Faculty of Health, Social Care and Education

Supporting the underachieving learner: A guide for mentors
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1. Introduction

This workbook is intended for mentors who are currently mentoring learners and who are on the local mentor register. It specifically focuses on the underachieving learner and provides information and advice on how these learners may best be supported.

This will enable you to provide evidence of your continued mentorship development as required for your triennia/biennial review. Please access information about the triennial/biennial review at www.anglia.ac.uk/mentors

1.1 How to use this guide

There are seven activities within this workbook, which include reflection 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. The concluding activity will support you in consolidating your learning.

1.2 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/HCPC proficiencies for registration and/or lacks understanding of the principles and values inherent in the NHS Constitution. The development of an action plan to resolve such situations will be discussed. This workbook can be used as portfolio evidence for your personal development plan (PDP).

N.B Much of the focus in this document is on the skill of action planning. The University does not expect action planning to be limited to underachieving learners. Action planning should benefit all learners in progressing their skills and knowledge.

1.3 Learning Outcomes:

On completion of this workbook you should be able to:

- Identify and critically reflect on the common behaviours of the underachieving learner.
- Utilise a problem solving approach to construct an action plan to support the learning needs of an underachieving learner
- Based on the best evidence, consider the implications of failing a learner
- Critically reflect on the consequences of ‘failing to fail’

2. Identifying the Underachieving Learner

Most learners successfully achieve their learning outcomes on placement. However, some learners 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 2007a). 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 at an early stage of the placement about a learner’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 learner, identify
them objectively, gain support from key colleagues (Higher Education Institute (HEI), education champions, link tutors, practice education facilitators (PEFs), line manager and peers), and take steps to address concerns in an appropriate and timely manner.

Following a directive from the NMC, learners are now required to carry a progress record of their achievement with summaries of previous mentors’ assessments. Please ask learners to provide you with their previous practice documents. It may be valuable to review this documentation with the learner to gain an understanding of how the learner 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 (if disclosed by the learner).
- 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 learner’s programme. Discussing this with the learner and considering the appropriate practice assessment document can help clarify the knowledge and skills expected from the learner. If necessary seek additional advice from the relevant HEI education champion and link tutor.

2.1 Key behaviours of the underachieving learner

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

Examples of behaviours of the underachieving learner include:

- 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:


**Activity 1**

With another mentor consider any experience you or they have had of learners who displayed some of the behaviours of underachievement.

What were these behaviours and how were they addressed?

Can you think of further examples of other actions or behaviour that might cause you concern about a learner’s performance?

At any stage in the mentoring process, it is essential that as soon as it is recognised that the learner 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 learner’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 learner to gauge their knowledge and self awareness.

The mentor should also involve the appropriate HEI education champion, link tutor and the PEF. This will ensure that key staff are aware and appropriate support put in place to give the learner full opportunity to address their learning needs or behaviour, and improve their performance. Involving the education champion, link tutor and PEF will also enable the mentor to be supported in their role and ensure objectivity in their assessment decisions. Anglia Ruskin University link teams aim to provide weekly support in visiting underachieving learners and their mentors.
2.2 Providing feedback

An important part of this process involves giving constructive feedback to the learner. Providing positive feedback when a learner is performing to the expected standard is a relatively straightforward activity. However, when faced with the underachieving learner and the need to improve their performance, it is much more challenging.

If feedback is required consider the type of feedback that you want to give. Whether written or verbal, it is important the learner understands that you are performing the feedback as part of the overall assessment. It is important to avoid delay, to allow the learner to reflect as close to the event as possible. This will also give the learner 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 learner your perception of their progress. This allows you to supportively challenge, whilst explaining how you as a professional came to your conclusion.

Relate your observations back to the learner’s 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 learner 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 learner 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 learner how you as the mentor can help facilitate the remainder of their practice placement. It is important to consider the professional opinions of your colleagues if they have been involved in supporting the learner 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 learner achieve their learning outcomes.

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


2.3 Developing an action plan to support the underachieving learner

Documenting any concerns about the learner is key to the process of supporting and mentoring an underachieving learner. This information will be required when providing evidence of support if the learner eventually fails. The principles for good record keeping need to be applied 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 education champion, link tutor and the PEF to make them aware of the situation and for support.

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

Adapted by Anglia Ruskin University from NHS Lothian / NHS Borders V 1 2013
Actions to support the underachieving learner

- Invite the learner 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

Activity 2

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

Although the development of an action plan may be a difficult task for a mentor and learner, the exercise can be confidence building and sets clear guidance on areas that the learner 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 learning outcomes / areas for development
- Detail how learning outcomes will be achieved (the actions and resources required)
- List evidence of achievement.
- Provide a date for achievement
- Be agreed and signed by both the mentor and learner.
FIGURE 1: Formative Action Plan  
(To be completed by learner and mentor)

<table>
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Student Name: __________________________________________  Mentor Name: ____________________________________________  

STUDENT SID:
### 2.4 How to complete a Formative Action Plan

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<td>Needs and interests, areas of essential knowledge and skill.</td>
<td>Identify the actions required to specifically enable the learner to improve in their performance. These could include reading, observation of practice or undertaking specific tasks. <strong>An example of this in relation to inability to administer medicines correctly could be to:</strong> 1. Read the NMC Guideline for Administering Medicines 2. Read the trust policy on Medicine Administration 3. With a registered nurse/midwife participate in drug administration for 6 patients at least twice weekly. 4. Undertake the necessary patient/client checks in accordance with the NMC and trust policy when administering medication to patients. 5. Observe registered nurses/midwives administering controlled drugs and discuss the procedures they undertake and the rationale for these.</td>
<td>This should include how the mentor and learner are going to ascertain whether the areas for development have been adequately improved. The learner must provide evidence of improvement in knowledge, skills, competence or change in attitude in relation to the areas for development. <strong>A range of the following provide examples of these:</strong> 1. Observation in practice by the mentor 2. Reflection 3. Feedback from the multi-disciplinary team 4. Production of mock documents (for example admission sheets and care plans) 5. Discussion with mentor.</td>
<td></td>
<td>Achieved/Not achieved</td>
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<td></td>
<td><strong>Examples of these include</strong>  The inability to administer medicines correctly  Poor attendance and/or punctuality  Lack of ability to prioritise care.</td>
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3. The Decision to Fail the Learner

