

## Mentorship clinical competency

Name:	Role: <b>Band 5/6/7</b>
Base:	Date initial training completed:

### Competency Statement:

The participant demonstrates clinical knowledge and skill in mentorship without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate facilitation of learning</b>				
a) Assess learners needs	Direct observation			
b) Provide an environment that is conducive to learning	Direct observation			
c) Ensure aims and outcomes are clear to learner	Direct observation			
d) Provide learning that is appropriately sequenced and paced to the learners needs	Direct observation			
e) Use a range of facilitation methods	Direct observation			
f) Use appropriate learning resources	Direct observation			
g) Provide opportunities for active learner involvement	Direct observation			
h) Monitor learners progress	Direct observation			
i) Evaluate learning	Direct observation			
<b>2. Demonstrate assessment of learning</b>				
a) Plan assessments with the learner	Direct observation			
b) Use opportunities to assess the learner under normal working conditions	Direct observation			
c) Assist the learner to present evidence for assessment	Direct observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
d) Assess the learners performance against required competencies	Direct observation			
e) Use a variety of assessment methods	Direct observation			
f) Provide feedback to the learner following assessment	Direct observation			
<b>3. Meet the requirements to be a sign-off mentor</b>				
a) Attend annual face to face update	Questioning			
b) Be supervised on 3 occasions assessing learning. The final supervision for signing off proficiency must be with an actual student on a summative placement by an existing sign-off mentor or practice teacher	Direct observation			
c) Demonstrate a working knowledge of current programmes and assessment strategies for the student being assessed	Questioning			
d) Demonstrate an understanding of the NMC registration requirements and contribution to these	Questioning			
e) Demonstrate an understanding of their accountability for the decision to pass or fail a student	Questioning			

Source: Mentor Standards (NMC 2008)

Date all elements of Competency Tool completed to level 3 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in mentorship

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments