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Mentoring nursing and healthcare students

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Introduction

In contemporary healthcare, there is a need to appreciate the importance of the interprofessional partnership that exists between nurses, midwives and other health professions. In higher education institutes, healthcare students from nursing, midwifery and other allied professions are encouraged to explore the patient's healthcare journey and all those involved in its various stages. A number of different healthcare personnel may be involved throughout that patient's healthcare journey, nevertheless, it is important to appreciate the roles and responsibilities of all those involved. Throughout this chapter an overview of the development and implementation of the mentor's roles and responsibilities will be explored and how they can assist healthcare students appreciate the patient's experience by sharing and imparting the knowledge, skills and professional attitudes that they have developed during their own professional career.

The development of mentorship

In the *NHS Next Stage Review* (NSR) for England (DH, June 2008) Lord Darzi stated that quality is the organizing principle for all health services and summarized the challenges being faced as:

- rising patient expectations;
- demographic changes leading to new demands on healthcare system;

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- the continuing development of the 'information society';
- advances in treatments;
- the changing nature of disease;
- changing expectations of the health workplace. (NHS Connecting for Health, 2009: 6)

This summarizes a contemporary approach to healthcare delivery that all nurses, midwives and allied professions have to acknowledge in order to improve the 'quality' of experience that patients are exposed to. So not only have healthcare professionals a duty to respond to changes in the National Health Service, they should also have a commitment to nurse education. Mentorship is the process that allows the transference of knowledge, skills and attitudes from health professionals to the students that they are working with.

It may be interesting for some mentors to understand how the role has evolved and the various definitions and connotations that have attributed to what has become a vital, supportive and educational role. Mentoring has for the past 15 years been high on the agenda for the consistency in the preparation and support of healthcare students. Allan et al. (2008) trace the historical development of the mentorship role and how the relationship has evolved in response to how the students' role in the practice setting has changed since the 1970s. Indeed, students were then the main care givers and by doing so, learnt from hands-on experience.

Moore and Moulton (1979) estimated 75% of direct care used to be given by students in the 1970's and trained nurses taught and students learned while they worked (Fretwell, 1982); at least until the curriculum reforms of the 1980's and the introduction of supernumerary practice for students with the Project 2000 curriculum. (Allan et al., 2008: 546)

The introduction of the Project 2000 programme in the early 1990s emphasized how important the mentor was within nurse education and for ensuring the importance of relating theory to practice. The role and importance of the mentor within practice placements have continued to develop and become highly respected by healthcare students. The mentor guides the student and hopefully shares with them their knowledge and skills that they have acquired so the student can benefit from their experiences.

The aim of this professional relationship is to facilitate and enhance the student's learning, as the more able they are, the more effective the transition from student to professional will be, ensuring their fitness for practice at the point of registration (Moore, 2005). This also acknowledges their new career which will hopefully allow them to be able to support and prepare other healthcare students on their journey to qualification.

This applies to all nursing, midwifery and allied professions, therefore the generic term 'healthcare student' will be used throughout in order to reflect the interprofessional approach to learning that is encouraged in practice placements in today's healthcare provision service.

Although the aim of this book is to adopt a contemporary concept, the idea of mentorship has its origins in Greek literature (see Box 1.1).

Box 1.1 Historical account of the origin of mentorship

In Greek literature it is written in Homer's *Odyssey*, according to Morton-Cooper and Palmer (2000), that 'Mentor', the son of Alimus, was assigned by Ulysses to be a tutor-adviser to look after his son Telemachus, whilst he was away fighting the Trojan wars on behalf of his kingdom.

Ulysses was away far longer than anticipated so Mentor had a great deal of influence on Telemachus' education and upbringing.

The correlation is that the important and valued role of contemporary mentors ensures that they also help to educate and guide the student throughout their practice placement experiences.

This brief summary shows that mentorship is not a new phenomenon. Mentor came to mean and be synonymous with 'wise and trusted one'. So important was this that in ancient history, the Roman army adopted mentors to develop their soldiers. Mentorship and mentoring seemed to experience a revival in the 1980s in American literature and later in the UK, being associated with business, education and nursing. Also related is the association of adult developmental psychology and its influence within healthcare delivery wherever there is a holistic approach to care and understanding of the person. Within healthcare the patients' physical status is important, particularly when there is an altered health state when this is often the reason why they are receiving care services. However, in contemporary healthcare a more concerted effort is also made to value who the person is (their psychology) and their social background (sociology). Mentors are often involved in helping the student to establish how theoretical concepts help to understand the reality of the interrelatedness of these three aspects of individuality (NMC, 2008b).

The term 'mentor' was connected with adult developmental psychology and the controversial yet well-known research undertaken by Levinson, Darrow, Klein, Levinson, and McKee in 1978. Levinson et al. focused their research on *The Seasons of a Man's Life*, highlighting the importance of different time spans in an adult man's development. Their main contribution to the knowledge base was the concept of time spans or eras that represented

a period of stable development (referred to as structure building) and transitional phases (or structure changing) (Gross, 2005).

