these include the inability to administer medicines correctly, poor attendance and/or punctuality and lack of ability to prioritise care. Identify the actions required to specifically enable the student to improve in the Development Area. These could include reading, observation of practice or undertaking specific tasks. An example of this in relation to inability to administer medicines correctly could be to:  
- Read the NMC (2004) Guideline for Administering Medicines  
- Read the trust policy on Medicine Administration  
- Accompany a registered nurse/midwife on a drug round and calculate the correct medicine to administer to the patient/client  
- Undertake the necessary patient/client checks in accordance with the NMC (2004) and trust policy when administering medication to patients  
- Observe registered nurses/midwives administering controlled drugs and discuss the procedures they undertake and the rationale for these. This should include how the mentor and student are going to ascertain whether the Development Area has been adequately improved. The success criteria should be supplied by the student as evidence of improvement in knowledge, skills, competence or change in attitude in order to pass the placement. A range of the following provide examples of these:  
- Observation in practice by the mentor  
- Reflection  
- Feedback from the multidisciplinary team  
- Production of mock documents (for example admission sheets and care plans)  
- Discussion with mentor.  
A date should be set to review the students' progress and ascertain whether their knowledge, skills, competence or change in attitude has been achieved. Ideally this should be on a weekly basis and the principles for effective feedback should be followed at these meetings.  
Completing an Action Plan to support the student in achieving their placement learning outcomes will enable the mentor to identify the necessary areas the student has to develop in. If the mentor has undertaken this exercise and the student still does not meet the necessary skills, knowledge or competence they will need to fail the student. This process is covered in the next section.
Chapter 3: The Decision to Fail the Student

The following section relates to the decision to fail the student. Duffy (2003) highlighted the challenges that mentors face in following the correct procedures for supporting an underachieving / failing student. These procedures were divided into four sub-categories:

1. Identifying the underachieving student
2. Developing an Action Plan
3. The decision to fail
4. “After the deed is done”

Actions required to address these challenges for the first two categories have already been covered in this outcome. However, there will be times when despite these remedial interventions, performance will remain poor and there then needs to be clear and decisive action taken.

💡 To fail or not to fail.

Take some time to reflect on the following statements and how they could influence your decision to fail / not fail a student:

“The assessment of students in practice, whatever he setting has long been accepted as integral to any nurse education programme leading to a recognized professional qualification. Its importance lies not only in the need to certify competent practitioners, but also as a guarantor of patient safety and public protection”

(Skingley et al. 2007 p28)

“It is naïve to assume that all students entering clinical placement will have the knowledge, skills and attitude to be successful. There will always be students on practice placements who struggle to achieve competence. Mentors who fail to evaluate a learner’s unsatisfactory performance accurately are guilty of misleading the learner, potentially jeopardising patient safety and failing in their accountability to the NMC”

(Sharples and Kelly 2007 p44)
“It is inevitable that some students will not be able to meet the required level of practice and it is essential that mentors do not avoid the difficult issue of having to fail these students”

(Royal College of Nursing 2007 p14)

The decision to fail a student is a challenging situation and needs to be handled with sensitivity. Skill and confidence is required to manage the situation effectively. The most important aspect to note is that nothing should come as a surprise to the student. Following the process of identifying and supporting the failing student has been properly carried out then the decision can be arrived at with added conviction and confidence. This should include:

- The giving of constructive feedback
- The development of an appropriate Action Plan
- Enhanced supervision and documentation of evidence and meetings

Whose decision is it anyway?

Remember if the processes for dealing with a failing student have been followed then you will have already contacted and received support from the HEI Linked Lecturer, PEF, colleagues and/or managers. However it needs to be recognised that:

“As the named mentor, you are responsible for making the final assessment decision and are accountable for passing or failing the student. The grade you award should reflect the student’s standard of practice in the latter part of the placement. The NMC standards state that mentors must keep sufficient records to support and justify their decisions on whether a student is or is not proficient.”

(Royal College of Nursing, 2007 p14)

Activity 1

Bearing in mind your accountability as a mentor for making the final assessment decision, consider the following scenario.

Scenario: Staff Nurse Barbara Smith is the named mentor to a student called Anne who has struggled considerably to meet her learning outcomes. Barbara has been reviewing progress with her weekly. Anne is now approaching the end of her placement and has not achieved the required standards and in Barbara’s opinion should be failed. A colleague who has also worked with Anne argues strongly that Anne’s practice is reasonable and that she should be passed.

What should Barbara do?

As already discussed, the decision to fail a student is never an easy one to make.
When another assessor disagrees with your decision then the situation becomes even more complicated. A possible starting point could be to check that both assessors are using the same criteria to assess the student, as this will establish whether the evidence is reliable or not. The next step could be to consider the validity of the evidence used or to put it another way, whether you have been assessing what should be assessed. If agreement still cannot be reached then the following actions could be considered:

1. Arrange a meeting with the senior nurse / midwife responsible for education within the ward or department to discuss the situation
2. Arrange a meeting with the HEI Linked Lecturer and / or PEF to discuss the situation.

These actions may already have been taken as part of the normal process of dealing with a failing student. In relation to the scenario in Activity 1, Barbara should talk to her colleague, highlighting the process and reviewing the collated evidence (including discussions with colleagues, the HEI Linked Lecturer, PEF and/or managers), which backs her decision to fail the student. The mentor remains accountable for the final assessment decision.

3:1 Reactions to failing a student

The failing of a student can cause considerable feelings and reactions for both the mentor and the student.

Take 5 mins to consider how you might react in a situation where you had to fail a student

Failing a student can have a number of effects on mentors and sometimes the whole nursing team and they may include:

- **Frustration** with students’ lack of positive change and resentful and angry about the demands the student places on them
- **Concern** that their own skills are inadequate for a specific student’s needs
- **Ambivalence** about their commitment to the dual role of nurse/midwife and mentor
- **Resistance** to recognising serious learning difficulties because they want the student to succeed
- **Anxiety** that their own expectations are unrealistic for the student’s stage of learning.
- **Fear** of being overruled by the HEI

Maloney et al. (1997)
The mentor may feel tension at the conflict between the teaching, supportive role and the assessing component and see the failure of the student as a personal reflection of their standards of supervision and teaching. These reactions and effects can interfere with the fail scenario and lead to avoidance or a ‘failing to fail’ picture developing. This was highlighted by Duffy (2003) in a report entitled “Failing students: A qualitative study of factors that influence the decisions regarding the assessment of students’ competence to practice.” The consequences of failing to fail are highlighted and discussed later on in this outcome.

Stuart (2003) highlights the other end of the continuum with the rare potential of mentors abusing the power to fail and using it as a tool to exert control and punish ‘difficult’ or ‘unpopular’ students.

Failed students may react in a number of ways. These reactions should be seen as a response to the news of failure as opposed to a personal attack or vendetta against the mentor. Students need time to process the information and ‘grieve’ for their loss as a result of failing the placement. Therefore the discussions should be conducted in private with adequate time given to ensure that the appropriate support is provided.

Take 5 mins to consider the possible reaction from the student if they are failed and how you might manage them.

A student can also have a number of reactions when they fail and they may include:-

- **Denial** - the student’s perception of their competence differs from that of the mentor. They may deny or make excuses for their behaviours. The discussion needs to be focused on the learning outcomes that were not met
- **Anger** - the student may become abusive and accusing. If the mentor suspects that this situation may arise then it may be wise to have the presence of a third party such as a HEI Linked Lecturer or PEF. The anger should not be taken personally
- **Bargaining** - the student may attempt to bargain for a pass grade. The mentor needs to stand firm and remain focused on the learning outcomes that were not achieved
- **Sadness** - the student may begin to cry. Allow them to cry before going onto discuss the reasons for failure
- **Relief** - Some students may not want to be nurse or midwife but have not had the courage to make the decision for themselves or they have felt insecure about their clinical competence and learning.

Stuart (2003)

Some students learn from the experience of failure and go on to achieve success. They are able to seek out and understand the ‘how come’ of the failure and use
this to make positive change (Maloney et al. 1997). However, it is generally the case that failure is not a positive experience for most students!

3:2 Why do mentors fail to fail?

Research over recent years has identified many of the complex reasons why mentors and assessors find it difficult to assign a fail decision. (Lankshear 1990, Illott and Murphy 1997, Skingley et al. 2007, Duffy 2004, Scholes and Albarran 2005).

Reasons for not failing a student

- Mentors were loath to fail a student knowing that this meant additional, time-consuming work for them, as well as having to deal with the student’s reaction.
- Mentors experienced tension between their role of carer and nurturer, with the failing of a student being contrary to the educational goals of facilitation and development. This could also lead to a sense of personal failure.
- Mentors lacked confidence in assessing, felt they had inadequate preparation for their role, were unsure of their decisions and often felt they had to give students the benefit of the doubt.
- Mentors did not feel prepared for that level of responsibility and felt it was the university’s responsibility.
- Students could manipulate the mentor or system to avoid failure.
- Mentors expressed a lack of support from colleagues, managers and education staff when faced with a failing student, even experiencing pressure to pass students.
- It is difficult to fail students in their 3rd year as mentors don’t want to be responsible for jeopardising a student’s career so late in the programme. (Students also felt “devastated” at being failed at this late stage and mentors felt anger that previous mentors had “passed the buck”).
- Equally difficult is failing 1st year students as there is a notion held that problems will resolve as students progress through their programme.
- Students’ personal problems can influence the mentor’s judgement.
- If mentors had not followed all the correct procedures or felt that they did not ‘know’ the student well enough, they felt unable to make a fail decision and again felt that they had to give the benefit of the doubt.
- Mentors had found the Assessment Documentation so full of educational jargon they had difficulty in linking student performance to learning outcomes. Consequently obscure generalized comments are written which do not specify the underlying concerns about the student’s performance.

Below are suggested articles which relate to reasons why mentors might not fail a student.


3:3 What happens to the student next?

If this is the first time that a student has failed the placement experience then they are given an opportunity to repeat the placement in another location. If it is the second time that they have failed the placement experience then they are removed from the course. There should be no surprises when a student fails a placement and this includes the appropriate HEI, who should be aware from an early stage of potential / actual difficulties in achieving learning outcomes. The student has access to a range of support services from the HEI, which includes Linked Lecturers, personal development tutors, module leaders, year leaders, counselling and student union services to help through the fail process.

3:4 Summary of the fail process

The following points summarise the challenges and actions required when failing a student:

- Difficult task for all involved
- Ensure discussions are conducted in private
- Re-iterate the problem and provide evidence to substantiate concerns
- Involve the HEI in the meeting through the Linked Lecturer and / or PEF
- Keep the focus on learning
- Never make comparisons with other students
- Ensure the student is supported throughout the discussion.

3:4 The consequences of Failing to Fail

There is no doubt that failing a student is a difficult and stressful experience for both the student and the mentor. However knowledge of one’s accountability as a mentor and the process of managing an underachieving / failing student means decisions can be made with more confidence.

Mentors are regarded as “gatekeepers” ensuring that those students, who do not achieve their outcomes and competencies in practice, are not entered on to the professional register. This vital stage of the assessment process protects the public from unsafe, incompetent and unscrupulous practitioners. There are however some
concerns about how effective this ‘gate keeping’ role is being performed. Failure to fail can have serious consequences for the health and wellbeing of the public we serve. Of the 1389 allegations of misconduct received by the NMC in 2004 - 2005 (NMC 2005), poor practice made up the greatest percentage of charges at 39%. This covered the failure to attend to basic care needs, drug administration problems, poor record keeping, and unsafe clinical practice. 23% of charges concerned the physical, verbal or sexual abuse of patients and clients, and dishonesty such as theft from patients and clients. (Stuart 2007)

Although these reasons are understandable, the consequences of not failing a student can be very serious. Kath Duffy (2003) in her summary of her research says.

“Failing to tell students that they have not reached the required standards also has consequences for the profession. Lecturers talked about students who had qualified despite having a history of problems. Passing students who should have failed does not protect the interests of the public and puts the patients who will be under their care at risk. This is not a new problem but one which, as professionals, we need to acknowledge, discuss and debate”.

“The reality of being a mentor is that it is a complex and demanding role. Add in the issue of a problematic student and it can be overwhelming. Mentors need effective preparation and support to deal with under-performing students. When faced with a problematic student, mentors need extra time and guidance to fulfil their professional responsibility; help from experienced mentors and lecturers; and strong line management support”.