Completing an action plan to support the learner in achieving their learning outcomes will enable the mentor to identify the necessary areas the learner has to develop in. If the mentor has undertaken this exercise and the learner still does not meet the necessary skills, knowledge or competence they will need to fail the learner.

Duffy (2003) highlighted the challenges that mentors face in following the correct procedures for supporting an underachieving / failing learner. These procedures were divided into four sub-categories:

1. Identifying the underachieving learner
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. 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.

Activity 3

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 learner:

“The assessment of students in practice, whatever the 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 learner 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 learner**.

Assuming the process of identifying and supporting the failing learner 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 learner have been followed then you will have already contacted and received support from the HEI education champion, link 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 (2008) standards state that mentors must keep sufficient records to support and justify their decisions on whether a student is or is not proficient.”

**Activity 4**

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

**Scenario:** Barbara Smith is the named mentor to a learner 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 learner 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 learner, 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 health care professional responsible for education within the ward or department to discuss the situation

2. Arrange a meeting with the HEI education champion, link tutor and PEF to discuss the situation.

These actions may already have been taken as part of the normal process of dealing with a failing learner.

In relation to the scenario, Barbara should talk to her colleague, highlighting the process and reviewing the collated evidence (including discussions with colleagues, the HEI education champion, link tutor, PEF, managers), which backs her decision to fail the learner. The mentor remains accountable for the final assessment decision.

### 3.1 Reactions to failing a learner

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

**Activity 5**

Take 5 minutes to consider how you might react in a situation where you had to fail a learner
Failing a learner can have a number of effects on mentors and sometimes the whole health care team and they may include:

- **Frustration** with learners’ lack of positive change and resentful and angry about the demands the learner places on them
- **Concern** that their own skills are inadequate for a specific learner’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 learner to succeed
- **Anxiety** that their own expectations are unrealistic for the learner’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 learner 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 learners’ competence to practice’.

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’ learners.

Failed learners 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. Learners 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.

**Activity 6**

Take 5 minutes to consider the possible reaction from the learner if they are failed and how you might manage them.
The learner may also have a number of reactions when they fail and these may include:-

- **Denial** - the learner’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 learner 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 education champion, link tutor or PEF. The anger should not be taken personally.

- **Bargaining** - the learner 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 learner may begin to cry. Allow them to cry before going onto discuss the reasons for failure.

- **Relief** - some learners may not want to be a registered health care professional 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 learners 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 learners!

### 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 (Duffy 2004, Scholes and Albarran 2005, Skingley et al. 2007).

**What reasons did mentors give in the above research for not failing a learner?**

- Mentors were loath to fail a learner knowing that this meant additional, time consuming work for them, as well as having to deal with the learner’s reaction.

- Mentors experienced tension between their role of carer and nurturer, with the failing of a learner 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 learners the benefit of the doubt.

- Mentors did not feel prepared for that level of responsibility and felt it was the university’s responsibility.

- Learners 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 learner, even experiencing pressure to pass learners.

- It is difficult to fail learners in their 3rd year as mentors do not want to be responsible for jeopardising a learner’s career so late in the programme. (Learners also felt “devastated” at being failed at this late stage and mentors felt anger that previous mentors had “passed the buck”).

Adapted by Anglia Ruskin University from NHS Lothian / NHS Borders V 1 2013
Equally difficult is failing 1st year learners as there is a notion held that problems will resolve as learners progress through their programme.

Learners’ 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 learner 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 practice assessment documentation so full of educational jargon they had difficulty in linking learner performance to learning outcomes. Consequently obscure generalized comments are written which do not specify the underlying concerns about the learner’s performance.

3.3 What happens to the learner next?

If this is the first time that a learner has failed the placement experience then they are given an opportunity to repeat the outcomes that they have failed. This may take place in another practice area but where appropriate the learner will be expected to repeat these outcomes in the same practice area with the same mentor. If the learner is required to change placements to repeat these outcomes, the documentation identifying reasons for failure will be made available to the new mentor.

There should be no surprises when a learner 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 learner has access to a range of support services from the HEI, which includes education champions, link tutors, personal tutors, module leaders, course leaders, counselling and learner 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 learner:

- 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 education champion, link tutor and PEF
- Keep the focus on learning
- Never make comparisons with other learners
- Ensure the learner is supported throughout the discussion.

3.5 The consequences of ‘failing to fail’

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

Mentors are regarded as ‘gatekeepers’ ensuring that those learners, 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.
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. Tutors 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 tutors; 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 (SLAiP, 2008).

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


Activity 7

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

Scenario: You are a mentor for Amanda, a learner 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

1. Consider what evidence you might use in reaching your decision that Amanda is underachieving— for example what are you measuring the learner’s performance against?

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

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

4. Complete an action plan (next page) that supports the learner to improve their performance and increase their confidence.
Formative Action Plan  
(To be completed by learner and mentor)

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4. References


Nursing and Midwifery Council (2008) *Standards to Support Learning and Assessment in Practice*. London: NMC