The advantage of Levinson et al.'s (1978) contribution was the notion of a holistic appreciation of the person. The predominant influence was the interaction between biological influences and social experiences resulting in the psychological status of the person. However, the experiences developed from family and work contributions are paramount to life structure and the growth of individuality. Adult developmental psychology is influenced by experiences gained at different phases lasting approximately five years. Levinson et al. contribute to mentorship because, according to their theory, a mentor was someone older and wiser who capitalized on their structure building experiences and offered valued contributions to a younger person. This is a concept that has value to healthcare, for nursing, midwifery and the allied professions.

In 1999, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) responded to criticisms regarding the Diploma in Nursing Programme which indicated that students on registration were 'too academic' and not 'very practical'. So, in response to this criticism, the UKCC commissioned Sir Leonard Peach to undertake an independent investigation in order to identify to what extent the concerns were justified. The resultant document *Fitness for Practice* (UKCC, 1999) was not as critical as anticipated. One of the recommendations of the Peach Report was that 'universities and care providers should collaborate to offer nursing students seamless learning opportunities based on the UKCC's existing principles of competence and knowledge acquisition' (Sines et al., 2006: 28).

Contrary to anticipated negative responses, there were a number of determinants that actually enhanced the effectiveness of students achieving fitness for practice at the point of registration (see Box 1.2). Throughout their basic nurse training, mentors are collectively a valued influence in ensuring that the healthcare student is achieving what is expected of them, in correlation with the specific training programme and level of training. The determinants identified are an added perspective.

Box 1.2 Key determinants for achieving fitness for practice at the point of registration

- Implementation of a host trust concept, whereby nursing students are sponsored by dedicated trusts for most of their education programmes.
- Confirmation of learning outcomes at the end of the common foundation programme and determination of standards of proficiency for entry to the register at the end of the branch programme.

- The duration of the common foundation programme was subsequently reduced from 18 to 12 months.
- The development of new partnership models of practice, including multi-professional learning opportunities. (Sines et al., 2006)

Mentors now have to be aware of the NHS Institute for Innovation and Improvement (2006) *NHS Leadership Qualities Framework*. This NHS framework identifies fifteen qualities that range from personal, cognitive, and social quality attributes. These attributes are further segmented into three clusters: personal qualities, setting direction and delivering the service. From the mentor's perspective this framework helps the professional to reflect on their own mentorship skills and to evaluate how they are effectively meeting the qualities highlighted by the NHS Institute. Included within the specific 'personal qualities' variables is 'personal integrity' which identifies the need for mentors to act as a role model and have the motivation to continue with developing the service in response to contemporary healthcare needs.

Subsequently a variety of research studies have been undertaken to examine the benefits of the mentor's role. Irrespective of the research approach undertaken, results generally reveal that there is no doubt that the mentor plays an important role in the student's placement experience. Myall et al. (2008) explored the reality of contemporary mentorship and to what extent the initial ideological concepts made an impact in practice. Although the research involved a number of different strategies, the results emphasized the importance of mentorship within contemporary healthcare (see Box 1.3).

Box 1.3 Summary of some of the benefits associated with mentorship

- Mentors assist in the development of quality student placement experiences.
- Mentor is a source of support and helped students feel connected to the placement area.
- Students were welcomed to the practice environment, and treated as valid and legitimate learner.
- Mentors help create opportunities to maximise students' learning.
- Mentors help students to develop their practical skills.
- Mentors felt mentorship provided the opportunity to provide clinical support to students and subsequently helped them to keep their own clinical skills up to date.
- Mentoring helps mentors to achieve a great sense of job satisfaction.
- Mentors felt 'proud' as they watched the student develop their knowledge, skills and professional attitudes. (Myall et al., 2008)

In the list of prerequisites for the role of mentor, the NMC (2008a) state that a qualified nurse should have at least 12 months full-time post-registration experience (or equivalent part-time). This appears to be a realistic and practical requirement. It is during this time that the newly qualified nurse will settle into and get to know their new professional role. Indeed, it is at this time that continued support is needed in the form of preceptorship (Morton-Cooper and Palmer, 2000).

‘The Nursing and Midwifery Council is the regulator for two professions: nursing and midwifery. The primary purpose of the NMC is to safeguard the health and wellbeing of the public’ (NMC, 2008a: 05). Therefore, whenever the NMC sets standards or issues new guidelines, they are using the procedure to involve nurses and midwives already recorded on the register, in order to gain feedback. These standards are usually in place for five years and reviewed as required. Mentor standards have been subject to such a review and changes have been implemented.

The standards for mentors and mentorship have recently been revised (NMC, 2006a). The revision began in 2003 with a national consultation. Although there had been a delay in the production of the revised standards, they were finally available in August 2006. While it was suggested that these could be implemented as early as September 2006, in some cases this was too brief a time period. The deadline for the revised standards called ‘domains’ to be implemented across the country was September 2007. This document presents considerably more detail than its predecessor and is now in its second edition, as of July 2008.

Some standards were retained in the new domains whilst others were modified in order to enhance clarity to help the mentor understand their role more effectively. Some generated discussion and appeared to be confusing or even ambiguous. These mentorship standards (NMC, 2008a) are now based on eight domains, have identified specific outcomes and throughout this book each chapter will examine and explore each one (see Table 1.1).

The value in contrasting these two changes is so that mentors who were trained using the NMC (2004a) ‘standards’ can now compare the differences between those and the latest NMC (2008a) ‘domains’, appreciating that there is a close similarity. When the new domains were introduced, existing mentors were concerned that there was a vast difference between the two; throughout each chapter the content will reassure mentors that the existing knowledge they have remains valuable and pertinent to contemporary mentorship.

The NMC (2008a) now supports a developmental framework that should be used to map a person’s personal and professional development during their post-registration lifelong learning. There are potentially four

TABLE 1.1 *Comparison of the 2004 Standards and the 2008 Domains*

2004 Mentor Standards	2008 Mentor Domains
1 Communication and effective working relationships	1 Establishing effective working relationships
2 Facilitation of learning	2 Facilitation of learning
3 Assessment	3 Assessment and accountability
4 Role modelling	4 Evaluation of learning
5 Creating an environment for learning	5 Creating an environment for learning
6 Improving practice	6 Context of practice
7 A knowledge base	7 Evidence-based practice
8 Course development	8 Leadership

Note: Within the 2008 domains there are 14 outcomes for the Stage 1: Nurses and Midwives and 26 outcomes for the Stage 2: Mentor.

stages involved in developing the knowledge, skills and attitudes that are required to mentor healthcare students (see Box 1.4).

Box 1.4 The developmental framework for mentors

- Stage One: All nurses and midwives following registration.
- Stage Two: Standards for mentors following appropriate mentor training.
- Stage Three: Standard for a practice teacher for nursing or specialist community public health nursing.
- Stage Four: Standards for a teacher of nurses, midwives or specialist community public health nursing.

Stage One: Nurses and Midwives

Stage One is an introduction to the roles and responsibilities of being a mentor. The underpinning philosophy relates to the previous NMC (2004b), clause 6.4 which states: 'You have a duty to facilitate students of nursing and midwifery and others to develop their competence.' The same theme has been transferred to the NMC (2008b) *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives* which now states that:

You must establish that anyone you delegate to is able to carry out your instructions.

You must make sure that everyone you are responsible for is supervised and supported. (p. 6)

You must facilitate students and others to develop their competence (p. 5).

Therefore, once qualified, the nurse or midwife has to work towards completing the eight domains and their associated 14 outcomes related to Stage One. During this time, they have completed their preceptorship programme and the requirements for their Knowledge and Skills Framework Portfolio (Department of Health, 2004). The outcomes help mentors from their transition following newly qualified to undertaking a recognized mentor training programme in preparation for becoming a Stage Two mentor.

Stage Two: Mentor

According to the NMC (2008a: 16) 'Nurses and midwives can become a mentor when they have successfully achieved all of the outcomes of this stage.'

There are eight domains and 26 outcomes for Stage Two. There has been a well-established move towards standardising the basic Mentor Preparation Programme in response to the initial NMC (2006a), and later in 2008, requirements that state there must be a minimum of ten days within which at least five must be protected time to allow for learning, consolidation, and internalizing that knowledge. All Mentor Training Programmes are being validated and given approval by the NMC, but will be revisited in five years time.

The following is an example of how a programme could be implemented but the final arrangements will be set by the specific higher education institute. In response to the NMC (2008a) guidelines, a programme of ten days duration could be organized – one day a week over a ten-week period. On alternate weeks (weeks one, three, five, seven, nine), Stage One mentors attend for direct face-to-face meeting with a lecturer in the School of Nursing to examine the underpinning theoretical concepts associated with the roles and responsibilities of the mentor, based on the eight domains. This involves feedback from work-based learning activities, classroom discussions, group activities and scenario exercises.

The work-based learning activities could be designed to help achieve the identified 26 outcomes and could be completed whilst in the practice setting (weeks two, four, six, eight and ten). Each Stage One mentor is encouraged to work with a colleague (already a Stage Two mentor) who adopts the role of a supporting practice mentor, thereby providing a medium for academic and professional discussions regarding mentoring a student, so that they have 'the opportunity to critically reflect on such an experience' (ibid.: 29). Although ten days is recommended, the NMC state that five of these must be protected time. Throughout this book there are

a number of case studies and mentor activities that could be used to enhance this programme and generate mentor discussion.

The NMC (2004c: 34) states that pre-registration students have to develop a student portfolio that provides a range of evidence, to verify their achievements and personal and professional developments whilst in the practice placement. The actual construction of this and what constitutes 'evidence' will be determined by the Higher Education Institute. In order to provide a range of evidence, students can be encouraged, for example, to engage in reflective discussions, reflective writings and collect written support of observed learning whilst attending an insight visit. Therefore, whilst a student nurse is observing a dietitian, occupational therapist, operating department practitioner, physiotherapist, or speech and language therapist, they can complete a statement that reflects their understanding of that health profession's role within the patient's healthcare journey.

The Mentor Preparation Training Programme is usually completed in three months and is usually the only mechanism available for qualified staff undertaking mentor preparation in order to be registered as a Stage Two mentor. It is hoped that mentors now and in the future will feel that they are more effectively prepared for their role, unlike those identified by Andrews and Chilton (2000). However, some nurses may not be mentors by choice but rather undertake the role as a compulsory requirement for their own professional development in order to meet the requirements of the Second Gateway, within the NHS Knowledge and Skills Framework (Royal College of Nursing, 2007a).

There is a marked variation in the way that community, hospital, and independent sector placement staff assist student nurses to feel part of their healthcare team. A Stage One mentor should observe the process of mentorship and the maintenance of an effective learning environment then discuss their observations with a Stage Two mentor in order to help them understand its significance. Student nurses can discuss their experiences on the various placements and then accredit positive feedback to enhance the reputation of that practice placement or identify areas that could be improved. The Stage Two mentor should be viewed as a 'change agent' so must value any feedback in a constructive manner.

Stage Three: Practice Teacher

Stage Three relates to the standards for practice teachers for nursing or specialist public health nursing. Again, there are eight domains, and 26 outcomes, albeit the outcomes are different. An NMC Practice Teacher is a

Registrant who has undertaken a recognized approved Mentor Preparation Programme (equivalent to Stage Two) and then 'received further preparation to achieve the knowledge, skills and competence required to meet the NMC defined outcomes for a practice teacher' (NMC, 2008a: 22).

This is Stage Three in the developmental framework and as a Practice Teacher they are responsible and accountable for:

- organizing and co-ordinating learning activities, primarily in practice learning environments for pre-registration students, and those intending to register as a specialist community public health nurse (SCPHN) and specialist practice qualification, where this is a local requirement;
- supervising students and providing them with constructive feedback on their achievements;
- setting and monitoring achievement of realistic learning objectives in practice;
- assessing total performance – including skills, attitudes and behaviours;
- providing evidence as required by programme providers of the student's achievement or lack of achievement;
- liaising with others (e.g. mentors, sign-off mentors, supervisors, personal tutors, the programme leader, other professionals) to provide feedback and identify any concerns about the student's performance and agree action as appropriate;
- signing off achievement of proficiency at the end of the final period of practice learning or a period of supervised practice (ibid.: 22).

Stage Four: Teacher

In contrast, this stage has specific criteria to achieve and that relates to the standard for a teacher of nurses and midwives. There are eight domains that have 40 outcomes entwined throughout. This Stage Four standard is mandatory for nurses and midwives based and working in higher education institutes and involved in supporting and assessing in practice settings all students undertaking an NMC-approved programme.

According to the NMC (2008a: 25), an NMC teacher is responsible for:

- organizing and co-ordinating learning activities in both academic and practice environments;
- supervising students in learning situations and providing them with constructive feedback on their achievements;
- setting and monitoring achievement of realistic learning objectives in theory and practice;
- assessing performance and providing evidence as required of student achievement.

The NMC (2008a) developmental framework has been designed to provide a career pathway, from the newly qualified nurses and midwives to the more experienced registered mentor who wishes to undertake teacher

training in order to have a teaching qualification recorded on the register with the Nursing and Midwifery Council.

However, the overall focus of this book will be intentionally directed towards the Stage One: nurses and midwives and the Stage Two: mentor. It is intended that each chapter will explore the process of mentorship from a generalized perspective, but with a specific focus on one of the NMC (2008a) domains which will be advantageous to all nurses, midwives and allied healthcare professionals. It is envisaged therefore that a general approach will encourage an interprofessional awareness and appreciation of each health professional's role, although the predominant appearance relates to nursing and midwifery.

Fulton et al. (2008) examined an international perspective of mentorship involving the United Kingdom, Norway, Sweden, Portugal, Iceland and Poland when undertaking a project funded by the European Union as a Leonardo de Vinci pilot.

The aim of the project was to produce a framework for a standardized European Mentor Training Programme. They highlighted that there are four main tasks associated with the mentor's role:

- to encourage students to learn *from* practice and to learn *in* practice;
- to assist the student to acquire focused and specific clinical skills;
- to facilitate the professional socialization of nursing students, and
- to assess and evaluate the student's progress whilst working in the practice placement.

It is expected that the student can correlate what has been taught in the School of Nursing with what is witnessed whilst caring for patients, residents or service users in practice. Unfortunately, this has become an unrealistic expectation and one that emphasizes the dichotomy between idealism and reality. Throughout the history of nurse education and its numerous transformations initiated to meet the ever changing practice placements needs, there still remains the criticism that emphasizes the existence of a theory–practice gap. This is a topic usually explored during the Mentor Preparation Programme and an issue examined by numerous authors including Martin and Mitchell (2001); Higginson (2004); and Borlase and Abelson-Mitchell (2008).

However, despite the criticisms, the practice placement still remains the best method of developing nursing knowledge, skills and professional attitudes (Levett-Jones and Lathlean, 2008). This is an expectation that is pertinent to all nursing, midwifery and healthcare students. Therefore, the mentor's role is to assist practice-based development in order that the experience gained may be reflected upon and documented in the student's written assignments. However, because of the subjectivity associated with the

process of assessment, it undoubtedly is not without its inherent complexities. It could be argued that a reliable assessment is one that is consistent. That is, two independent assessors deducing the same conclusions about a student's abilities would constitute a reliable assessment. The mentor needs to know what to look for in the learner such as the practical, intellectual, interpersonal and intrapersonal skills.

The process of mentorship is based on a personal relationship between the mentor and the student. Some mentors demonstrate a strong commitment to ensuring their student achieves their potential whilst working in that particular placement. Others adhere to their principles of self-directed learning and appear to offer very little guidance. Irrespective of the style of mentorship, within the eight domains the mentor is relied upon to identify if the student is safe to practise in order to protect the public. This is also advocated by the NMC (2006b) in their *Standards for Preparation and Practice of Supervisors of Midwives*.

The literature clearly identifies that the statutory supervision of midwives has been the normal process for the over a century. According to the NMC (2006b: 3):

As a modern regulatory practice, statutory supervision of midwives supports protection of the public by:

- promoting best practice and excellence in care
- preventing poor practice and
- intervening in unacceptable practice.

Statutory supervision of midwives is a valuable resource for midwives, their employers and the profession because it enables midwives to provide safe and effective care.

Similar to nursing and other allied health professions, the mentor of student midwives has an important role. In addition, because midwives also work with a supervisor who has completed appropriate training to meet the standards for practice of supervisors, the concept of mentorship is an integral component of the midwives' role. In some higher education institutes, pre-registration diploma/degree in nursing students may have the opportunity to gain a short insight practice placement within the midwifery speciality. So the concepts conceptualized within mentorship will hopefully be applicable.

The Health Professions Council

Whereas the NMC is the governing body for nurses and midwives, the Health Professions Council governs the allied professions. The Health

Professions Council is a health regulator who has a responsibility to protect the health and well-being of people who use the services registered with the Council. Its primary function is to protect the public by establishing standards that health professionals have to adhere to. The overall focus relates to health professionals' education, training, behaviour, skills and health. In contrast to newly qualified nurses Stage One role, qualified health professions are identified by the term Registrant.

Currently 13 health professions are regulated by the HPC (2007a) (see Box 1.5).

Box 1.5 Health professions regulated by the HPC

Arts Therapists
Biomedical Scientists
Chiropodists/Podiatrists
Clinical Scientists
Dietitians
Occupational Therapists
Operating Department Practitioners
Orthoptists
Paramedics
Physiotherapists
Prosthesis/Orthotists
Radiographers
Speech and Language Therapists

Each profession regulated by the Health Professions Council has its own specific 'standards of proficiency' and at times the aim is to compare nurses and midwives with the following: dietitians (HPC, 2007c), occupational therapists (HPC, 2007d), operating department practitioners (HPC, 2004), physiotherapists (HPC, 2007e), and speech and language therapists (HPC, 2007f). It is anticipated that this will encourage a generalized awareness of healthcare student's needs, irrespective of their specific health profession. However, the individual allied professional does work in a number of practice placements including local councils, NHS trusts, prisons, private practice and in schools. Wherever the work-based setting for the health professional, the HPC (2007a) does manage their 'fitness for practice'. This is maintained by encouraging all health professions to abide by the *standards of conduct, performance and ethics* (HPC, 2007b) that contain 16 standards:

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- four relate to standards of conduct;
- eight are associated with standards of performance;
- four relate to high standards of ethics.

In March 2009, the Department of Health (DH) announced their intention to implement 'improvements to the regulation of healthcare professionals'. The government hopes that these new measures will improve the regulation and governance of healthcare professionals in order to provide greater reassurance for the public and professionals. The two new reports *Tackling Concerns Nationally* (2009a) and *Tackling Concerns Locally* (2009b) are part of the government reforms of professional regulation in an attempt to raise professional standards and ensure patient safety.

Tackling Concerns Nationally aims to make recommendations on professional regulation and subsequently assure patient safety at a national level. It has been designed to set out regulations for the establishment of the Office of the Health Professions Adjudicator (OHPA) which will examine cases identified that require assessing for fitness to practise for healthcare professionals. The role of the OHPA's Board Members includes the following:

- ensure that the public interest is served at all times;
- ensure that the principles of equality, diversity, fairness and human rights are upheld.

In contrast, *Tackling Concerns Locally* sets out recommendations and principles of best practice to strengthen local NHS arrangements for identifying poor performance among healthcare workers and taking effective action. These two reports must be viewed as a positive step forward to enhancing quality of care delivery which all nursing, midwifery and allied professionals mentors need to acknowledge and share with their students.

For each of the 13 health professions there are specific guidelines on the standards of proficiency that include both generic and specific recommendations. An awareness of these is paramount when mentoring healthcare students from the specific profession. Thus, throughout the book the intention is to explore both general and then specific aspects, so that mentors will have a beneficial academic tool to accentuate their knowledge, understanding and management of the mentorship process.

This is an interesting time for all mentors as they balance changes in their role both nationally and locally. The skills and energy that are needed to carry out the effective role of a mentor should not be taken for granted. All students undertaking NMC-approved pre-registration midwifery training can only be mentored throughout all their training by a sign-off mentor who has completed the appropriate extra training and met the subsequent criteria. The sign-off mentor status will also be required by all mentors working with

student nurses in their final practice placement of their pre-registration training programme although the process does not start until April 2010, unless the student is undertaking a shortened training programme (this is discussed in Chapter 9). Now read and reflect on Case study 1.1.

CASE STUDY 1.1

A student nurse returned from their practice placement stating that they were surprised at how successful the process of mentorship works, its value and support that it offers.

The student had met their mentor when they attended a teaching session with some other mentors, as part of their preparation for practice. The mentor had given the group an overview of the nursing speciality and what they expected from the student. This discussion was valuable because the mentors allowed the students the opportunity to ask questions in an attempt to allay their fears about the practice placement.

The most important aspect from this student's feedback was that the mentor did really try to follow what they said they would.

At the start of the placement, the orientation to the placement was successful and followed by the 'initial interview'. This had given the student the opportunity to share with the mentor their action plan, hopes and aspirations of what they wanted to achieve. The mentor was supportive and made every effort to ensure that the student's experience was as effective as possible.

How far does this correspond to your approach to mentorship?

Case study 1.1 is a very successful account of how mentorship can work and help to reassure the student that the mentor is a valuable aid in their practice placement experience. There are many reasons why mentorship is so successful and is often reflected in the positive approach that the individual has to undertaking appropriate training and maintaining their continued commitment.

Watson (2004) reported the results of a study into why qualified nurses attended a mentor training programme and identified the four main reasons as:

- patient-based reasons for doing the course;
- course-based reasons for doing the course;
- doing the course through need rather than choice;
- doing the course for reasons of personal motivation.

Inevitably, there were a number of qualified nurses undertaking mentor training and using the associated qualification as a vehicle for obtaining

professional credibility. Nevertheless, no matter the reasons identified, in reality, some mentors do undertake the role and find the student somewhat challenging.

However, there is no doubt that for some mentors the student offers them a challenge and at the same time, represents hard work in the process as they try to balance and juggle the ever increasing roles and responsibilities enforced upon them (Dolan, 2003). This has been an area of interest and concern, and subsequently has formed the basis of a number of research studies. However, Darling (1985) warned of the dangers of mentors becoming 'toxic mentors', i.e. those who fail to develop an effective supportive rapport with the student because they themselves are tired and exhausted, possibly suffering from burnout (Webb and Shakespeare, 2007).

Research has been undertaken from various perspectives:

- What do students want from their mentor?
- What do students want from the practice placement?
- What do mentors want from their students?

Box 1.6 presents some examples of a few significant studies that highlight how important the process of mentorship is and the need to ensure its effectiveness from a nursing, midwifery and interprofessional learning perspective.

Box 1.6 Examples of significant research studies

'Student and mentor perceptions of mentoring effectiveness' (Andrews and Chilton, 2000).

'The support that mentors receive in the clinical setting' (Watson, 2000).

'Assessing practice of student nurses: methods, preparation of assessors and student views' (Calman et al., 2002).

'Assessing student nurse clinical competency: will we ever get it right?' (Dolan, 2003).

'Belongingness: a prerequisite for nursing students' clinical learning' (Levett-Jones and Lathlean, 2008).

The importance of interprofessional learning has been emphasized over the past decade and after some initial resistance, the partnerships are well

established in some healthcare settings. Edwards (2001: 1) emphasized that, 'Each doctor, nurse, midwife, allied professional and support staff must understand their own responsibilities and accountability to deliver the best care, and not to harm patients by their actions.' The aim throughout this book is to develop this approach and emphasize where possible how the interrelatedness of healthcare learning can be enhanced for all healthcare students so that they can appreciate this need for 'best care'.

As part of an annual mentor update (2003–8), the following exercise was given in order to gain some feedback and ensure a clear understanding of what support some mentors may need. Throughout this book there will be a number of thought-provoking exercises relating to the reality of mentorship, try Mentor Activity 1.1.

MENTOR ACTIVITY 1.1

As a mentor, what do you expect from the student nurse?

Reflect on this question and make some notes whilst relating to the specific nursing students that you work with.

Mentorship is an important integral role for all healthcare professions. The opportunities that the professional academic role generates are complementary to those gained from undertaking patient care delivery and management. However, it is useful to gain clarity of thought and completing the Mentor Activity 1.1 exercise will help you gain your own self-awareness of your expectations of the healthcare student (see Table 1.2). Compare these responses in Table 1.2 from a number of qualified Stage Two mentors, with your own.

There is no doubt that nurses, midwives and the allied professions have different expectations of what they want from the mentor's role. Bray and Nettleton (2007) report on the findings of a multi-professional research study that involved nurses, midwives and medics, and they identified, the most important roles that an effective mentor undertakes. Mentors and mentees were asked in a questionnaire to identify the most significant attributes that a mentor possesses, from a pre-selected menu of 20 attributes (see Table 1.3).

The results are interesting and, furthermore, thought-provoking. Although there are similarities, it is nevertheless the important role of being a 'teacher' that appears to be most significant. However, the term 'facilitator' may be

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TABLE 1.2 "As a mentor, what do you expect from a student nurse?"

Personal attributes	Social skills
Awareness of the profession and the Mentor's roles and responsibilities	Adheres to uniform policy
Be aware of own objectives before starting placement	Appreciates teamwork and other people's role
Be motivated	Be friendly, adaptable and co-operate
Bring documentation to placement	Displays respectful and caring behaviour towards patients/relatives at all times
Enthusiastic and interested in the placement area	Good communication skills
Flexible – plans of placement may change	Good social skills – be able to interact with clients/staff in a range of settings
Learn and appreciate the mentor's role on placement	Good time keeper
Open to new learning	Professionalism – in relation to being a student of nursing
Positive attitude and questioning practice	Punctuality and politeness
Self-directed learning at times	Respect the workload and responsibilities that qualified staff have to their workplace
Show initiative and be reliable	Talk to the patient and their family
Get stuck in and involved	Appear and work in a professional manner
Values the placement ethos	Inform mentor if any problems

TABLE 1.3 *The most significant attributes that a mentor possesses*

Health professional	Most important role
1 Nursing mentors	Teacher, supporter and mode
2 Midwifery mentor	Facilitator and teacher
3 Nursing mentee	Teacher and supporter
4 Midwifery mentee	Teacher and supporter
5 Medic mentee	Advisor and supporter.