Most importantly there has to be the recognition that some students need to fail. So if you are thinking of giving a student the ‘benefit of the doubt’ then you should consider whether it is in the best interests of the patients, your clients, the student, subsequent mentors and the profession as a whole.”

The consequences of failing to fail in terms of public safety, protection and professional accountability have been clearly identified and recognised by the NMC. This has been a major driver in the development of mentorship through the NMC Standards to support learning and assessment in practice (2006).

Please see suggested reading which will help you explore the issues around the process of failing a student and the consequences of not failing a student.


Activity 2

Consider the following scenario, or use a real-life experience of supporting an underachieving student and undertake the focused activities.

**Scenario:** You are a mentor for Amanda, a student in her final year and approaching qualification. She is in Week 4 of her last placement which is 12 weeks long. She is a very kind and caring person, always willing to help. Amanda is competent in providing general care and is well liked by the team. You notice, however, that she has difficulty in being able to prioritise and co-ordinate the care needs of the patient group she has responsibility for.

**Focused Activities**

Apply and reflect on the content of this workbook to undertake the following focused activities.

1. Consider what evidence you might use in reaching your decision – for example what are you measuring the student’s performance against?

2. Describe how you would give effective feedback to the student in respect to their performance.

3. Consider how you would work in collaboration with others to identify and address the developmental needs of the student.

4. Develop an appropriate Action Plan that supports the learner to improve their performance and increase their confidence.

5. Describe the action taken if you were still concerned about the student’s level of proficiency towards the end of this final placement.

Whilst undertaking this activity it may be worth:

- Reviewing the initial plan of learning made between the mentor and the student.
- Considering the objective evidence to underpin your judgement – which may require you to consult with other members of the team.
- Considering the most appropriate ways of giving effective feedback – for example describe observed behaviour and impact this has.
- Contacting/linking concerns with the HEI – mid way/final assessments and Action Plan.
- Utilising appropriate documentation to underpin assessment process.
- Prioritising and reviewing the amount and type of support and supervision required by the student in addressing their programme outcomes.
• Considering the sources of support for student and mentor if a fail decision is necessary.

This workbook has enabled you to explore the process of recognising the behaviours of the underachieving student, taking action to manage their learning experience, providing support and guidance, as well as understanding the consequences of your assessment decisions.

Please complete the following reflective activity to summarise your learning and how you plan to adapt this learning in practice. The activity should be signed by you and your manager and used as evidence for your continued professional development and appraisal.
**Reflective Activity** (this should be completed by the mentor to summarise learning, identify ways of application to practice and future learning needs)

The national agreed NHS Knowledge and Skills Framework (KSF) is essentially about supporting staff to develop life long learning skills. Participation in this activity provides you with the opportunity to reflect on your learning experience, demonstrate what you have learnt and show how you will apply this knowledge to future activities.

The following questions should help with your personal reflection. Upon completion, this may be added to your professional portfolio / appraisal records.

Describe the main content of this workbook

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Discuss the relevance of this resource to your area of practice

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What are the main points of learning achieved from working through this resource?

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What learning points will you take back to your own working environment?

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Name of mentor ............................................................................. Date

Manager .......................................................................................... Date
Congratulations you have now completed the Supporting the underachieving students resource. You can now use this workbook as evidence of updating your mentoring knowledge and skills which will inform both your annual PDP review and as part of you triennial review.

The Triennial review documentation can be accessed via the Edinburgh Napier University Mentor Centre [http://staff.napier.ac.uk/faculties/mentorcentre](http://staff.napier.ac.uk/faculties/mentorcentre) or via the NHS Borders Practice Education Facilitator intranet site page [http://intranet/new_intranet/microsites/index.asp?siteid=89&uid=1](http://intranet/new_intranet/microsites/index.asp?siteid=89&uid=1) and NHS Lothian Practice Education Facilitator intranet site page [http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/WorkforceOrganisationaldevelopment/continuingprofessionalpracticedevelopment/practiceeducation/Pages/default.aspx](http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/WorkforceOrganisationaldevelopment/continuingprofessionalpracticedevelopment/practiceeducation/Pages/default.aspx)
Certificiate of completion

Mentor Triennial Review Evidence
Edinburgh Napier University
NHS Borders in collaboration with

Delegates' signature
Date
Practice Education Facilitators
Lucy Page; Fiona Jackson

mentors workbook
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