ADVANCED MENTORSHIP COMPETENCES

Modules I-III of advanced mentorship competences

COLLEGE OF NURSING IN CELJE

UNIVERSITY OF OULU

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QualMent
Quality Mentorship for Developing Competent Nursing Students

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About the QualMent project

The College of Nursing in Celje was the coordinator of the European development and research project Quality mentorship for developing competent nursing students (QualMent), which was selected under the Erasmus+ Programme, Strategic Partnerships in Higher Education.

The project includes as partners: The College of Nursing in Celje (Slovenia), University of Oulu (Finland), Lithuanian University of Health Sciences (Lithuania), University of Alicante (Spain), and European Federation of Nurses Associations (EFN).

The project has been conducted during the timeframe of September 1, 2018, and August 31, 2021.

The project has been intended for the development of a training programme for clinical mentors with the objective to increase the quality of clinical practice for undergraduate nursing students, which complies with the EU directive. The project has had three main outcomes. More information about the QualMent project at: https://www.qualment.eu

Introduction

This Advanced Mentorship Competencies publication includes a description of Modules I[1], II[2] and III[3] of advanced mentorship competencies training. The aim of this publication is to strengthen clinical nurse mentors' mentoring competence development by sharing open-access education contents with all European Union countries and providing concrete guidance for mentors to enhance their mentoring competence when working with nursing students in clinical practice. The publication is based on an evidence-based clinical mentor's competency model (see Figure 1), which has been developed and pilot-tested in education intervention with 216 mentors in four European Union countries (Finland, Lithuania, Slovenia and Spain) in the Erasmus+ project - Quality Mentorship for Developing Competent Nursing Students (QualMent).

The course framework of Modules I-III includes each module's training contents, objectives, learning outcomes, forms of training, didactic materials and a number of training hours and study forms, and can be reviewed in QualMent official website[4]. This publication will focus on the contents of the course and will not include pedagogical teaching methods and phases of the learning process related to the content.

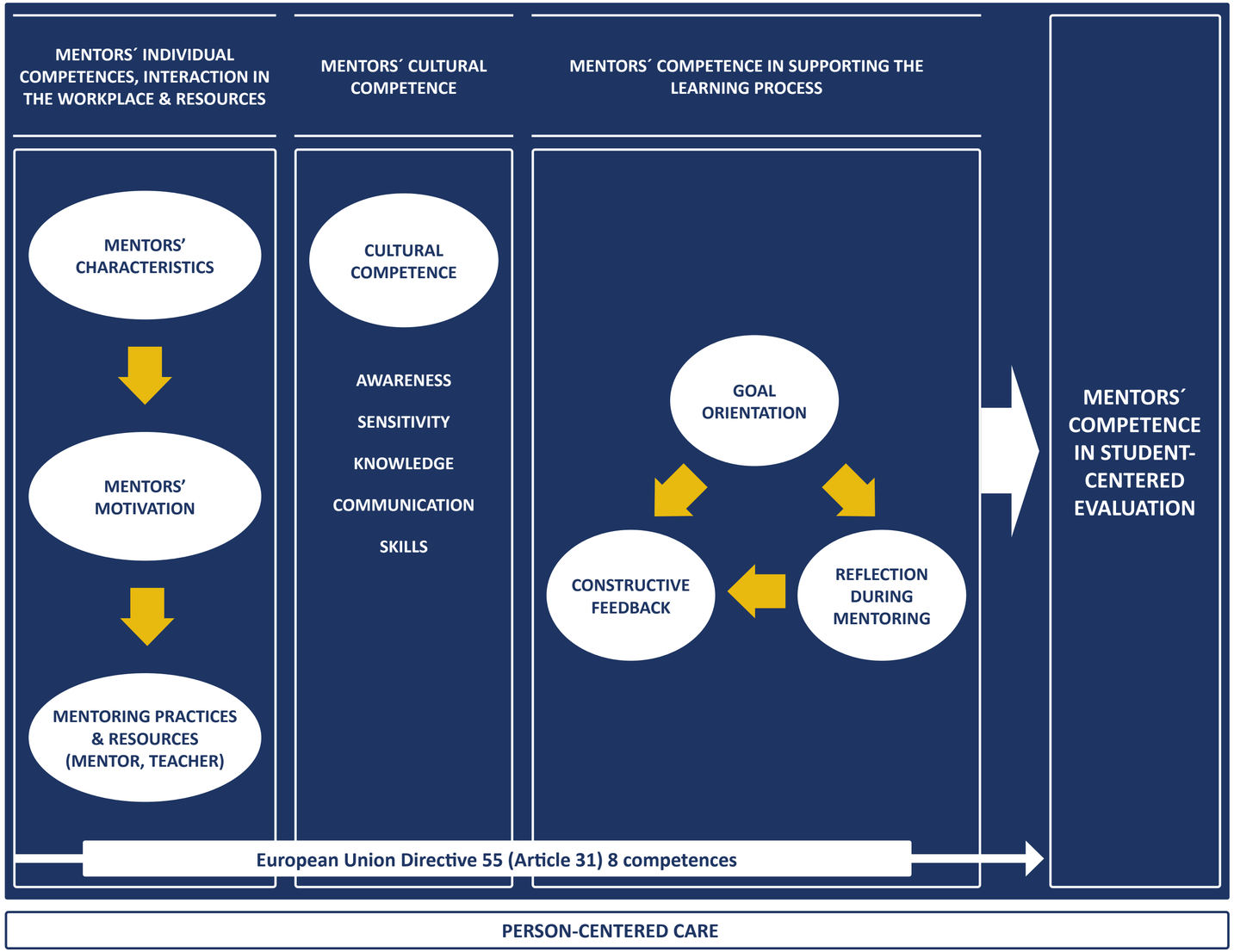
1 Dr. M Flores Vizcaya-Moreno, Dr. Paul De Raeve, Dr. Rosa M Pérez-Cañaveras. Module I. Introduction to mentorship in nursing. Pages 5-20.

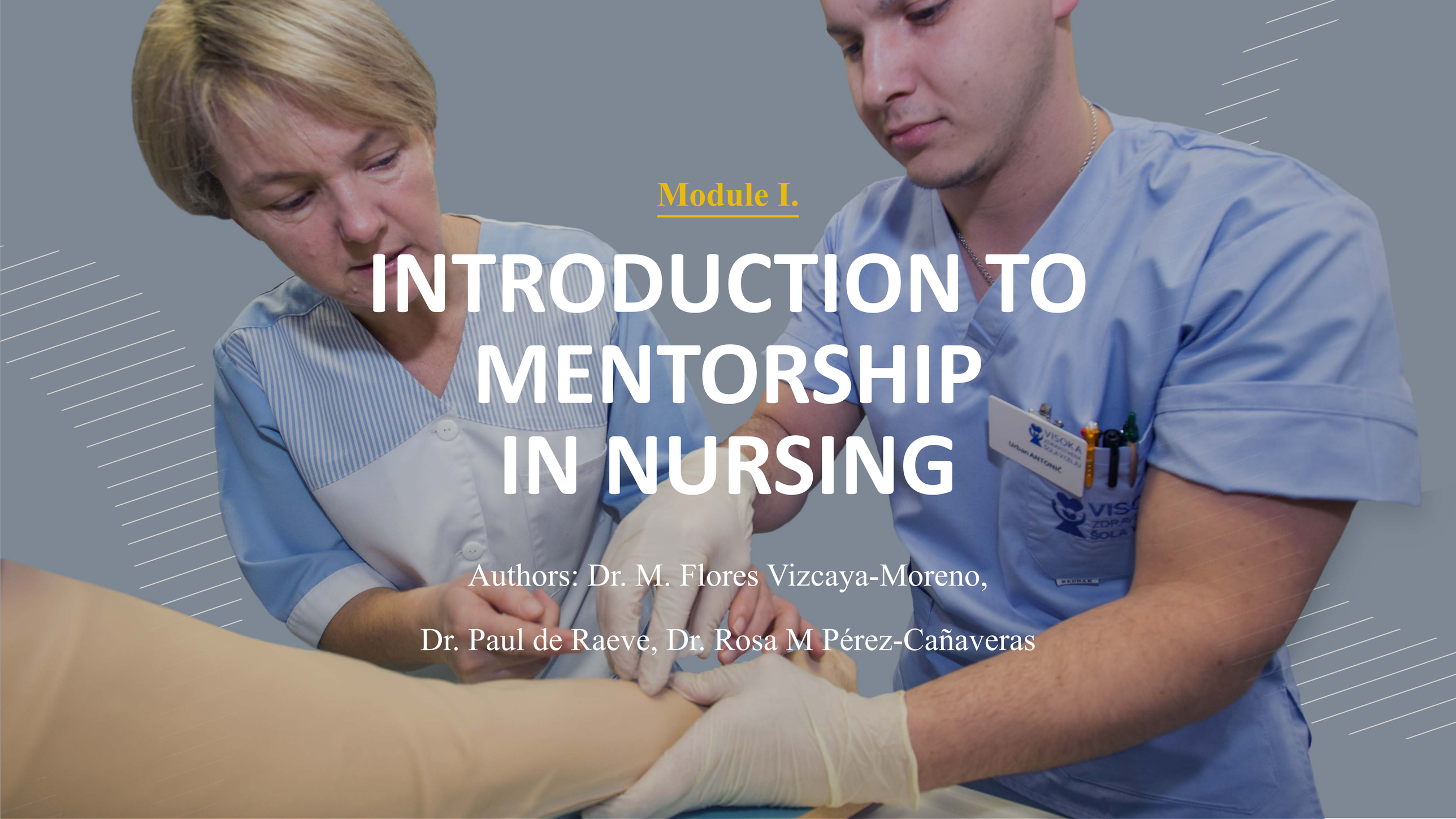
2 Ashlee Oikarainen, Dr. Kristina Mikkonen. Module II. Competence in mentoring culturally and linguistically diverse nursing students. Pages 21-32.

3 Dr. Olga Riklikiene, Erika Juskauskiene. Module III. Competence in mentoring assessment and reflective discussion. Pages 33-44.

4 https://www.qualment.eu/wp-content/uploads/2020/02/Advanced-Mentorship-Competences_upgraded_december_final.pdf

Figure 1. The evidence-based clinical mentors' competency model in European countries.





Module I.

INTRODUCTION TO MENTORSHIP IN NURSING

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Mentors play a key role in nursing students' clinical practice. Mentors' competence encompasses versatile and multi-dimensional areas, including mentors' individual competencies and interaction in the workplace. Mentors' individual competencies include mentors' characteristics, their motivation for mentoring, and having knowledge about their organizations' mentoring practices, collaboration and recourses (see Figure 1[5]). In order to ensure mentors' individual competencies and their interaction in the workplace when mentoring nursing students, Module I. on Introduction to mentorship in nursing has been developed. The main objective of Module I is to improve clinical mentors' individual mentoring competence and for mentors to reach the learning outcomes reported in the course framework. The module has been divided into five themes: the European clinical mentors' competency model, EU Directive 2013/55/EU, EFN Competency framework and mentoring competence, didactics and teaching methods for good reflective practice in mentoring, learning and knowledge technologies (LKT) in mentoring and coaching, and impact of mentors' competencies on quality mentorship.

5 Mikkonen K., Tomietto M., Kääriäinen M., Oikarainen A., Tuomikoski A.M., Riklikiene O., Juskauskiene E., Vizcaya-Moreno M.F., Pérez-Cañaveras R.M., De Raeve R., Filej B., Plazar N., Čuk V., Kaučič B.M. (2019). Development of an evidence-based nurse mentor's competency model. QualMent EU-project. Celje. Univerzitetna knjižnica Maribor, Slovenia. Available at: https://www.qualment.eu/wp-content/uploads/2019/12/Development-of-an-Evidence-Based-Nurse-Mentors-Competence-Model_QualMent.pdf

Theme I.

THE EUROPEAN CLINICAL MENTORS' COMPETENCY MODEL: THE CLINICAL LEARNING ENVIRONMENT, THE ROLE OF DIFFERENT ACTORS AND THE CLINICAL MENTORS' COMPETENCY MODEL

Nursing is a practice-based profession in which clinical practice in healthcare centers is an essential component of the European undergraduate curriculum. European countries signatory to the Bologna Declaration[6] are committed to restructuring their educational systems so that these become more transparent and similar, and to promoting the mobility of students, teachers and administration in Europe. According to evidence found in our QualMent Project, we recommend that mentors of nursing students in Europe receive proper training in mentoring.

Numerous authors have defined the clinical learning environment (CLE) and studied it in recent years in the nursing field[7,8]. CLE has been defined as an interactive network or set of characteristics inherent to the practices that influence learning outcomes and professional development. The internship position offers students optimal scenarios to observe models and reflect on what is seen, heard, perceived, or made. CLE is the "clinical classroom" with a diverse social climate where students, mentors, nurses, teachers and patients interact. Scientific evidence shows that clinical practices allow students to develop critical thinking, training in psychomotor skills, communication skills, time management and distribution skills, and also increase students' self-confidence to act as nurses.

The CLE influences the students' learning process; for example, the students' results during clinical learning can be improved by modifying the learning environment's positive conditions. In the same way, negative clinical environments make it difficult for students to learn. In the scientific literature, the following factors have been identified as positive: responsibility and independence of the students, performance of activities under mentor's supervision, perception of control of the situation, and global understanding of the context of practices. The negative factors are problems in the student-tutor relationship, organizational defects in clinical practices and problems related to the students' own negative experience[9,10].