Source: (Bray and Nettleton, 2007)

used more effectively in order to emphasize the importance of self-directed learning in students. The eight domains of mentorship can be focused around three main approaches to supporting the student and helping them gain as much as possible from the practice placement although the facilitation of learning is the one theme throughout (see Box 1.7).

Box 1.7 Three themes throughout the domains of mentorship

- 1 Facilitation of learning: domains 1, 2, 3, 4, 5, 6, 7, 8.
- 2 Assessment: domains 3, 4, 8.
- 3 Creating an environment for learning: domains 1, 3, 5, 6, 7, 8.

(NMC, 2008a).

Therefore, students need to be aware of the importance of taking responsibility for their own learning and capitalizing on the resources that they find more effective. The importance of accessing health information is a priority in contemporary healthcare and although primarily designed for service users, students can also benefit from them as a useful resource.

Bradshaw (2008: 3) states: 'Information and choice are indispensable if we are to achieve a truly patient-centred NHS in which standards and quality are constantly improved.' Healthcare students need to be aware of current changes and how efforts are being made to improve the service for those who need to access it. NHS Choices (2008) is one approach that emphasizes the importance of making the NHS's online service accessible to the public. It is its intention to contribute to achieving better health and well-being by providing appropriate information for patients. The NHS Choices (2008: 5) states: 'The NHS of the future will be one of patient power, patients engaged and taking control over their own health and healthcare.' All healthcare students do need to know and understand how the National Health Service that they intend to work for is changing.

Students need to appreciate that the NHS Choices (2008) has five strategic goals that can affect them, their training and their understanding of the patient's healthcare journey. These goals include:

- *Better access* – using technology to offer a personalized service.
- *Better health* – enabling people to take greater responsibility for their own health and well-being.
- *Better care* – it will help people understand the right treatment and care options for themselves or those for whom they are caring.
- *Better quality through insight* – understanding of the patient, client and carer experience.
- *Better lives* – improving community partnerships to deliver better health.

Mentors need to ensure that their own knowledge is updated in order that they can explain to healthcare students how contemporary changes are influencing their particular nursing speciality. In support, Professor Michael

Thick, Chief Clinical Officer, from the NHS Connecting for Health (2009: 4) states:

Healthcare is undergoing a paradigm shift, from Industrial Age Medicine to Information Age Healthcare. Information and communication technologies will play a pivotal role in facilitating this change and as these technologies mature and are embedded in clinical practice they will influence future delivery models of healthcare.

Now complete Mentor Activity 1.2 in order to enhance and consolidate your own healthcare awareness.

MENTOR ACTIVITY 1.2

What specific changes nationally and/or locally are happening in your speciality of nursing that will have an impact on the patient's healthcare journey?

Reflect on this question to ensure that your own professional knowledge is updated.

Whatever national or local changes you have identified, there is no doubt that education is an important medium in which to explore, theorize, and implement aspects of care that are intended to improve the patient's healthcare experience. 'During September 2007 Skills for Health issued a consultation on EQuIP, an "Enhancing Quality in Partnership" model for Quality Assurance (QA) of healthcare education, which Skills for Health was commissioned to develop by the Department of Health (DH)' (Skills for Health, 2008: 2). The main philosophy underpinning EQuIP is to examine the quality of healthcare education, and its improvement, as a standardized, and evidence-based model. The associated aims are to do the following:

- Ensure safer, more effective practitioners and service.
- Enhance patient and service user experience of healthcare.
- Reduce QA burden on providers.
- Lead to more responsive and increasingly competent-based education programmes.

There are 11 basic principles that link into a interprofessional education and training programme for healthcare. Mentors will have to enhance their own understanding associated with EQuIP and identify how it relates to their specific healthcare setting. So, within today's NHS there are a number

of changes associated with care delivery, communications, education and service management. The mentor needs to ensure that they maintain their knowledge as up to date as possible.

The most significant change in the future will amalgamate all these recommendations in order to improve pre-registration nursing education in their review findings *Nursing: Towards 2015* (NMC, 2008c). This review was in favour of a degree-level minimum nurse training programme, and only awarding a diploma if the student is unable to achieve degree level but is safe and effective in practice. The importance of advocating a degree-minimum training programme was:

- the need for critical thinking skills in an increasingly diverse and complex climate of healthcare delivery and patient needs;
- to bring the UK into line with other countries and with other healthcare professions in the UK.

In the report on consultation findings, the NMC (2008c: 4) states:

There have been considerable developments in healthcare policy and delivery in recent years, and it is imperative that pre-registration nursing education continues to enable nurses to work safely and effectively to meet the needs of patients now and in the future.

Mentors will need to ensure that they maintain their awareness of what will happen to pre-registration nurse training in the future so that they can ensure that their knowledge remains current.

Mentorship is a dynamic and progressive role that continues to develop according to the health service changes, local healthcare requirements and recommendations from national and statutory bodies – the NMC and the HPC. One of the main roles of mentorship relates to the process of assessment. In order for the evaluation of the assessment to be realistic, the student must be given time with their mentor so that their progress can be discussed and appropriately monitored. Hinchliff (2004) believes that time management is important but this process unfortunately breaks down in the clinical setting due to staff shortages and workload. The length of placement must be deemed long enough in order that an evaluation of learning can be ascertained. The student must be allowed time and access to appropriate resources according to their training programme, speciality, and this will be enhanced if the mentor shows a positive commitment to the student's development.

Summative assessments are used to ascertain the student's ability to deliver specific skills, including communication and interpersonal skills and

a variety of healthcare requirements. These assessments are reliable because each student is assessed against a pre-determined checklist, the same criteria is applied to all. These are more challenging because the student has to pass at an agreed level (40–50 per cent) and often there is a limit on the number of attempts that they may take. Mentorship is therefore a rewarding and self-fulfilling component of the healthcare professional repertoire of roles and responsibilities. It is interesting, ever changing but at times extremely challenging.

Frequently asked questions

Mentors

Q. Why do some students fail to show any interest, enthusiasm or motivation whilst working in the practice placement? This is not an unusual situation and it does cause us some concern as mentors.

A. Students' responses to their practice placement may vary according to their perception of what they are supposed to be achieving. For some students the placement may be a non-branch experience and hence their commitment may be reduced or not so apparent. This may be determined by the enthusiasm shown by the mentor to ensuring that the student's experiences are as productive, interesting and meaningful as possible. However, the lack of interest, enthusiasm and motivation may be because the student doesn't appreciate that particular placement, the efforts made by the mentor to enhance their mentorship experience or all the facets of learning that it has to offer. Alternatively, this behaviour may be as a result of previous negative placement experiences and/or 'poor' mentor experience that has left the student sceptical regarding the supportive roles that mentors can offer. Both student and mentor need to value the importance of mentorship and how each other can learn from this professional relationship.

Q. Why do some students lack initiative and have to be told what to do all the time – they seem to lack spontaneity?

A. The reasons why some students appear to appear lack initiative and spontaneity may be due to their intrapersonal variables – their insecurity, reduced self-esteem and threatened self-efficacy. Mentoring a student who feels this way is a challenge, frustrating but also rewarding if the mentor can initiate a more positive response by encouraging

the student to value the placement for all the learning opportunities that are available for them to access. If you continue to have concerns, discuss them with the student, your colleagues (if possible) and possibly the student's own Personal Tutor because you have to feel confident in verifying objectively and constructively that student's achievements in their documentation. The mentor will need to ascertain the student's previous experience of mentorship and, if negative, correct any misconceptions that the student may have.

Students

Q. Why do some mentors make it obvious that they don't want to be a mentor and that the student is an inconvenience or creates added pressure that they could well do without?

A. Mentorship is a two-way supportive relationship between the student and healthcare professional, in which both have to appreciate the other's role. Sometimes students are a little egocentric and tend to forget that mentorship is only one of the many roles that a mentor is trying to juggle and deal with. They have their own commitment to fulfilling their job description which relates to leadership responsibilities, management pressures and facilitating learning as a teacher in the practice setting whilst ultimately trying to deliver nursing care. Sometimes students do need to take a step back, observe their mentor and appreciate that mentorship is an added responsibility but also that within the mentor-student relationship both parties need to value each other.

Q. Why does my mentor insist on calling me 'the student', don't they realize that I have a Christian name and sometimes it is appropriate to call me by it?

A. This is a valid question and one that does concern students throughout their nurse training. Unfortunately, the answer is not an easy one because this response from the mentor may be a professional stance in front of the patient or their family members. There may be a number of other reasons why this happens, so the student does need to be assertive and share their concerns with the mentor in order to achieve a mutual compromise and understanding. The student needs to explain why this ineffective approach to communications and interpersonal skills is so upsetting to them and how they feel that it is devaluing the mentorship process.

Chapter summary

This chapter has examined the process of mentorship pertinent to nursing, midwifery and other health professional students. On completion you have learned about:

- how education has progressed since the introduction of mentorship into the healthcare setting;
- the Nursing and Midwifery Council's (2008a) four-stage developmental framework for mentors;
- the Health Professions Council's (2007b) specific standards of conduct, performance and ethics although both Councils' standards are inter-linked;
- what mentors expect from their students in order to ensure the continuity of effective mentorship;
- how mentorship has three main inter-linking domains: facilitation of learning, assessment and creating an environment for learning.

Further reading

Nursing and Midwifery Council (2008a) *Standards to Support Learning and Assessment in Practice: NMC Standards for Mentors, Practice Teachers and Teachers*, 2nd edn. London: NMC.

This is a vital document which can be obtained from the NMC or downloaded from their website (www.nmc-uk.org). This document introduces a number of contemporary issues associated with mentorship and some of these will be discussed throughout the book. The four stages within the developmental framework are examined and explained effectively.