Saarikoski and Leino-Kilpi[11] (2002) affirmed that the main elements of an excellent CLE are the following five:

- Supervisory relationship: the one-to-one relationship is the most important element in clinical instruction and mentoring/supervision.
- Premises of nursing on the ward: high-quality nursing care is the best context for successful learning experiences.
- Premises of learning on the ward: many practical components that offer an opportunity for professional development.
- Ward atmosphere: non-hierarchical structure and displaying teamwork and good communication.
- The ward manager's leadership style: he/she is aware of the physical and emotional needs of the students and nursing staff.

The quality of the clinical learning process depends mostly on the quality of mentoring. Mentoring (also called supervision) of nursing students during clinical practice should serve as the professional development vehicle for nurses, being crucial for the students' professional modelling. Mentoring is also essential for future nursing professionals' socialization and cultural competence, and the mentor is the key actor in this process. In this line, the authors of the present report consider as a crucial

6 The European Higher Education Area (1999). The Bologna Declaration of 19 June 1999. https://www.ehea.info/media.ehea.info/file/Ministerial_conferences/02/8/1999_Bologna_Declaration_English_553028.pdf [04/05/2021].

7 Saarikoski M., & Strandell-Laine (Eds.) (2018). The CLES scale: An evaluation tool for healthcare education. *Springer International Publishing*. doi: 10.1007/978-3-319-63649-8. Available at: http://www.springer.com/us/book/9783319636481.

8 Vizcaya-Moreno, M. Flores, & Pérez-Cañaveras, Rosa M. (2020). Social Media Used and Teaching Methods Preferred by Generation Z Students in the Nursing Clinical Learning Environment: A Cross-Sectional Research Study. International. *Journal of Environmental Research and Public Health* 17(21), 8267. doi: https://doi.org/10.3390/ijerph17218267

9 Gurková, E., Žiaková, K., Cibríková, S., Magurová, D., Hudáková, A., & Mrosková, S. (2016). Factors influencing the effectiveness of clinical learning environment in nursing education. *Central European Journal of Nursing and Midwifery,* 7(3), 470-475. doi: 10.15452/CEJNM.2016.07.0017

10 Dobrowolska, B., McGonagle, I., Kane, R., Jackson, C. S., Kegl, B., Bergin, M., Cabrera, E., Cooney-Miner, D., Di Cara, V., Dimoski, Z., Kekus, D., Pajnkihar, M., Prlić, N., Sigurdardottir, A. K., Wells, J., & Palese, A. (2016). Patterns of clinical mentorship in undergraduate nurse education: A comparative case analysis of eleven EU and non-EU countries. *Nurse Education Today*, 36, 44–52. https://doi.org/10.1016/j.nedt.2015.07.010

11 Saarikoski, M., & Leino-Kilpi, H. (2002). The clinical learning environment and supervision by staff nurses: developing the instrument. International Journal of Nursing Studies, 39(3), 259–267. doi: https://doi.org/10.1016/s0020-7489(01)00031-1.

issue, how mentors perceive their mentoring competence in the CLE. The role of the mentor, which is essential in the nursing mentoring process, is the role of the leader. The mentor has in professional literature also been called facilitator, peer instructor, preceptor, nurse tutor, supervisor or clinical instructor[12]. A mentor is a *"Registered nurse who supports undergraduate students in their learning and is responsible for teaching and assessing students in clinical practice"*[13]. Frequently she/he is not employed by an educational institution, and most of the time, they have to combine their mentoring job with a high workload. It has been studied how the mentors' characteristics positively or negatively influence the students' learning. Positive characteristics in mentors include the elements of flexibility, negotiation, confidence and positively reinforce the student. Negative characteristics in mentors include elements of being insensitive, not tactful or not showing compassion towards the student and excessive expectations of perfection[12].

The evidence-based clinical mentors' competency model is shown in Figure 1. The development of this model has been part of the work done in the QualMent project. The first element of the model is the mentor's individual competences and interaction in the workplace. Mentor's characteristics are essential, e.g., supporting and coaching, motivating, advising, keeping professional integrity, honesty, accessibility, approachability, respect, enthusiasm and empathy[14]. Mentoring practices in the workplace can be defined as combining the CLE elements[15],[16]. The role of the nursing student is wished by mentors to be an active role. Students need continuous and individualized feedback and support from their mentors, who help them feel more secure and involved in patient safety.

In addition to providing nursing students with standardized nursing education, social generations of Millennials and Generation Z[17] should be taken into consideration, as these generations of students require different types of teaching methods. Millennials appear less mature than previous generations, and express doubts about their academic competence. They experience difficulties communicating through traditional channels and do not like to write or read. Their multitasking propensity makes it difficult to focus on one activity. Generation Z are true digital natives, racially and ethnically diverse and open-minded. They have *"a unique combination of attitudes, beliefs, social norms, and behaviors that will impact education and practice for many years"*[18]. They are defined as high consumers of technology, cravers of the digital world, and pragmatics. They have underdeveloped social and relationship skills, being cautious and concerned with emotional, physical, and financial safety. They are individualistic, with an increased risk of isolation, anxiety, insecurity, and depression. Also, they lack the attention span, looking for their convenience and immediacy. There are only few scientific studies about Generation Z nursing students at the moment. However, given their generational characteristics (strong work ethic, conservative nature, self-fulfillment over salary, and job stability), there is a reason to believe that Gen Z students may pursue nursing[19]. For this reason, mentors and educators have to understand how these new generations of learners think or how they prefer to interact. Mentors and educators have to recognize and consider the differences in these generations to successfully engage and guide students and novice nurses.

12 Vizcaya-Moreno M. F. (2005). Valoración del entorno de aprendizaje clínico hospitalario desde la perspectiva de los estudiantes de enfermería. *Doctoral Dissertation.* Alicante: University of Alicante. URI: http://hdl.handle.net/10045/13280

13 Tuomikoski A.M., Ruotsalainen H., Mikkonen K., Miettunen J., & Kääriäinen M. (2018). The Competence of nurse mentors in mentoring students in clinical practice –A cross-sectional study. *Nurse Education Today*, 71, 78-83. doi: 10.1016/j.nedt.2018.09.008.

14 Hale, R. L., & Phillips, C. A. (2019). Mentoring up: A grounded theory of nurse-to-nurse mentoring. *Journal of clinical nursing*, 28(1-2), 159-172. doi: https://doi.org/10.1111/jocn.14636

15 Saarikoski M., & Strandell-Laine (Eds.) (2018). The CLES scale: An evaluation tool for healthcare education. *Springer International Publishing.* doi: 10.1007/978-3-319-63649-8. Available at: http://www.springer.com/us/book/9783319636481

16 Flott, E. A., & Linden, L. (2016). The clinical learning environment in nursing education: a concept analysis. *Journal of advanced nursing*, 72(3), 501–513. doi: https://doi.org/10.1111/jan.12861

17 Vizcaya-Moreno, M. F., & Pérez-Cañaveras, R. M. (2020). Social Media Used and Teaching Methods Preferred by Generation Z Students in the Nursing Clinical Learning Environment: A Cross-Sectional Research Study. International *Journal of Environmental Research and Public Health* 17(21), 8267. doi: https://doi.org/10.3390/ijerph17218267

18 Chicca, J., & Shellenbarger, T. (2018). Connecting with generation Z: Approaches in nursing education. *Teaching and Learning in Nursing*, 13(3), 180-184. doi: https://doi.org/10.1016/j.teln.2018.03.008

19 Williams, C. A. (2019). Nurse Educators Meet Your New Students: Generation Z. *Nurse Educator*, 44(2), 59-60. doi: 10.1097/NNE.0000000000000637

Theme II.

EU DIRECTIVE 2013/55/EU, EFN COMPETENCY FRAMEWORK AND MENTORING COMPETENCE

Appropriate clinical mentorship for nursing students is the vehicle for compliance with the eight nursing competencies outlined in Annex V of the EU Directive 2013/55/EU[20], which defines that the half of all contact hours of each nursing study programme are done in the clinical environment and mentored. Mentorship during nursing students' clinical placement is an important factor in their education, as this is the first time that they will step into the reality of the working practice. High-quality clinical education is paramount to the development of a competent workforce of nurses able to deliver safe people-centered care. Giving some much-needed structure and guidance to nurse educators would ensure greater consistency in approaches and foster appropriate learning environments for the future nursing workforce. Hence, nurses' mentorship must be based on and argued in research and evidence.

In order to mentor according to the 8 EU Competencies in Article 31 of Directive 2013/55/EU, it is necessary to break down the competences according to core areas and to further describe them considering the existing competency frameworks[21]. The competence areas defined below by EFN, provide a clearer understanding of the competencies and the list of related topics, and allow the formulations of learning outcomes.

A. Culture, ethics and values

- To promote and respect human rights and diversity in the light of the physical, psychological, spiritual and social needs of autonomous individuals, considering their opinions, beliefs, values and culture, and the international and national codes of ethics, as well as the ethical implications of healthcare provision; ensuring their right to privacy and honoring the confidentiality of healthcare information.
- To take responsibility for lifelong learning and continuous professional development.
- To accept accountability for one's own professional activities and to recognize the limits of one's own scope of practice and competences.

B. Health promotion and prevention, guidance and teaching

- To promote healthy lifestyles, preventive measures and self-care by strengthening empowerment, promoting health and health-enhancing behaviors and therapeutic compliance;
- To independently protect the health and well-being of individuals, families or groups being cared for, ensuring their safety and promoting their autonomy.
- To integrate, promote and apply theoretical, methodological and practical knowledge. This enables the promotion and development of nursing care in long term care, comorbidity, and in situations of dependency in order to maintain an individual's personal autonomy and his/her relationships with the environment in every moment of the health/illness process.

C. Decision-making

- To apply critical thinking skills and systematic approach to problem solving and nursing decision-making in the professional and care delivery context.
- To carry out actions, by previously identifying and analyzing problems that facilitate seeking the most beneficial solution for the patient, the family and the community, reaching objectives, improving outcomes and keeping the quality of their work.

D. Communication and teamwork

- To be able to comprehensively communicate, interact and work effectively with colleagues and inter-professional staff, and therapeutically with individuals, families and groups.
- To delegate activities to others, according to the ability, level of preparation, competence and legal scope of practice.
- To independently use electronic health records to document nursing assessment, diagnoses, interventions and outcomes based on comparable nursing classification systems and nursing taxonomy.

20 European Council (2013). European Council Directive 2013/55/EU on the recognition of professional qualifications. *Official Journal of the European Union (L 354/132)*. Available at: https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A32013L0055.

21 EFN Competency Framework for Mutual Recognition of Professional Qualifications Directive 2005/36/EC, amended by Directive 2013/55/EU. EFN Guideline to implement Article 31 into national nurses' education programmes. http://www.efnweb.be/?page_id=6897

- To independently retrieve and apply information and share information among patients and health care professionals and across health care facilities and community.
- To independently coordinate care for patient groups and to work interdisciplinary towards the common goal of ensuring quality of care and patient safety.

E. Research & development and leadership

- To implement scientific findings for evidence-based practice.
- To consider the equity and sustainability principles in healthcare and strive for the rational use of resources.
- To adapt leadership styles and approaches to different situations concerning nursing, clinical practice and healthcare.
- To promote and maintain a positive image of nursing.

F. Nursing Care

- To show sufficient knowledge and skills to provide professional and safe care adequate to the health and nursing care needs of the individual, families and groups the nurse is responsible for providing care to, taking into consideration the developments in scientific knowledge, as well as the quality and safety requirements established in accordance with the legal and professional conduct regulations.
- To independently assess, diagnose, plan and provide person-centered integrated nursing care focused on health outcomes by evaluating the impact of the situation, background, and the care given, through clinical care guidelines describing the processes for the diagnosis, treatment or care, and making recommendations for future care.
- To know and implement the nursing theoretical and methodological fundamentals and principles, basing nursing interventions on scientific evidence and the resources available.
- To independently establish assessment mechanisms and processes for continuous quality improvement in nursing care, considering the scientific, technical and ethical developments.
- To understand and act according to the social and cultural contexts of individuals' behaviors, and the impact on their health within their social and cultural context.
- To understand the importance of having care systems aimed at individuals, families or groups, while assessing their impact.
- To respond appropriately and in time to unexpected and rapidly changing situations.
- To perform independently efficient measures in crisis- and disaster situations that allow preservation of life and the quality of life.

It is important to emphasize the vital mentor's role in making sure that the competencies[21] and learning outcomes are achieved. Learning outcomes are related to students' competence development (knowledge, skills, attributes), which are expected to develop after completing an education and training process. In this document we provide competence areas defined according to EU Directive 55 and EFN Competency Framework by integrating learning contents and potential learning outcomes suggestions.

COMPETENCE DIRECTIVE 55: Competence H – "Competence to analyse the quality of care in order to improve their own professional practice as general care nurses" relates to EFN COMPETENCE: Culture, ethics and values

CONTENT	POTENTIAL LEARNING OUTCOMES
• **Ethics and philosophy of nursing, human rights** • **Patient autonomy, rights and safety** • **Legal aspects of healthcare and the profession, social and healthcare legislation** • **Confidentiality**	• To show an ethical, legal and human conduct in the development of all actions to deliver nursing care to patients, families and the community. • To promote and respect human rights and diversity in light of the physical, psychological, spiritual and social needs of autonomous individuals. • To accept accountability for own professional activities and to recognise the limits of one's own scope of practice and competences. • To delegate activities to others, according to ability, level of preparation, proficiency and legal scope of practice. • To show consideration for the opinions, beliefs and values of patients and relatives. • To respect ethical and legal requirements, including national and international codes of ethics and understand the ethical implications for healthcare delivery. • To take responsibility for lifelong learning and continuous professional development. • To ensure the right to privacy respecting the confidentiality of the information related to healthcare provision.

COMPETENCE DIRECTIVE 36/55: Competence C – "Competence to empower individuals, families and groups for a healthy lifestyle and self-care" relates to EFN COMPETENCE: Health promotion and prevention, guidance & teaching

CONTENT	POTENTIAL LEARNING OUTCOMES
• **Principles of health and illness** • **Public health and health promotion and prevention, community/ primary care** • **Patient guidance and health education** • **Societal and intersectoral perspective and influence** • **Citizens' empowerment and involvement**	• To recognise the main risk and protection factors that influence the process of health and illness. • To involve groups and communities in health education and training activities aimed at strengthening behaviours and the adoption of a healthy lifestyle. • To provide patients with tools that favour treatment compliance and to identify and monitor individuals with a higher risk of non-compliance that can pose a risk to themselves and to the community. • To apply preventive measures to healthy individuals and patients throughout all life stages and in all phases of the natural history of illness. • To guide individuals, patients and groups on how to handle illness prevention measures and use the services provided by the healthcare system. • To empower individuals by implementing healthcare educational activities that allow them to be independent as long as possible, as well as to take decisions on their health and illness.

COMPETENCE DIRECTIVE 55: Competences A "Competence to independently diagnose the nursing care required using current theoretical and clinical knowledge as well as to plan, organise and implement nursing care when treating patients and F "Competence to independently ensure the quality of nursing care and assess it" relate to EFN COMPETENCE: Decision-making

CONTENT	POTENTIAL LEARNING OUTCOMES
• **Decision-making is a crosscutting competence, which should be developed throughout the curriculum.** • **To this end, it is important to establish learning outcomes that can be assessed following a crosscutting approach.**	• To use common sense and experience to identify problems and situations as well as to solve them. • To recognise opportunities to look for the best alternatives and decide about the best actions to solve problems. • To efficiently solve problems arising in the care provided to the patients, the family and the community by capitalizing on material and temporary resources.

COMPETENCE DIRECTIVE 55: Competences B "Competence to work together effectively with other players in the health sector including participation in the practical training of health personnel" and G "Competence to communicate comprehensively and professionally and to cooperate with members of other professions in the health sector" relate to EFN COMPETENCE: Communication and teamwork

CONTENT	POTENTIAL LEARNING OUTCOMES
• **eHealth and ICT, health and nursing information systems** • **Interdisciplinary and multidisciplinary work** • **Interpersonal communication** • **Multicultural nursing, working with multicultural clients and in multicultural work communities** • **Language skills** • **Knowledge transfer**	• To use the IT systems available in their healthcare system. • To apply healthcare technologies and information and communication systems. • To communicate clearly, showing respect and democratic authority, with the healthcare team, patients, families and communities taking the multicultural context into account. • To use scientific language orally and in writing, adapting it to the person they are addressing. • To establish clear objectives together with colleagues as well as with the multi- and interdisciplinary team to reach common goals, accepting the necessary changes to achieve such objectives. • To take on the responsibilities of the role as a member of the interdisciplinary team. • To show an attitude oriented towards continuous improvement. • To be committed to teamwork

COMPETENCE DIRECTIVE 55: Competences A "Competence to independently diagnose the nursing care required using current theoretical and clinical knowledge as well as to plan, organise and implement nursing care when treating patients" and G "Competence to communicate comprehensively and professionally and to cooperate with members of other professions in the health sector" relate to EFN COMPETENCE: Research, development and leadership

CONTENT	POTENTIAL LEARNING OUTCOMES
• **Evidence-based nursing crosscutting all competences** • **Basics of research, methodology and terminology** • **Innovations and quality improvement in nursing** • **Nursing leadership, management and continuum of care and services** • **Organisation of healthcare services and intersectoral service environment** • **Work ergonomics and safety at work**	• To provide nursing care based on scientific evidence in order to offer safe and high-quality results. • To apply the fundamentals as well as the theoretical and methodological nursing principles, basing nursing interventions on the available scientific evidence and resources. • To participate actively in professional forum and continuing education programmes. • To be responsible for one's own professional development according to the latest scientific and technological developments. • To recognise the keys to leadership, which are necessary to coordinate health teams. • To identify the characteristics of the management function played by nursing services and care management. • To understand the different stages of the administration process: planning, organization, management and assessment and its contextualization in nursing services. • To adapt leadership styles and approaches to different situations.

COMPETENCE DIRECTIVE 36/55: Competences A "Competence to independently diagnose the nursing care required using current theoretical and clinical knowledge as well as to plan, organise and implement nursing care practice" and E "Competence to independently advise, instruct and support individuals needing care" relate to EFN COMPETENCE: Nursing Care (practical-clinical education and training)

CONTENT	POTENTIAL LEARNING OUTCOMES
• **Acute care** • **Newborn, paediatric and adolescent care** • **Maternal care** • **Long-term care** • **General internal medicine and surgery** • **Mental health and psychiatric illness** • **Disability and care for disabled people** • **Geriatrics and care for the elderly** • **Primary health care, community care** • **Palliative care, end of life care and pain management**	The following learning outcomes must be contextualised on the basis of the type of patient and the moment of the lifecycle in question, considering as well if the illness is acute or long term and the level of care. It could be further specified on the basis of each content. **Assessment and diagnosis** • To recognise biological, social, psychological and environmental risk factors that could have an impact on people's health. • To ask people, patients and families about their psycho-social and religious needs in order to cover them in their treatment. • To assess the individual's physical, psychological and socio-cultural aspects. • To identify the individual's and patient's care requirements throughout their life cycle by means of physical tests, observation and adequate propaedeutic tools. • To perform a nursing assessment and diagnosis establishing a relationship with the indication and use of healthcare products.

Care planning

- To prioritize and delegate the interventions based on the patient's, families' and communities' requirements.
- To establish a nursing intervention plan.
- To adapt the care plan to the characteristics of patients and to their context and environment.
- To plan care integrating the use of medicines and healthcare products.

Nursing intervention

- To implement patient-based care, showing an understanding of human growth and development, physiopathology and pharmacology within the healthcare system framework, considering the health-disease continuum.
- To apply nursing care ensuring the healthcare system's sustainability.
- To complete registers on the activities carried out.
- To apply critical thinking skills and a systems approach to problem solving and nursing decision-making across a range of professional and care delivery context.
- To respond appropriately and in time to unexpected and rapidly changing situations.

Assessment and quality

- To identify and gather evidence on care activities.
- To consider the protocols set by the different quality models established.
- To assess the implementation of care plans.
- To process the data and examine the evidence, evaluating the effectiveness of the actions carried out.
- To devise and implement improvement plans.
- To provide safe and quality nursing assistance (care) to individuals and patients throughout the life cycle.
- To establish assessment mechanisms and processes for the continuing improvement of quality nursing care considering scientific, technical and ethical developments.

Theme III.

DIDACTICS AND TEACHING METHODS FOR GOOD REFLECTIVE PRACTICE IN MENTORING

This theme focuses on quality mentoring for the development of competent nursing students. So far, we have analysed the learning environment, the role of the various participants in the teaching/learning process, and the competency model of clinical mentors as a whole. This section will address the aspects related to the remaining elements of the first block of the model: mentoring practices and resources for mentors and nurse educators. Our objective is to obtain knowledge about the best teaching methods for good reflective practices in mentoring. The concept of teaching is defined as *"interactions between the student and the teacher under the responsibility of the latter in order to facilitate the expected changes in student behaviour."*[22]

The purpose of teaching, according to this same author, is to help students to:

- Acquire knowledge
- Understand, analyse, synthesize and evaluate
- Possess the required practical skills
- Establish habits
- Adopt attitudes

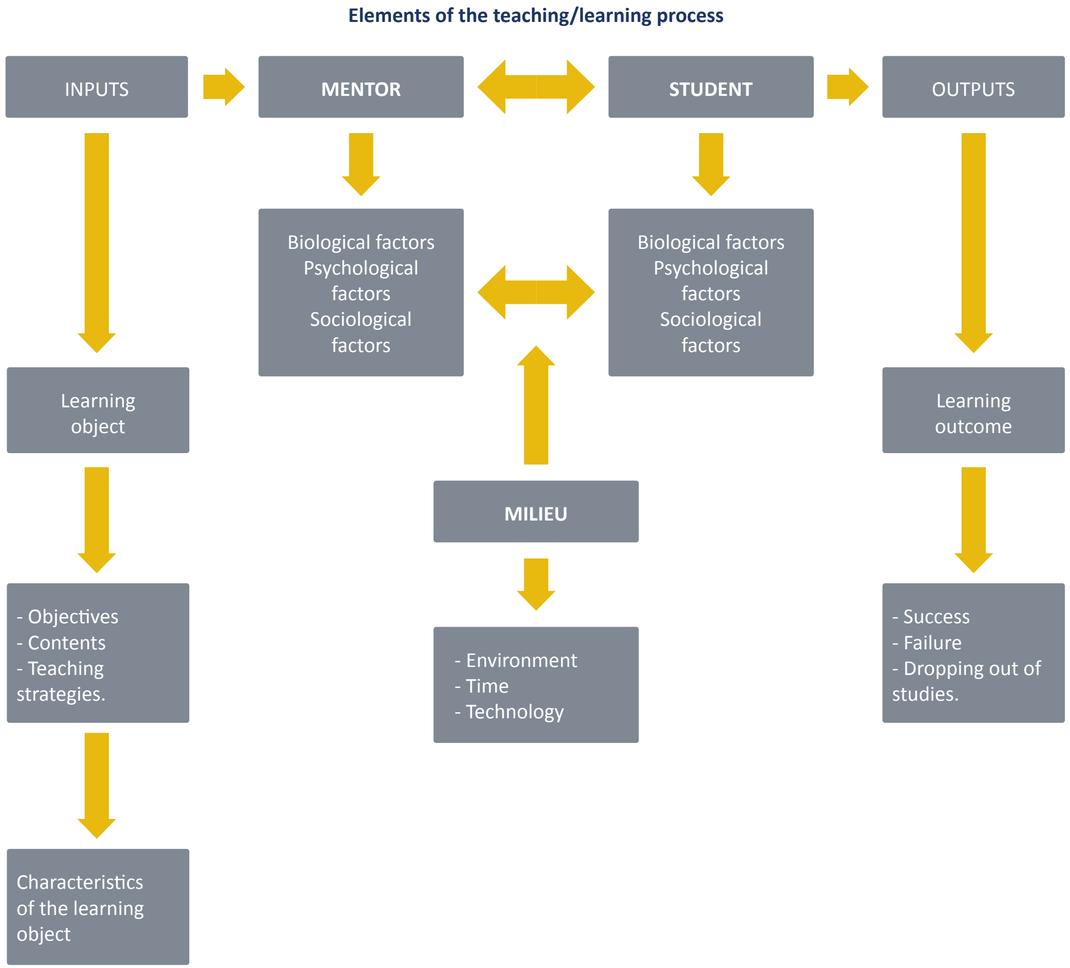
For teaching to happen, a change must occur in the way of thinking, feeling and acting of the person who learns[23]. For this reason, we prefer to speak of the teaching-learning process. We consider that in the teaching-learning process, we have some inputs (see Figure 2), which in the case of higher education are materialized in subjects and, more specifically, in the present case, clinical practice subjects. These constitute the object of learning; that is, what one wants or has to learn. The subjects have characteristics, depending on their nature and the interest they arouse in the student, and they are developed from a group of objectives, content, teaching methods or strategies, etc. We would also have some outputs, the results of learning, the competencies that have to be achieved. In addition, the evaluation of what has been learned can be associated with concepts such as success, failure, academic performance, abandonment of studies, etc.

Among the actors that we have considered central in this process are mentors and students. That we have only considered these two does not mean that there are no more actors in this process, it is only that, in this case, we do not think that other elements, which may also be present, are of nuclear interest in the process. Finally, the environment would be part of our model, including environmental or surrounding factors, as well as time, in the sense of temporal limitations and resources and technology.

22 Guilbert, Jean-Jacques & World Health Organization (1998). Educational handbook for health personnel. J. J. Guilbert, 6th ed. rev. and updated 1998. World Health Organization. URI: https://apps.who.int/iris/handle/10665/42118

23 Pérez-Cañaveras, R. M. (2005). Perfil de los alumnos universitarios según sus intereses práxicos, estilo cognitivo y diferencias de género: bases para una acción tutorial. Doctoral Dissertation. University of Alicante. Spain. URI: http://hdl.handle.net/10045/13254

Figure 2. Elements of the teaching-learning process and their relationships[23].



A clinical mentor, who is a nurse, is responsible for half of the training of nursing students, and to perform this function, they need tools that facilitate their teaching work, and also that their teaching role is appropriately recognised. Mentoring is a specific form of teaching, which has been considered throughout the three modules of this project. Teaching in mentoring happens by setting learning goals with a student, assessing their learning process by having reflective discussion, providing feedback, and guiding students' progress by offering them learning tasks.

Theme IV.

LEARNING AND KNOWLEDGE TECHNOLOGIES (LKT) IN MENTORING AND COACHING

Information and Communication Technologies (ICT) have changed the way we access information and handle it[24]; they constitute a new form of communication in society, and they have changed the way we build relationships[25]. When these technologies are used to obtain information and improve the learning-teaching process, they are called Learning and Knowledge Technologies (LKT). There is a vast diversity of technologies that respond to different teaching methodologies. However, their main advantage is the active role in learning given to the participant. LKTs force us to reflect on how nurse educators incorporate these technologies in nursing student clinical supervision. Nursing students prefer teaching methods such as linking mentorship learning to clinical practice, online tutorials or videos, interactive gaming, and virtual learning environments as learning tools and strategies during clinical placements[17]. Mobile technologies can be taken anywhere, and they share similar characteristics to a computer's (smart mobile phones or tablets). These are described as the latest technologies that provide students with a more active role in their learning and, consequently, develop critical thinking. We can ask ourselves which ICTs we can use for mentoring nursing students. The answer is that there is an infinite number of technologies so that we have to find the ones who fit in our teaching methodology, in the goals to achieve, or base them on our personal preferences.

Some of these examples are:

- YouTube: Is a potential tool in the health science education field - from learning human anatomy to teaching nursing procedures. For example, it could improve the mentee's critical thinking by analysing diverse nurses' performances over the same technique.
- Kahoot: It improves the participant's motivation through rewards and rankings. We can check students' understanding of a lesson and check if the goals are achieved. The main disadvantages are that it requires more than one player, so it would not be recommended if the mentor has only one student assigned.
- Padlet: Is an ideal tool to promote students' participation. Traditionally, students regard themselves as passive agents in the learning-teaching process. They feel powerless. For this reason, Padlet tries to strengthen participants' engagement through collaborative walls, where students can work together to solve problems, discuss topics and post their ideas. Also, it can be used to practice how to solve clinical cases (problem-solved learning). It is ideal for organising ideas, allowing the creation of walls and portfolios.

Social networks are defined as virtual communities where users can communicate with each other and share information. Young students better use these platforms in a social context rather than academic context, which emphasises students' need to be educated in using these platforms in a professional way. On the other hand, mentors (as other health educators) are often described as scarcely prepared to use new technologies. They should, however, expect a continuous change in learning and methodologies with each new generation of students. For example, Generation Z students are known for their flexibility in using new technologies and expect educators and mentors to move fast, like technologically. For this reason, mentors must stay updated as much as possible, and use social networks used by the students in order to provide adequate new technologies to teaching-learning methods in the clinical environment.

Some of the social networks popular with students and mentors that we could use as a tool during the mentoring practice are:

- Twitter: Users can respond to a post, or open a discussion and invite other community members to participate. It offers collaboration among mentors, students, other health professionals or those interested in the topic. Besides, students could use Twitter as a great way to promote health in their community. In this way, they would be actively taking part in the education of the population. We found the 280 character-limit a disadvantage - it could be a potent distractor, and students could use the platform to humiliate a classmate.
- WhatsApp: Its groups allow communication with students, enhance students' sense of belonging to a group, or to share information through links, pictures and videos. It is a disadvantage that teachers feel overwhelmed by the number of messages.
- Facebook: Its global use provides mentors and students with the chance to communicate with

24 Moya, M. (2013). De las TICs a las TACs: la importancia de crear contenidos educativos digitales. *Revista DIM*, (27), 1-15. Available at: https://www.raco.cat/index.php/DIM/article/view/275963

25 Malo, S., & Figuer, C. (2010). Infancia, adolescencia y Tecnologías de la Información y la Comunicación (TICs) en perspectiva psicosocial. *Intervención Psicosocial*, 19(1), 5-8. doi: http://dx.doi.org/10.5093/in2010v19n1a2

professionals and mates from different countries. It promotes cultural and linguistic diversity among colleagues. Students regard Facebook as a tool to grow professionally. Disadvantages of Facebook are that it can act as a potent distractor, and students might prefer not to share their profiles with mentors.

- Instagram: It is one of the most popular social networks for Millennials and Generation Z students. Users can share and re-share information, pictures and videos quickly. Instagram is widely used in the health-education sector. The main disadvantage is that it draws people's attention to images. Descriptions below pictures are less frequently consulted.

In conclusion, during nursing students' placement clinical learning activities and mentorship should be taking into account educational tools and teaching strategies preferred by students to enhance learning quality, and, above all, to enhance students' and mentors' motivation and satisfaction[8].

Theme V.

IMPACT OF MENTORS' COMPETENCIES ON QUALITY MENTORSHIP

This theme of module I is aimed to explain and raise awareness about mentoring competence of nurses in the present and future in Europe. The evidence-based clinical mentors' competency model was used as a strong basis for teaching material. In this theme, mentors were acquainted with previous evidence on mentoring practice by selecting publications developed in QualMent project. The mentors were encouraged to discuss and make suggestions about good practices in competent nursing mentoring in the present and future of the nursing profession in Europe. The means used to perform the activity was the teaching method of the online debate. In order to start the debate, we suggested thinking about good mentors' competencies and the improvement of those.

Mentors need to be encouraged to use the following mentoring methods to support the learning process of students[22]:

- Be available to a student
- Provide constructive criticism of the student's learning objectives and work methods
- Analyse and evaluate health problems
- Support student to define learning objectives
- Evaluate student work
- Prepare learning resources
- Select professional activities for students
- Confront students with new problems
- Develop problem-solving skills
- Help understand basic scientific principles
- Monitor student progress
- Identify the factors underlying health problems
- Promote intellectual discipline
- Use examples of your professional experiences to support their understanding

Mentors' awareness regarding mentoring competence can be emphasized by educating them and providing them with all the needed recourses they need in order to mentor nursing students in clinical practice. We recommend that mentors build their competence according to our evidence-based mentors' competency model in the areas of:

- Mentors' individual competences, interaction in the workplace and resources:
    - Mentors' characteristics
    - Mentors' motivation
    - Mentoring practices and resources (between mentor, teacher and student)
- Mentors' cultural competence
- Mentors' competence in supporting the learning process
    - Goal-oriented mentoring
    - Reflection during mentoring
    - Constructive feedback
- Student-centred evaluation

Summary points

- *Mentors' individual competencies include mentors' characteristics, their motivation to mentor and having knowledge about their organizations' mentoring practices, collaboration and recourses.*
- *Clinical learning environment has been defined as an interactive network or set of characteristics inherent to the practices that influence learning outcomes and professional development of nursing students.*
- *Mentors' role in clinical learning environment is essential in building safe learning atmosphere and offering support to nursing students.*
- *Appropriate clinical mentorship for nursing students is the vehicle for compliance with the eight nursing competencies outlined in Annex V of the EU Directive 2013/55/EU.*
- *High-quality clinical education is paramount to the development of a competent workforce of nurses able to deliver safe, people-cantered care.*
- *Mentors' awareness regarding mentoring competence can be emphasized by educating them and providing all needed recourses they need in order to mentor nursing students in clinical practice.*

Module II.

COMPETENCE IN MENTORING CULTURALLY AND LINGUISTICALLY DIVERSE NURSING STUDENTS

Authors: Ashlee Oikarainen, Dr. Kristina Mikkonen

Mentors' cultural competence encompasses the attributes of cultural knowledge, sensitivity, awareness, intercultural communication and interaction, and cultural skills and safety along with an ability to create a culturally safe learning environment[26],[27]. Culturally competent mentors are required to provide culturally congruent people-centered care and culturally conscious mentoring to culturally and linguistically diverse (CALD) students (see Figure 1). In order to ensure mentors' cultural competence in clinical practice, Module II. on Mentoring competence of cultural and linguistical diverse nursing students has been developed. The main objective of Module II is to improve clinical mentors' cultural competence in mentoring and for mentors to reach the learning outcomes reported in course framework. The module has been divided into six themes: cultural competence, cultural sensitivity and desire, cultural awareness, intercultural communication and interaction, cultural skills and safety, and cultural people-centered care.

26 Campinha-Bacote J. (2011). Delivering patient-centered care in the midst of a cultural conflict: the role of cultural competence. *Online J Issues Nurs* 16:5.

27 Oikarainen, A., Mikkonen, K., Kenny, A., Tomietto, M., Tuomikoski, A., Merilainen, M., . . . Kaariainen, M. (2020). Educational interventions designed to develop nurses' cultural competence: A systematic review. *International Journal of Nursing Studies*, 98, 75-86. doi:10.1016/j.ijnurstu.2019.06.005

Theme I.

CULTURAL COMPETENCE

International mobility has increased with globalization. People are moving from place to place now more than ever. The number of international immigrants worldwide has grown rapidly in recent years, with 2017 statistics showing 258 million immigrants across the globe. Globally, it is estimated that there are approximately 26 million refugees and asylum seekers, equivalent to 10% of all international immigrants. 78 million of the international immigrants live in Europe, of which the majority of international immigrants live in Germany, Britain, France, Spain and Italy. The globalization of educational staff and students has become increasingly important as a result of internationalization. Internationalization contributes to increasing student mobility, global competitiveness and knowledge in health education[28].

VERSATILE CONCEPTS ARE USED IN THE TOPIC OF INTERNATIONAL MOBILITY:

Immigrant = migrant, regardless of income. An immigrant can be, for example, a returnee, a refugee or an asylum seeker.

Refugee = an alien who has reason to fear of being persecuted for his or her religion, origin, nationality, membership of a particular social group, or political opinion.

Ethnic group = a group that combines religion, heritage, origin, language or appearance.

Ethnic minority = groups of people representing a minority in the state's cultural heritage.

28 United Nations, Department of Economic and Social Affairs, Population Division (2017). *International Migration Report 2017: Highlights(ST/ESA/SER.A/404)*

According to Leininger[29], culture means the values, beliefs, norms and lifestyles of a particular group, and it is learned and shared from one gender to another. Culture guides human thinking, decision-making and action in a systematic way. Today, culture is thought to be a constantly changing, diverse process, and the definition emphasizes the diversity and uniqueness of people, families and communities. Since culture is constantly changing, it is difficult to identify the typical characteristics of a particular culture. In the module we define culture as the system of human knowledge, values and beliefs through which people observe and construct their interpretations, and act and make choices between different options.

AREAS OF CULTURAL COMPETENCE	REFLECTIONS FOR MENTORS
Cultural knowledge is a process through which the mentor seeks adequate information about the cultural beliefs and practices of the student / patient to establish a good relationship with one another.	How and why should a student's / patient's cultural background be considered in student mentoring /patient care?
Cultural sensitivity refers to awareness of one's own culture and the values and beliefs of another culture. Cultural sensitivity involves not judging one another based on a person's cultural background and beliefs, but being receptive and open to other cultures.	How motivated are you to develop your own cultural competence? What motivates you to mentor students or care for patients from different cultures?
Cultural awareness means an in-depth examination of one's own cultural and professional background and the recognition	How can your own prejudices and assumptions influence student mentoring / patient care?

29 Leininger, M.M. (1991). Culture Care Diversity and Universality: A Theory of Nursing. *NLN Press,* New York.

of one’s own prejudices and assumptions about students’ / patients’ backgrounds

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Cultural communication and interaction means constant interaction and communication with people from different cultures.

How can you facilitate interaction and communication with a person from a different culture?

Cultural skills denote the ability to collect culturally relevant information related to a student’s / patient’s current needs in mentoring / care, and to be culturally sensitive towards other people.

How did you consider the student’s / patient’s need for mentoring or care? How do you collect culturally relevant information needed in mentoring / care?

Cultural competence is a process, which requires meeting people from different cultures and engaging in intercultural interactions. Cultural competence can be learned and taught to a certain point, but personal experience is essential. Competence gradually evolves and requires, above all, the ability of a professional to reflect. With the development of cultural expertise, the healthcare professional is able to provide high quality, effective and culturally safe care in collaboration with clients from different cultures and their closer circle members.

Theme II.

CULTURAL SENSITIVITY & DESIRE

Cultural competence is a holistic, goal-oriented and multi-structured growth process. Competence is based on a variety of qualities such as flexibility, patience, positivity, openness, interest, curiosity, empathy and fairness. The development of competence is not automatic, but requires conscious exercise. The motivation of the mentor towards mentoring significantly influences the development of a successful mentor relationship. By acting culturally sensitive, the mentor demonstrates a genuine desire and sensitivity to understand the student. The mentor also respects and welcomes the student's backgrounds and values. In addition, the mentor creates an atmosphere where the student feels that he or she is heard, seen and encountered as an individual and valued.

CONCEPTS THREATENING THE CULTURAL SENSITIVITY IN MENTORING:

- *Prejudice* means pre-made, unfounded preconceived idea of an individual or group of people.
- *Ethnocentricity* refers to the tendency to view foreign culture from the point of view of one's own culture, whereby cultures are valued on right-wrong and good-evil axes. Person believes his/her way of thinking, his/her actions and his/her beliefs are the only ones right. Ethnocentricity is narrow and prejudiced, it can begin to dominate a person, and thus may interfere with interaction with a person or community from a different culture. Ethnocentricity can turn into, for example, racism or then over-sensitivity.
- *Stereotypes* are shared, well-established, concise and often unconscious negative or positive perceptions, expectations and assumptions about the characteristics, or behavior connected to different kinds of people. It is good to remember that every person has a unique background in addition to their cultural background.

Studies have shown that students from different cultures, unfortunately, continue to face prejudice, discrimination, racism and stereotypes[30],[31]. In an interview, two African students reported their experiences as follows: *"In the ward, where the students were doing their clinical practice, discrimination and racism were observed. The students hoped that this would be addressed by the educational organization. Students were worried about their student friends who were being bullied, ridiculed and misunderstood. They found to be surprising that there were health professionals who acted so disrespectfully towards students from different cultures. They say that it is not easy to adapt to a new country or to learn a language. The way students were treated discouraged and affected them in a very negative way. Even a small amount of understanding from nurses would have helped."*[30]

Experiences of outwardness, isolation and discrimination are perceived as frustrating and threatening. Students are particularly vulnerable and at risk of being rejected or socially excluded if they belong to a minority group. Mentors play an important role in recognizing and addressing unequal treatment or discrimination. Adapting to a new culture takes time and students may feel negative emotions when they have to give up their own cultural values and practices. Respect for diversity, dignity and individuality is essential both in delivering good care and in mentoring students. Openness to different cultural beliefs or practices and respect for the uniqueness of human beings are important features of modern society. Accepting different cultures requires a friendly attitude, as well as the ability to accept diversity and the values or worldview of others. Under mentoring, the student must be seen as an individual, rather than as a stereotype. It is important that the mentor is ready to recognize his / her ethnocentricity as well as his / her possible prejudices or stereotypes towards the student's / patient's background. Cultural competence can be developed by being actively involved in multicultural encounters, offering the mentor the opportunity to learn about different cultures. Encounters can help the mentor to shape their previous perceptions of different cultural groups and to challenge stereotypes.

30 Korhonen, H., Tuomikoski, A., Oikarainen, A., Kaariainen, M., Elo, S., Kyngas, H., . . . Mikkonen, K. (2019). Culturally and linguistically diverse healthcare students' experiences of the clinical learning environment and mentoring: A qualitative study. *Nurse Education in Practice*, 41, 102637. doi:10.1016/j.nepr.2019.102637

31 Mikkonen, K., Elo, S., Kuivila, H., Tuomikoski, A., & Kaariainen, M. (2016). Culturally and linguistically diverse healthcare students' experiences of learning in a clinical environment: A systematic review of qualitative studies. *International Journal of Nursing Studies*, 54, 173-187. doi:10.1016/j.ijnurstu.2015.06.004

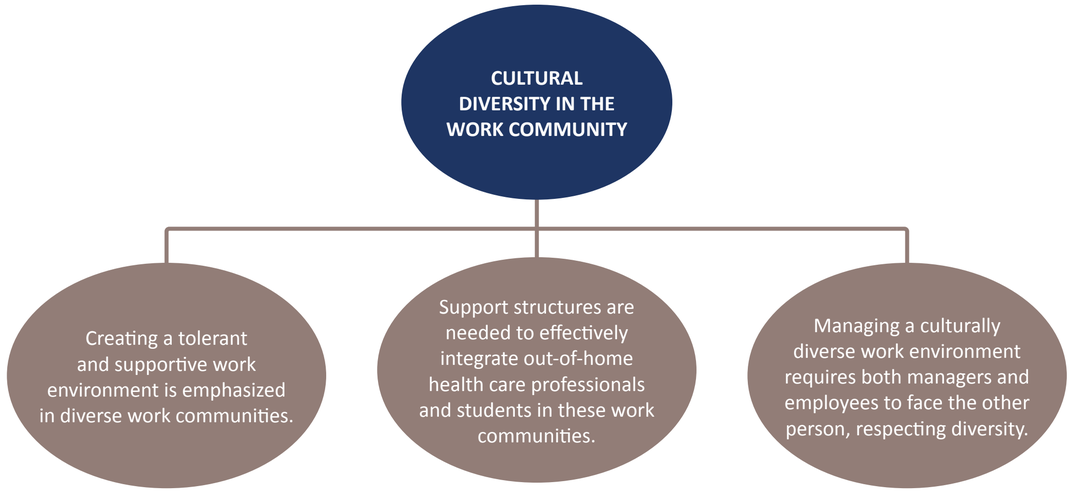
Theme III.

CULTURAL AWARENESS

Mentors will be more successful in understanding students' values, beliefs, and practices when they themselves are aware of their own values, beliefs, and practices. Identifying and understanding one's own culture are the starting points for appreciating the values and views of other cultures. It would be good for the mentor to try to understand how his / her own culture influences other multicultural encounters. In these encounters, it is important that the values of both parties are respected. One should avoid the idea that one's own culture is better than another's. The mentor does not have to give up their own values in order to resolve situations where the values conflict. As has emerged in the past, the concept of multiculturalism is broad and interdimensional. At its best, multiculturalism is the coexistence of different cultures that respect others. Diversity is reflected in the daily lives of health care professionals. There are differences between people in the work community and in their clients, for example because of gender, age, religion, education, status or life situation. Diversity can be viewed more narrowly as cultural diversity, meaning that people differ in their cultural backgrounds, for example because of their ethnic origin. Increasing cultural diversity is due, for example, to internationalization and the growth of immigration. Diversity needs to be considered in the daily life of health care, as cultural differences and language barriers can make it difficult to build a client-professional relationship and thus reduce the quality of care and patient safety.
The work community needs to look at traditional ways of working and interacting. Increasing cultural diversity in health care environments increases the need for health care professionals to develop customer-oriented, safe and effective care in these environments, while also considering their cultural and linguistic needs.

CULTURAL DIVERSITY IN THE WORK COMMUNITY

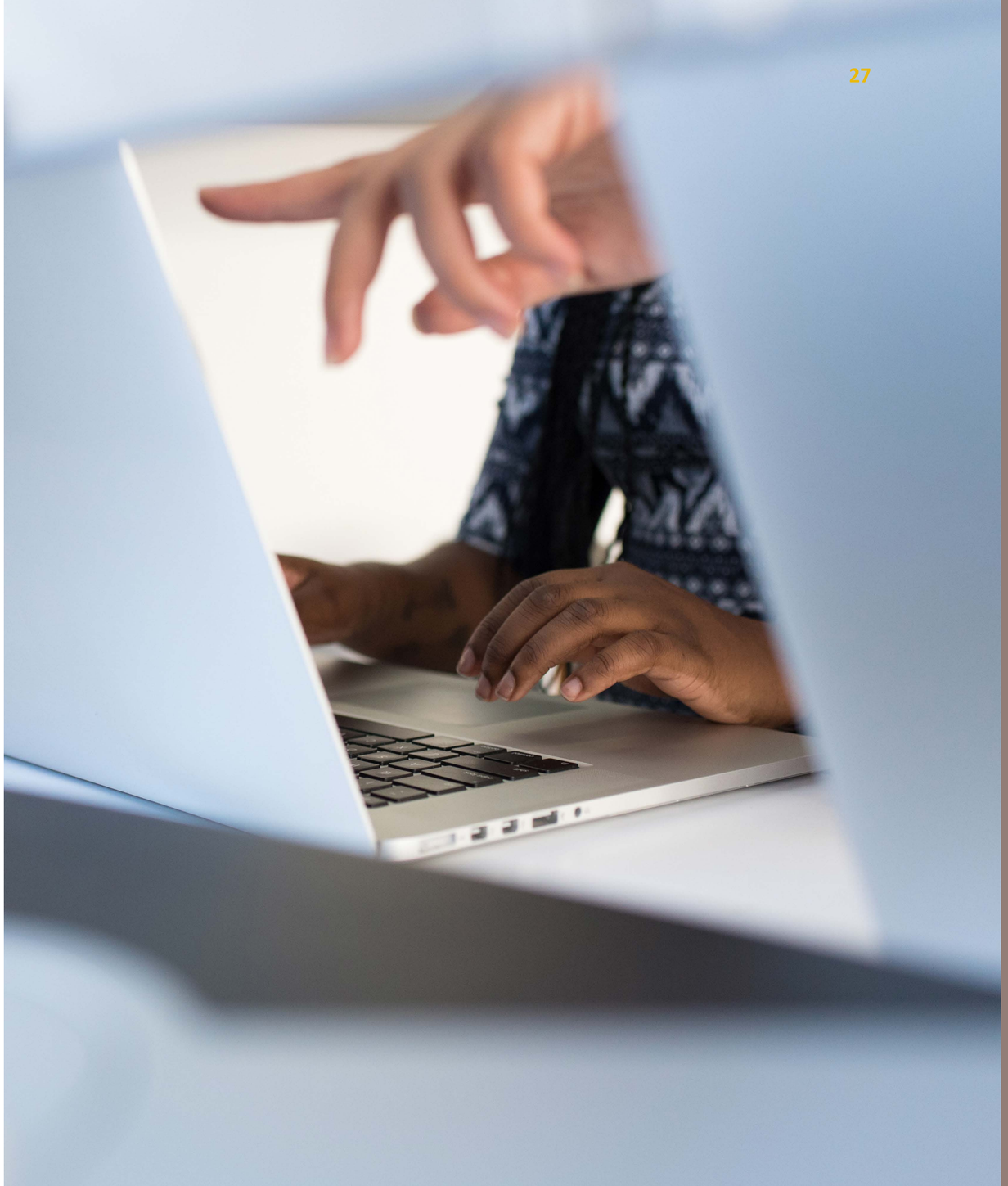
POSSIBILITIES	CHALLENGES
• Developing the cultural competence of all staff • Linguistic competence of non-professional professionals to serve a diverse client base • Improving access to services, in particular for minority groups • The ability of a multicultural work community to better consider and respond to the needs of clients from different cultures, thus improving customer satisfaction with their care	• Ensuring adequate competence of professionals coming from outside • Professionals from other countries lack local /national language skills and have different interaction styles • Employee exposure to prejudice and discrimination by supervisors, colleagues, or clients • Endangering customer safety due to cultural differences or linguistic challenges



Nursing students from different cultures often face the greatest challenges of their education as they complete their clinical practice. Facing cultural differences, especially at the beginning of practice, can cause feelings of anxiety and hopelessness. Linguistic challenges or lack of language skills can cause difficulties in understanding, recording, or reporting professional vocabulary. Students may find that cultural or linguistic challenges limit their ability to practice, for example, their clinical skills. For example, they may only be offered the opportunity to observe procedures, provide basic care, or perform tasks that do not meet their learning needs. Students may experience distrust from their mentors, staff and/or patients and have to continually to prove their skills.

TIPS FOR FINDING KNOWLEDGE ABOUT DIFFERENT CULTURES:

- Finding and obtaining reliable information from a patient/client's or student's cultural background can facilitate care and mentoring. However, it is good to keep in mind that learning about culture is not just about getting information and being alert, but about being active, interested and involved.
- It is possible to work with people from a foreign culture without knowing or understanding all the rules of conduct or their purpose.
- The necessary information can be obtained, for example, by asking and discussing with a representative of a foreign culture. At the same time, this shows that you are genuinely interested in another's culture and want to learn more.
- Under guidance, the ability of the mentor to learn about the student's cultural backgrounds, values, and worldviews and developing a common understanding of cultural differences can foster a sense of community between the mentor and the student.
- In addition, in order to support student learning, it is important that the mentor strives to understand the individual needs of the student, such as his / her learning style or language needs.



Theme IV.

INTERCULTURAL COMMUNICATION AND INTERACTION

In intercultural communication, different people strive to understand others and to be understood. During intercultural communication, both parties adapt to each other. Culture has a significant impact on verbal communication. Culture is formed and maintained by a common language. Language is used to express things accurately. Without a common language, it would be impossible to share values, social norms or beliefs from one generation to the next. Non-verbal communication is strongly culture-related and different communication models play a key role in intercultural encounters. In different cultures, gestures, expressions, postures, eye contact, touch, dress, silence and the use of space have different meanings. What is appropriate and polite in one culture can be disrespectful or even offensive in another culture. In intercultural encounters, you should be aware of how you behave yourself and how it can potentially interact. In addition, our culture affects how we experience and make observations about the world around us, and how we make decisions and solve problems. In different cultures, situations also have different cultural rules that are used to interact. For example, some cultures may have topics that are inappropriate to discuss, while others may talk openly about the same topic.

HOW DOES CULTURE AFFECT COMMUNICATION AND INTERACTION?

EYE CONTACT

The amount of appropriate eye contact varies between cultures. In Western culture, maintaining eye contact for longer is seen as a sign of respect for the interlocutor. In many cultures, this is the exact opposite, and avoiding eye contact is a sign of courtesy and respect for the partner.

FACIAL EXPRESSIONS / GESTURES

There are many differences between cultures in expressions and gestures. In other cultures, gesturing is a big-hearted and important part of communication (e.g., Southern Europe and Latin America), while in other cultures gestures and expressions are used more moderately (e.g., the Nordic countries). In many Asian cultures, however, it is not appropriate to express negative feelings.

LISTENING / USE OF SILENCE

The tolerance of silence and its interpretation are different in different cultures. In some cultures, it is common to talk to one another while talking to one another, while in other cultures it is expected that the other will finish.

POSITIONS / TOUCH

Volume and tone of voice communicate different things in different cultures. The volume of the sound, for example in Spain, plays a big role in how meaningful it is. Based on the volume of the sound, interpretations of the speaker's influence can be made. Silence, in turn, is also part of nonverbal communication and members of one culture are more tolerant of silence than the other.

What is considered an appropriate physical distance will vary across cultures, and the rules of space use may also vary within a given culture, depending on the gender, age, or familiarity of individuals. While in the North the interlocutor who is too close is perceived as embarrassing, while in southern Europe the long physical distance can be interpreted as coldness and arrogance.

The same interactions or messages can be understood in different ways between people from different backgrounds. Failures in intercultural interaction can lead to uncertainty, overload, misunderstandings, and contradictions. Mistakes cannot always be avoided even by a skillful culture-conscious communicator. Getting the message across is the most important thing in all communication, and you don't have to have perfect language skills. Clearing misunderstandings offers an opportunity to build a common understanding. Intercultural communication skills play an important role in avoiding misunderstandings. At the organizational level, the development of personnel skills can be supported by providing sufficient support, resources and training.

TIPS TO AVOID MISUNDERSTANDINGS IN MULTICULTURAL ENCOUNTERS:

- Try to understand the social and cultural background of one another and remember that not everyone shares the same thinking and behavior with us
- Identify and avoid stereotypes
- Discuss, listen and agree with others how to deal with situations
- Ask the other's wishes and needs with open questions
- Pay attention to non-verbal communication
- Understand different communication styles and note that they can lead to misunderstandings (self-centered or contextual communication style)
- Seek to identify and regulate your own and others' feelings in intercultural interaction
- Consciously develop your interaction skills, for example through real-life interaction situations

Mentors have an important role in supporting students' language learning. When mentoring culturally and linguistically diverse nursing students, the mentor needs to identify student's individual language learning needs. If the skills are not sufficient, measures are planned together with the students' higher educational institutions and the student him/herself. Mentors needs to provide space for the student to use the language in real situations and provide the necessary support needed in these situations. For example, the mentor can involve students in discussions ask questions so that students can actively participate, and provide timely support. Mentors can also practice possible situations (e.g., taking care of patient) together beforehand by creating open atmosphere. The mentor and student need to agree when and where the mentor can correct the student's language and give feedback. Establishing common rules in practice can provide more confidence to the student. The key to learning a language is to accept a person from another culture as a person, be open-minded, and to give them time. Low language skills have strong impact on interaction. It can cause misunderstanding and confusion, can risk patient safety and cause the mentor to feel burdened. For a student it can cause frustration, discrimination, loneliness, shame; dropping out of education; make it difficult to learn, to graduate and to find employment. Poor language skills can be interpreted as a student's ignorance or inability to carry out nursing procedures. According to the previous evidence it is also known, that lack of language skills can develop a student's non-verbal communication skills and empathy for people with speech impairment of who lack language skills[31].

HOW TO CONFIRM THE OTHER PERSONS' UNDERSTANDING?

- Constructive feedback - positive experiences reinforce the student's sense of community, open up opportunities for new, diverse learning experiences, strengthen confidence in professional skills
- Illustrating and explaining the meanings, habits and attitudes of the language
- Observing linguistic practices and language norms / expectations
- The mentor's empathy for the student can help create an atmosphere in which the student dares to ask questions, interact with others, and share their concerns

Theme V.

CULTURAL SKILLS AND SAFETY

Nursing professionals' cultural skills include the ability to collect culturally relevant information about a patient's health problems from different cultures and the ability to examine a patient in a culturally sensitive manner. In student mentoring, cultural skill refers to the ability to collect culturally relevant information related to a student's current need for guidance and to be culturally sensitive in mentoring. It is important that the mentor is provided with information about the student's cultural background, educational background, previous health care experience and clinical practice before or at the beginning of the clinical placement. Some educational organizations ask students to create portfolios or CV-type documents that the mentor can review prior students-mentor first meeting. These are considered useful because they allow the mentor to quickly gain insight into the student's background. If the student has not prepared a portfolio or CV, the mentor may ask the student to do so.

Students need to enter a culturally safe learning environment in order to be able to succeed in their clinical practice. Through clinical practice, students develop their interpersonal skills and better connect with patients, colleagues, and students. A culturally safe learning environment means an environment that is physically, socially and mentally safe for the student. Creating and maintaining such an environment requires constant reflection and development of the skills of the mentor. The mentor should build a confidential and open mentoring relationship with the student because the mentoring relationship has a significant impact on the student's learning experience. Confidence must also be built in meetings with customers and relatives to ensure that the environment is safe for everyone. It has been found that creating a supportive and safe learning environment supports both the mentor and the student[32]. Clinical practice challenges put additional stress on students and can sometimes even lead to a change of career or interruption of studies. Challenges can also be very difficult for mentors and affect their willingness to mentor students from different cultures.

TIPS TO SUPPORT CULTURALLY SAFE ENVIRONMENT:

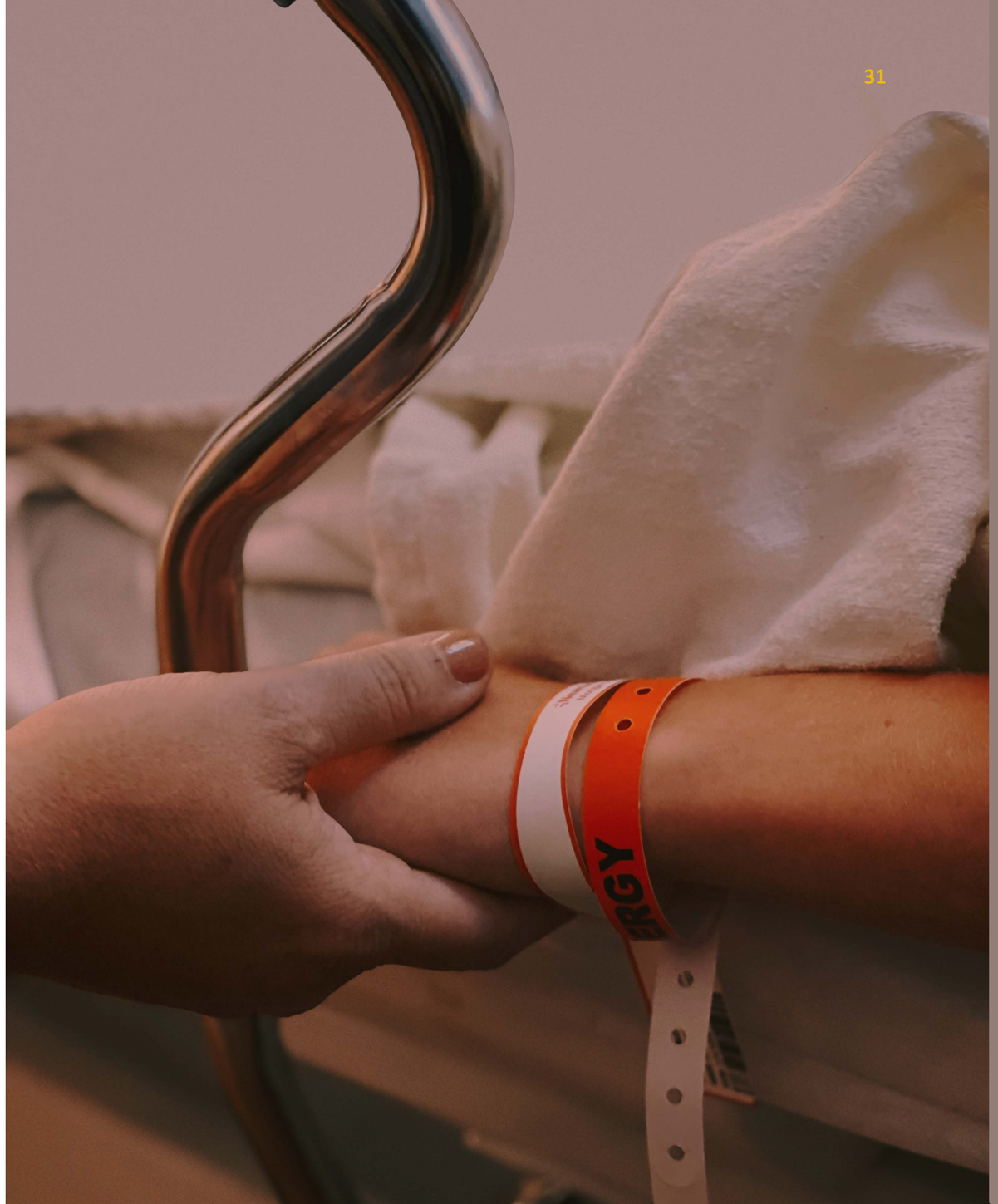
- Students are treated with respect and equality, and no discrimination, racism or violence are not allowed
- Mentoring takes into account the student's individual learning needs
- Encouraging students to be spontaneous, motivated, self-directed, responsible, empathetic and active
- Sufficiently comprehensive orientation into clinical practice can help mentors and students to set rules of behavior and set learning outcomes
- Acting according to agreed schedules and policies
- The mentor and the student reflect on the learning experience together, also challenges need to be identified and resolved
- The mentor gives constructive and positive feedback
- The mentor has the capacity to support the student learning process
- The student is integrated into the nursing team and provide the student with the opportunity to learn from peers and other professionals
- Systematically integrate the principles of a safe learning environment into the organizational culture of the organization
- The entire work community commits itself to supporting the adaptation of a student from a foreign culture
- Additionally, students feel the importance of peer support and sharing of mutual experiences with their peers. Mentors could integrate the collaboration between students during their mentoring.

32 Mikkonen, K., Merilainen, M., & Tomietto, M. (2020). Empirical model of clinical learning environment and mentoring of culturally and linguistically diverse nursing students. *Journal of Clinical Nursing*, 29(3-4), 653-661. doi:10.1111/jocn.15112

Theme VI.

CULTURAL PEOPLE-CENTERED CARE

The right to health is a human right. Everyone has the right to the highest attainable physical and mental health. In addition, every person has the right to receive personalized and good treatment in a non-discriminatory manner that respects his or her cultural values and beliefs[33]. Health care professionals are ethically, morally and legally obliged to provide the best possible and culturally safe care. Professionals need the ability and courage to defend human rights. Work communities play an important role in ensuring that each client receives care that respects their background and takes into account their individual needs. It is therefore important that such nursing values are integrated into the values of the health care organization. For example, the right to health is regulated at international level by human rights treaties and by national laws. In addition, there are various recommendations that promote the provision of culturally competent care by health care professionals. Traditionally, it has been thought that in multicultural encounters, it is essential to know different cultures on the basis of their general and external criteria. Today, health care is confronted with many different cultural groups and, increasingly, people who represent more than one cultural group at a time. There can also be great differences within the same culture. Professionals have less time and resources to learn about the practices and beliefs of different cultural groups. In addition, cultures are constantly changing, making it very difficult or impossible to identify all the typical characteristics of a particular culture. When taking care of culturally diverse patients / clients, organizations should allow interpreters to interact in situations where there is a lack of common language. Nurses' competency framework by EFN[34] defines culture, ethics and values as nurses competence *to promote and respect human rights and diversity in light of the physical psychological, spiritual and social needs of autonomous individuals, taking into account their opinions, beliefs, values and culture, and the international and national codes of ethics as well as the ethical implications of healthcare provision; ensuring their right to privacy and honouring the confidentiality of healthcare information.*



33 The Universal Declaration of Human Rights (1948). https://www.un.org/en/universal-declaration-human-rights/

34 European Federation of Nurses, EFN. (2015). EFN competency framework for mutual recognition of professional qualifications Directive 2005/36/EC, amended by Directive 2013/55/EU. EFN Guideline to Implement Article 31 Into National Nurses' Education Programmes. Available at: http://www.efnweb.be/?page_id=6897

Summary points

- *Mentors of culturally and linguistically diverse students are required to have good theoretical and clinical judgment skills, good interpersonal skills, mentoring and assessment skills, and the ability to understand the impact of cultural diversity and defend this.*
- *It is if vital importance that mentors have the ability to create a culturally safe learning environment.*
- *Guiding students from different cultures requires knowledge, time and patience. Providing guidance in a foreign language in particular has been perceived as exhausting, stressful and challenging. Mentoring can take more time and resources and it is important to get support from the work community and the nursing higher educational institution when needed.*
- *Adequate support from leadership and higher educational institutions should be provided to mentors to maintain the motivation associated with mentoring.*
- *Mentors should receive support from both educational institutions and the work community, especially at the beginning of the student's clinical practice.*
- *In addition, we highly recommended that mentors be provided the opportunity to attend mentoring education and also the opportunity to share their experiences with other mentors.*
- *Insufficient support and information from the educational institution causes frustration for mentors. Collaboration with nurse educators has been seen as important. Nurse educators can provide support to students by providing feedback, visiting the clinical practice and providing personal support to students and mentors.*

Module III.

MENTORING COMPETENCE IN ASSESSMENT AND REFLECTIVE DISCUSSION

Authors: Dr. Olga Riklikiene, Erika Juskauskiene

“Assessment involves gathering information about student learning and performance, which can be used to determine further learning needs of the student and to plan activities that will assist students to meet such needs[35],[36]. It is a part of the learning process which is combined of the elements of goal orientation, reflection during mentoring, constructive feedback and student-centred evaluation (see Figure 1). Challenges were found in students’ competence assessment during their clinical practice[3]. In order to ensure mentors’ competence in assessment and reflective discussion, Module III. on Mentoring competence in evaluation and reflective discussion has been developed. The main objective of Module III is to improve clinical mentors’ assessment and reflection discussion competence in mentoring, and for mentors to reach the learning outcomes reported in course framework. The module has been divided into five themes: assessment and evaluation, assessment tools, learning through reflection and continuous feedback in student learning, and assessment linkage to the EFN competency framework for mutual recognition of professional qualifications.

35 Oermann, M.H. (2018). Chapter 12: assessment methods. In: Oermann, M.H., De Gagne, J.C., Phillips, B.C. (Eds.), Teaching in Nursing and Role of the Educator: The Complete Guide to Best Practice in Teaching, Evaluation and Curriculum Development, 2nd ed.. Springer Publishing Company, New York .

36 Immonen, K., Oikarainen, A., Tomietto, M., Kaariainen, M., Tuomikoski, A., Kaucic, B. M., . . . Mikkonen, K. (2019). Assessment of nursing students’ competence in clinical practice: A systematic review of reviews. *International Journal of Nursing Studies*, 100, 103414. doi:10.1016/j.ijnurstu.2019.103414

Theme I.

ASSESSMENT AND EVALUATION

The focus of assessment is to encourage the continuous learning process of students which requires constructive feedback and opportunities for reflection between the student, mentor and educator.[3] It is an action where the information about the student's activity, progress and competences is collected – determination of student's individual and professional progress. Quinn[37] described the student's assessment relevant to health and social care professionals as *the assessment that is not only concerned with the measurement of student's achievement, but includes such aspects of an individual as attitudes, aptitudes, personality and intelligence.*

The rationale for the student assessment during clinical placement includes:

- to give feedback to the learner so that they can then develop further
- to enhance the motivation of the learner through this feedback
- to encourage the importance of lifelong learning and achievement to the learner
- to support the learner
- to give the learner satisfaction
- to promote learner's confidence and independence

The student's competence assessment in clinical practice is directly related to the learning goals of teaching and learning. Each clinical placement period has particular learning goals or outcomes defined, which lead the student towards specific competency achievement. *According to Oermann[35], learning goals represent the level of nursing competence that the student is required to achieve and may be written in the three domains of learning: cognitive, affective, and psychomotor. Learning goals need to be clearly defined and measurable, as they guide students in their learning and also guide those involved in assessment, i.e. mentors, tutors, nurse managers[35,36]. Prior to entering clinical practice, students need to be familiar with what they are expected to learn, and of the clinical competences they are required to develop*[3]. Mentors should also be well informed about the students' learning goals since they have strong involvement in students' learning outcomes[38]. Beside the formal requirements for the students' assessment, the characteristics and skills of the assessor are important. The mentor who participates in students' evaluation process should be advanced in counselling, managerial and practical skills, have up to date professional knowledge, be familiar with the nursing curriculum, express interest in the learner and practice, demonstrate appropriate attitudes toward patients and students, and show respect for them, improve self-awareness and assure continuous competence development. Patients can also be involved in students' competence assessment. Students, as our mentoring practice shows, treat their assessment by patient very seriously, and are rather sensitive to it as an honest feedback from care recipient. And patients are usually the most positive assessors, which can improve nursing students' motivation to learn continuously and be well prepared for the future career.

Assessment of students' learning and competences can be conducted using formative or summative approaches[39]. **Formative assessment** is a helpful strategy where feedback is seen as essential in aiding learners to understand their own performance including their deficiencies in knowledge or practice. The regular feedback helps learners to be aware of their shortcomings, which is imperative for them in order to be able to practice. On-going formative assessment is based on information about the student and his/her learning needs, determined ways of improvement, and, in this way, it motivates student's learning. The formative assessment type creates opportunities for the discussion between the student and the mentor. **The summative assessment** is usually used at the end of the placement or course, in order to ascertain whether the learner has acquired the appropriate knowledge or skills. The aim is to form a conclusion about an individual's achievement at the end of a period of learning. This type of student assessment is based on formative assessment and supported by the documented evidence. The summative assessment evaluates the student's learning at the end of an instructional unit and allows us to compare student's achievement against some standard or benchmark.

A nursing student may during clinical placement be assessed by using different approaches[40]. **Episodic**

37 Quinn F.M. (2000). Principles and practice of nurse education. Cheltenham: Stanley Thorpes Publishers Ltd.

38 Dobrowolska, B., McGonagle, I., Kane, R., Jackson, C.S., Kegl, B., Bergin, M., Cabrera, E., Cooney-Miner, D., Di Cara, V., Dimoski, Z., Kekus, D., Pajnkihar, M., Prlic, ´ N., Sigurdardottir, A.K., Wells, J., Palese, A. (2016). Patterns of clinical mentorship in undergraduate nurse education: a comparative case analysis of eleven EU and non-EU countries. N*urse Education Today* 36, 44–52. https://doi.org/10.1016/j.nedt.2015.07.010.

39 Neary, M. (2000). Teaching, assessing and evaluation for clinical competence. A practical guide for practitioners and teachers. *Cheltenham: Stanley Thorpes Publishers Ltd.*

40 Kinnell, D., & Hughes, P. (2010). *Mentoring nursing and healthcare students*. Sage.

assessment allows testing the learner at a particular stage in the educational programme. The major drawbacks when student is assessed episodically, are: 1) the learner's one-time performance on the day of the assessment is evaluated, and the performance may not reflect their general ability; 2) it creates the falseness of the situation and the real abilities of the learner, as he or she can practice the scenario until they are perfect. **Continuing assessment** appears to be more holistic in practice as all aspects of learner's abilities are tested throughout the course. The advantages of such approach relate to 1) the continuous awareness of the teacher of the learner's development and knowledge; 2) the gradual build-up of the evaluation, resulting in a cumulative judgement about performance.

In addition, there are two main methods of assessment: **norm-referenced assessment and criteria-referenced assessment.** Norm-referenced assessment compares students' performance to each other, i.e. when students' scores are ranked from low to high, and their rankings are compared to each other's. There is no attempt to interpret the scores in terms of what students know and can do, except in the limited sense that a student's performance is typical of other low-, middle- or high- performing students in the group[36.] Norm-referenced assessment is contrasted with *criteria-referenced* assessment. In **criteria-referenced assessment** each student is judged against predetermined absolute standards or criteria, without regard to other students[41]. In education, criteria-referenced assessments are usually made to determine whether a student has mastered the material taught in a specific grade or course.

What aspects of student's achievement should be assessed during clinical training? There are four main areas of assessment:

- Knowledge –What an individual knows, the ability to remember facts, so that these facts can be put into practice.
- Skills – Something that an individual learns to do well and practices to continue to do well.
- Attitudes – Combination of reasoned and unreasoned responses
- Understanding – The ability to get the meaning of concepts and behaviours.

Usually, the terms *assessment* and *evaluation* are used interchangeably, even though they have different meanings. Evaluation it is the process of assessing what has been achieved and how it has been achieved. In other words, it is the decision about the level of achievement. This is the result of the assessment.

41 Lok, B., McNaught, C., & Young, K. (2015). Criterion-referenced and norm-referenced assessments: compatibility and complementarity. *Assessment & Evaluation in Higher Education,* 41(3), 450–465. https://doi.org/10.1080/02602938.2015.1022136

Theme II.

ASSESSMENT TOOLS

Mentors find assessment of students' competence to be particularly challenging and emphasize the importance of clear assessment criteria, support from nurse educators and further education on assessment[35]. Traditional quantitative manner of students' assessment during clinical training which focused only on the numbers of performed procedures or on fundamental care activities, has been changed to more qualitative approach of assessment where not only numbers but also quality matters. However, it can be said that a certain amount of inconsistency still exists among the assessment methods and tools between countries and higher education institutions[42]. For this reason, it has been suggested that mentors and nurse educators should work together to achieve agreement on assessment contents and processes. *Moreover, the mentor–student relationship is an essential premise to achieve openness and mutual understanding in the assessment process*[35].

In the project we have conducted a systematic review of reviews[1], which further revealed that assessment tools used to assess nursing students' competence in clinical practice *commonly focus on the domains of professional attributes, ethical practices, communication and interpersonal relationships, nursing processes, critical thinking, and reasoning* (see Table 1)[36].

42 Cant, R., McKenna, L., Cooper, S. (2013). Assessing preregistration nursing students' clinical competence: a systematic review of objective measures. *International Journal of Nursing Practice* 19 (2), 163–176. https://doi.org/10.1111/ijn.12053.

Table 1. Student's assessment methods and tools for clinical training.

ASSESSMENT METHODS AND TOOLS		
Report	Individual work	Scientific paper review
Case study	Individual project	Report on clinical learning
Final assessment	Self-assessment	Problem solving
Portfolio	Peer assessment	Test with multi-choice answers
Diary	Oral presentation	Tasks
Exam	Poster presentation	Test
Essay	Ideas map	Simulation
Team work	Literature review and presentation	

In the review, it was suggested that collaboration between higher education institutions and clinical practice needs to be strengthened in order to ensure assessment strategy, consistency and reliability. All actors in the clinical training of nursing students must have consistent understanding of the assessment criteria.

The main properties of the assessment criteria are[43]:
Validity - the extent to which the assessment measures what it is designed to measure.
For example:

- Student's demonstration of injection procedure shows his/her clinical knowledge and skills.
- Simulation session allows us to assess skills of teamwork and leadership.

43 Quinn, F.M., Hughes, S.J. (2007). Quinn's principles and pracice of nurs education, 5th edn. *Cheltenham: Nelson Thornes Limited.*

- Project assignments are a suitable way to express student's creativity and knowledge.
- Problem solving shows student's ability to think critically.

Reliability - indicates whether the assessment measures what it is designed to measure consistently. It should demonstrate similar results when used on different occasions if the other variables remain the same.

Practicality - the assessment undertaken must be appropriate for this purpose. The assessment criteria for nursing students have been formulated based on advice and guidance from both educationalists and practitioners. At each level of training, from the start of the training programme until the end, the assessment requirements have been agreed in accordance with the anticipated development of the student.

Assessment needs to be documented in order to provide the evidence on assessment, especially in critical situations where students fail to pass. Not only mentor, but also a student has responsibility in the assessment process. It is important to involve learners in making judgements about their achievement and the outcomes of their learning. Student's self-assessment enhances learning, makes students feel that they have some control over their own evaluation, develops learner's autonomy and cognitive abilities, promotes better understanding of contents and increased quality and thoughtfulness on assignments, decreases anxiety and eases students-teacher conflict by demystifying the grading process. Some issues of students' self-assessment should be recognised as some students are reluctant to self-assess, because they may feel they lack the necessary skills, confidence or ability to judge their own work, or a student expects to be assessed by an expert and sees it as the teacher's responsibility, they are afraid of being wrong, or are too harsh on themselves and are uncomfortable with the responsibility and, finally, students do not like it and do not see benefits in it. Moreover, in some students, cultural issues can affect self-assessment because giving themselves a good grade is considered inappropriate or as boasting. During the assessment process, mentors also carry specific responsibilities. Mentors should establish a safe environment for the assessment process, explore and clarify thinking processes, provide constructive and clear feedback, be aware of the ground rules and protocols, adhere to agreed time and rules, and produce written records of all aspects of the assessment. Mentors need to take a responsibility to ensure that students are fitting for the purpose and for practice.

Assessment bias. Awareness of both ethical and legal frameworks of practice is of paramount importance for the assessor, to ensure that the process of assessment is both humanistic and valid. If mentors allow themselves to be influenced by factors that are not relevant to the area of assessment, then they are being subjective and at risk of allowing error to influence their judgment.

THE MAIN ERRORS IN THE ASSESSMENT ARE:

- Generosity or leniency – A tendency for rates to mark higher than they should.
- Stringency error – Opposite to the generosity error – but acknowledged as less likely to occur. Some people appear to be proud of holding a reputation for being a "hard maker".
- Errors of central tendency – Assessors are hesitant to use either end of the grading scale, with a resulting grouping of students around the mean. This may indicate the lack of confidence in the assessment situation.
- Logical error – Similar to halo effect, this occurs when the assessor assumes a relationship between two criteria, and subsequently rates them in a similar way.
- The "halo" effect – A tendency to rate on an overall general impression, rather than differentiating between the various criteria. May be influenced by general positive attributes.
- A "horn" effect is the opposite, where perceived negative attributes are dominant.
- Obligation error – When a grade is given for a criterion which appears on the assessment form, even though the assessor has had inadequate opportunity to assess the student in that area of work.
- Proximity error – When evaluation of one criterion influences another – more pronounced when the interval between assessments is shorter.

Awareness of both ethical and legal frameworks of practice is of paramount importance for the assessor, to ensure that the process of assessment is both humanistic and valid.

Theme III.

LEARNING THROUGH REFLECTION

A study by Tuomikoski et al.[13] reported that mentors need to develop in the competence area of reflective discussion with students. Reflection is about understanding personal experience differently, and act as a result. Reflective practice incorporates a wide range of skills: self-awareness, critical thinking, self-evaluation, analysis of multiple perspectives and integration of insights to inform future learning and practice[44]. Jasper[45] described reflective skills as *"a particularly structured reflective strategies, which enable individuals to make the most of everything that they do."* This includes not only remembering things form the past, but also anticipating and planning for the future.

Benefits of reflective practice during mentoring of nursing students at clinical placement relate to the following:

- Support for learning from experience
- Help in development of critical thinking
- Fostering clinical reasoning
- Facilitating integration of theory and practice
- Stimulating new ideas
- Help to be aware of own limitations for competent and safe practice
- Generation of knowledge in and through practice experience
- Stimulating continuous learning and developing throughout the career
- Help to improve professional practice

There are many models or frameworks which mentors can use to guide their personal reflection process, and the reflection process of their students. Individuals learn by thinking about things that have happened (experience) and looking at them in a different way (reflective processes or reflection), which enables them to take some kind of action on the new perspectives[44]. Kolb's model[46] centres on the concept of developing understanding through actual experiences and contains four key stages: concrete experience, reflective observation, abstract conceptualization, active experimentation. Gibbs' reflective cycle[47] encourages learner to think systematically about the phases of an experience or activity. There are six stages to structure the reflection by asking a series of cue questions about the event. Borton's developmental framework, further developed by Driscoll[48] in the mid-1990s, is a relatively simple model and rather suitable for novice practitioner. It is based on the need to identify (What?), make sense of (So what?) and responds to real-life situations (Now What?). The most recent and advanced is *The Bass model of Holistic Reflection*[49] that would be suitable for reflective mentoring in nursing practice. The model uses six integrated, inter-dependent phases designed to promote detailed critical reflection at a deeper personal and holistic level. It is enabling the student to prepare for holistic integration of the experience developing the capacity for reflexivity. The phases are representative of reflection as a holistic continuum as depicted by the circular design.

Despite the significance of using reflection in nursing education and mentoring, nurses and students did not regularly use reflection in professional practice due to:

- Lack of knowledge about reflection and poor skills to apply it
- Under-evaluation of reflection (thinking that nursing is a technical work)
- Difficulties in self-expression and sharing emotions
- Assumption that reflection is 'a mirror' of bad practice
- Honest exploration is important; it is difficult to accept own mistakes
- Indifference to reflection at clinical environment and managerial level
- Lack of time and value placed on reflection

Reflective writing is seen as a valuable way of learning from practice. It is a way to develop critical thinking, and to create evidence to convince others of personal and professional development. There may be various forms and formats of reflective writing: reflective reviews, portfolio entries, essay.

44 Mann, K., Gordon, J., MacLeod, A. (2009). Reflection and reflective practice in health professions education: a systematic review, *Advances in Health Sciences Education*, 14(4), 595-621.

45 Jasper, M. (2013). Beginning Reflective Practice. *Andover: Cengage Learning.*

46 Kolb, D. (1984). Experiential Learning: Experience as the Source of Learning and Development. *Upper Saddle River: Prentice Hall.*

47 Gibbs, G. (1998). Learning by Doing: A Guide to Teaching and Learning Methods. *Oxford: Further Education Unit,* Oxford Polytechic.

48 Driscoll, J. (ed.). (2007). Practicing Clinical Supervision: A Reflective Approach for Healthcare Professionals. *Edinburgh: Elsevier.*

49 Bass, J., Fenwick, J., Sidebotham, M. (2016). Development of a Model of Holistic Reflection to facilitate transformative learning in student midwives. *Women and Birth* 30 (2017) 227–235. doi: 10.1016/j.wombi.2017.02.010.

Theme IV.

CONTINOUS FEEDBACK IN STUDENT LEARNING

The development in feedback practices and providing students with opportunities for reflection are important in supporting the continuous learning process of students[35]. Mentors should be able to give students constructive feedback on performance in practice and progress throughout their clinical placement experience, although for mentors this process creates many challenges associated with giving clear and constructive feedback to students regarding developmental needs[50]. By description, feedback is any communication that gives some access to other people's opinions, feelings, thoughts or judgements about one's own performance. Continuous feedback is a process where a student receives ongoing feedback, and is guided in a systematic manner by openly discussing with the mentor their personal strengths and weaknesses.

THE CONSTRUCTIVE FEEDBACK DURING MENTORING IN NURSING PRACTICE MAY BENEFIT STUDENT, MENTOR AND ORGANIZATION[51].

BENEFIT TO PROFESSION	BENEFIT TO STUDENT	BENEFIT TO MENTOR
Assurance that qualified nurses are knowledgeable and "fit for and to practice"	Enhancing student motivation to learn and to develop	Assisting the mentor to work within the professional standards
Protecting public from qualified nurses who have	Helps to identify learning gaps and formulate action	Stipulation of successful mentorship experiences for
not achieved competence and helps to avoid possible catastrophic results in future	plans for failing students at mid-point periods.	mentor
Helping to produce competent and conscientious future nurses	Realistic development of student's confidence and self-esteem	Enhancing personal and professional development of mentor
Competent practitioners are introduced into the profession	Provide formal documented evidence from an early stage when failing a student; Fully inform students on their failings	Mentors uphold their legal and professional responsibility to support and educate nursing students

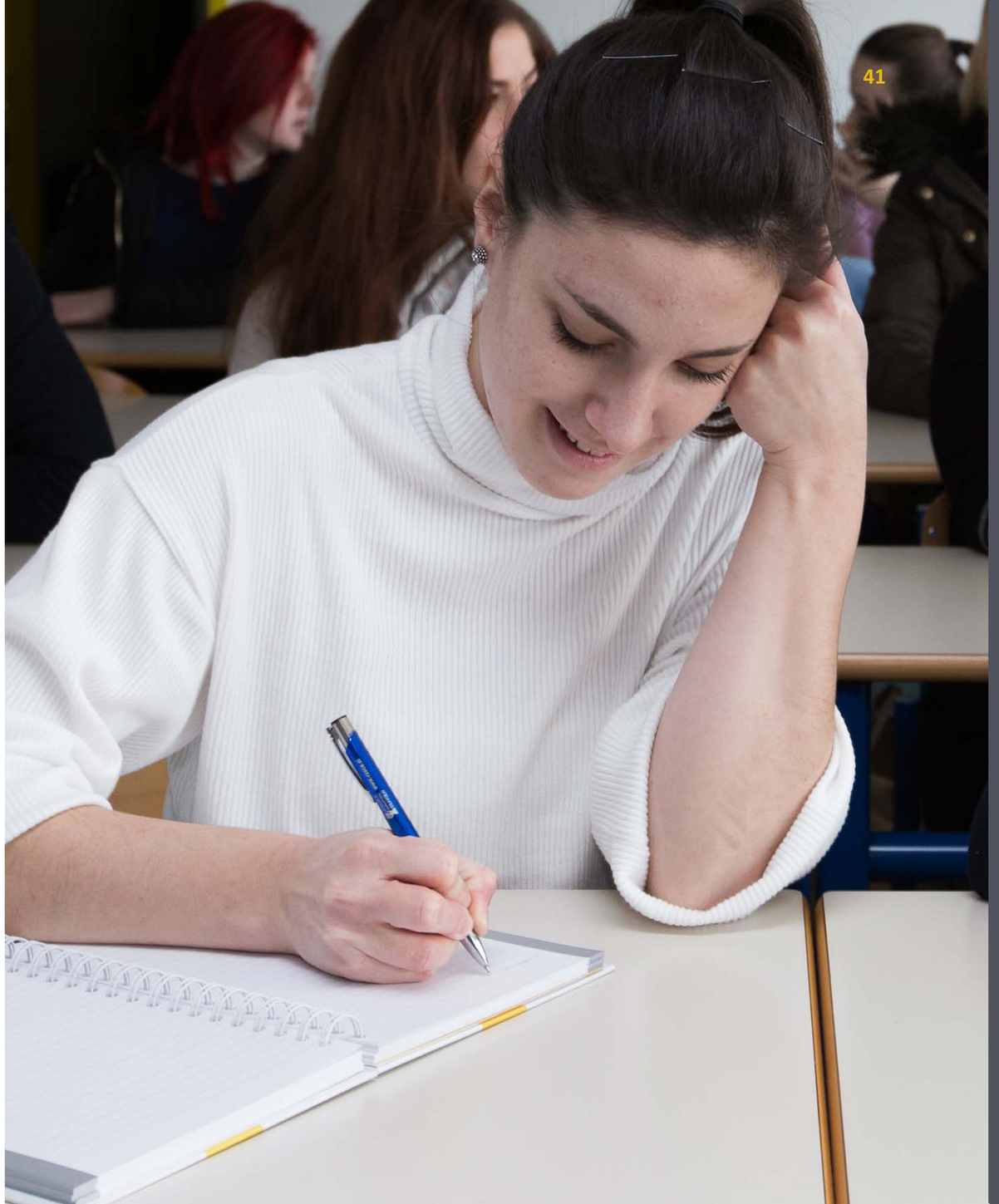
50 Almalkawi, I., Jester, R., Terry, L. (2018). Exploring mentors' interpretation of terminology and levels of competence when assessing nursing students: an integrative review. Nurse Education Today 69, 95–103. https://doi.org/10.1016/j.nedt.2018. 07.003.

51 Wells, L., McLoughlin, M. (2014). Fitness to practice and feedback to students: A literature review. Nurse Education in Practice 14, 137-141.

In providing and accepting feedback, both sides are involved - provider and recipient. For provider it is important to provide feedback in a timely manner to increase objectivity, to plan it in advance, to tailor feedback to each individual and the corresponding situation. Good communication skills and assurance of privacy and confidentiality with one-on-one feedback are essential. In order to accept feedback, the recipient has to be open, ask explanatory questions and request feedback on important aspects, to listen actively and hear what was said, to not oppose or comment, to ask other's opinion, reflect and decide how to use feedback, and finally – to appreciate feedback.

The main barriers to providing constructive feedback are:

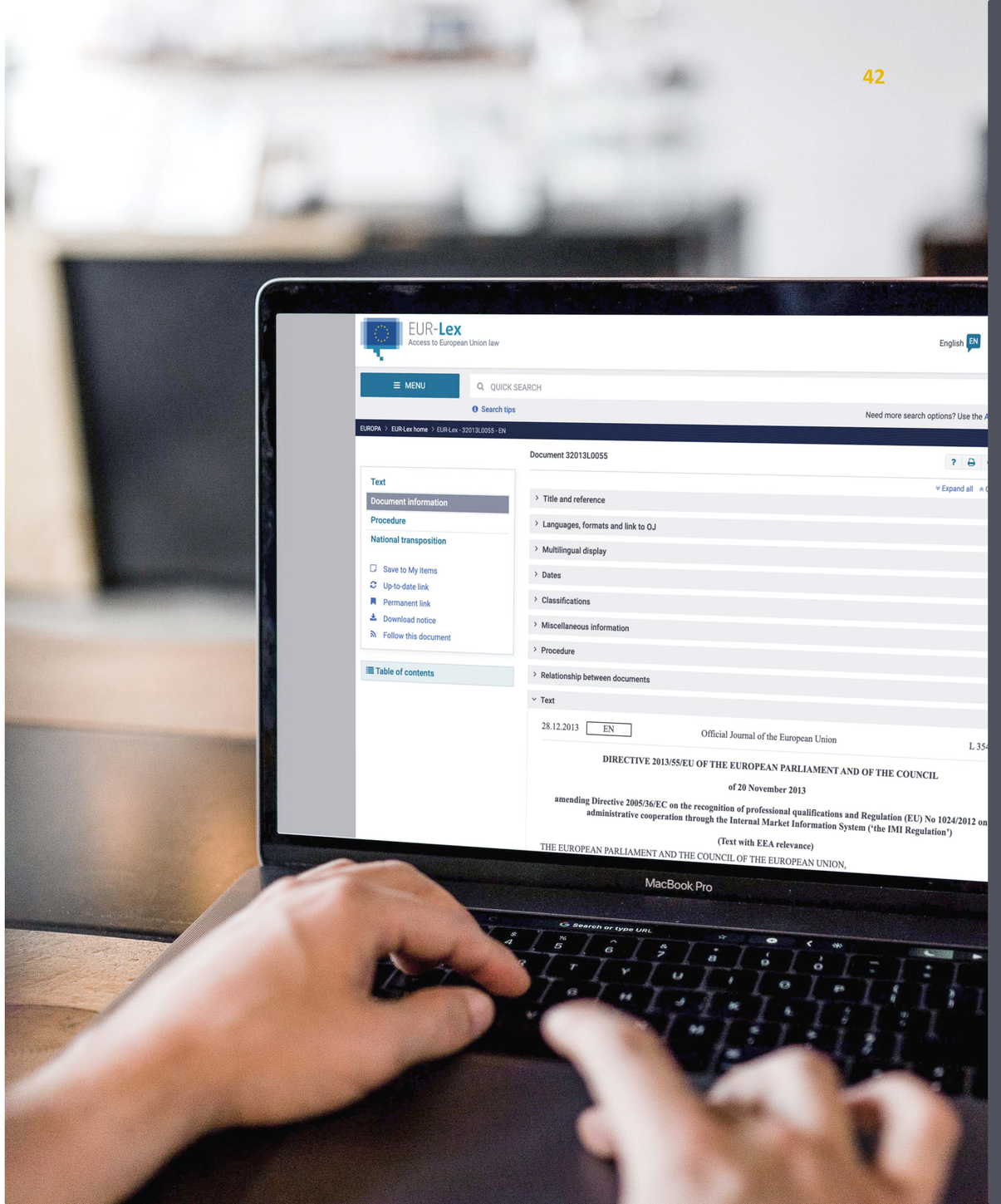
- Struggling with undertaking student feedback, especially when it is of a negative kind, i.e. exceptionally difficult to give negative criticism face to face
- Avoiding negative feedback for fear of the opposite demotivating effect for student
- Conflicting demands on mentor time
- Avoiding harmful effects on mentor-student relationship
- Emotional involvement – feeling uncomfortable about possibly ending a student's career
- Feeling of personal failure if your student does not perform
- Inducing feelings of guilt and self-doubt in mentors
- Physical barriers as noise, lack of private space
- Language barrier or lack of knowledge regarding cultural diversity



Theme V.

ASSESSMENT LINKAGE TO THE EFN COMPETENCY FRAMEWORK FOR MUTUAL RECOGNITION OF PROFESSIONAL QUALIFICATIONS

In order to be able to assess nursing students' competence, nurses need to have an adequate understanding of competency requirements, according to the EU Directive 2013/55. To help mentors with that, the EFN developed the EFN Competency Framework[22], which breaks down each of the Article 31 competencies into more detailed competency areas, describing what is expected to be achieved with the competences, the necessary education covered in the curricula, and a series of potential learning outcomes. Measuring these competency areas for each learning outcome is key for transparency and mobility of nurses within the EU. Therefore, the EFN has developed a measurement scale to support you with measuring the nursing students' compliance in accordance with the EU Directive 2013/55/EU. When mentoring students, it will be the key for the clinical mentor to have a clear view on these questions to reach compliance with the EU legislation.



Summary points

- *Assessment in clinical practice involves gathering information on students' learning and performance in order to assess the level of their nursing competence.*
- *It is a part of the learning process which is combined of the elements of goal orientation, reflection during mentoring, constructive feedback and student-cantered evaluation.*
- *Assessment encourages the continuous learning process of students with integration of constructive feedback and reflective discussion.*
- *The student's competence assessment in clinical practice is directly related to the learning goals of teaching and learning.*
- *Prior to entering clinical practice, students need to know clinical practice expectations and their own needs of competency development.*
- *Mentors also should be well informed about the students' learning goals as they are involved in assessment of students' learning outcomes and competencies.*
- *Students' assessment can be conducted as a continuing assessment to support their learning process, but also as a formative (mid-term) assessment and summative (final) assessment.*
- *Mentors can use different assessment tools and methods to support the objectivity and validity of the assessment.*
- *Reflective discussion incorporates self-awareness, critical thinking, self-evaluation and collaboration between students and mentors.*
- *Continuous feedback between mentor and student supports mutual professional relationship and competence development.*
- *Nurses need to have adequate understanding on competency requirements defined by EU Directive 2013/55.*