The quality of mentoring can vary. A new role aimed to bridge gaps between theory and practice in practice-based learning, and improve consistency of placements.

Benefits of a peripatetic support mentor

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**Inconsistency of mentor support for student nurses may seriously disadvantage those who receive lower-quality support. One way to address this is to develop a peripatetic support mentor role, offering flexible support to students and mentors across a variety of placements.**

Peripatetic support at work is a fairly new concept in nurse education. In November 2009 I was employed as a peripatetic support mentor (0.5 full-time equivalent) on a fixed-term, one-year contract by the School of Health and Wellbeing at the University of Wolverhampton. My role was to support mentors and student nurses, promote learning and improve collaboration between the university and placement staff.

Twelve months before my appointment, health economy practice teams had replaced many, but not all, of the link tutor systems. The university had been a pilot site tasked with developing partnerships with local health-service providers to create new approaches to reducing theory-practice and confidence-competence gaps. The new practice teams followed a tripartite strategic model advocated by Walsh and Jones (2005), which embraced collaborative innovations that included integrated learning pathways, learning zones and clinical support mechanisms. Duffy (2003) recommended a tripartite approach to support mentors in their role as clinical assessors. The school combined nursing and social-work studies and worked with service providers to plan a new curriculum embedded in practice-based learning; this was in line with the Nursing and Midwifery Council’s (2010) standards for pre-registration nursing education.

Problems with practice-based learning

Attempts to manage the complexities of practice-based learning have a long history and continue to be the focus of nursing research. A recent *Nursing Times* survey revealed that 37% of mentors pass students who should fail and 31% believed their decisions would be overturned (Gainsbury, 2010). It revealed that some mentors felt unable to manage inappropriate performance, due to their relationships with students and uncertainty about evidence, documentation and assessment processes.

Few would deny that the quality of mentorship is central to the quality of learning and there is no shortage of advice on how to improve placement learning experiences. As Hand (2006a; 2006b) said, while teachers determine the quality of learning, continuous learning in a perpetually changing clinical environment requires continuous monitoring. Cassidy (2009) supported...
claims that inconsistencies in practice-based learning are due to lack of clarity, inappropriate documentation, differing opinions and levels of understanding, and poorly supported student–mentor relationships. Bradbury-Jones et al (2010) identified that social and organisational features in the clinical environment disrupt the development of knowledge and confidence; Forbes (2010) proposed a more student-centred approach to learning at work to counteract the uneasy relationship between political, economic and caring factors.

Peripatetic support in nurse education

Recently a few NHS trusts have employed peripatetic support mainly for newly qualified staff nurses, providing one-to-one and various group learning options in a range of work-based settings. In pre-registration nurse education it could promote consistency in placement learning by helping to bridge some of the gaps between clinicians and academics (Duffy and Watson, 2001).

Facilitating learning in practice is notoriously difficult to plan and organise, and transferring knowledge to mentors and learners working in different areas is often an unpredictable process. Peripatetic support could help ease some of these issues and address conflicts in the mentor role caused by clinical and educational incompatibilities (Nash and Scammell, 2010).

Integrating peripatetic support into practice teams

My remit as a peripatetic support mentor was to work across branches, within two of five newly formed health economy practice teams. Each team was subdivided into branch-specific teams, comprising academics and practice placement managers working in NHS trusts in designated geographical localities. Within each practice team, named academics assumed responsibility for specific placement areas.

Practice teams’ terms of reference were to enhance the quality of learning by administering and monitoring capacity, maintaining databases, evaluating and providing student support and mentor updates, and signing off mentor training.

Developing the role

Initially there was a sense of confusion about my appointment. Peripatetic support was described as “assisting mentors to develop their roles and enhancing the quality of local practice-based learning and supervision practices”.

An early challenge lay in building relationships with academic and service staff with varying responsibilities. However, I was soon a familiar presence in placement areas, visiting mentors and students in a variety of settings, advising and intervening as a representative of the practice team and developing a unique cross-bran view of different support strategies. My responsibilities included moving to where I was needed, be it at short notice or as part of an ongoing educational support programme.

After six months a peripatetic circuit was established across four residential care homes and six hospital trusts that provided placements for student nurses in acute adult, mental health and learning disability services and those for older people.

The evolving role

Fig 1 summarises my understanding of the peripatetic support mentor role as it evolved while I was in post. It suggests peripatetic support focuses on three contextual elements of practice-based activity: learners, academics and practice mentors.

Conflicting between value systems associated with these contexts could undermine practice-based learning experiences and compromise subsequent learning outcomes. The peripatetic support has a key role in achieving congruence between three overlapping spheres of activity:

- Optimising learning opportunities by addressing learner and mentor responsibilities;
- Optimising learning outcomes through academic facilitation;
- Mediating and liaising through practice placement managers and practice teams.

My role as a roving member of the practice team enhanced learning through regular contact and helped develop skills of mentors and students, particularly in relation to planning, assessing, evaluating and documenting their learning experiences. Inevitably, the support focused principally on inexperienced mentors and students, but all can benefit from one-to-one input.

The presence of peripatetic support is a constant reminder of the importance of maintaining standards and quality.
BOX 2. LEARNING OUTCOMES

Optimising learning outcomes through academic facilitation

Peripatetic support maintained congruence in learning through regular academic facilitation in the workplace. An example of this occurred during the first sign-off period, when many students and mentors began expressing uncertainties about what they needed to achieve to demonstrate competency.

Responding to these concerns, we made peripatetic support available in weekly drop-in sessions, which the adult practice team implemented for clinical staff and students. The idea was to offer advice and to identify problems at the earliest opportunity in order to intervene quickly.

The mental health and learning disability teams issued sign-off students with a weekly Proficiency Planning Sheet to guide them in their negotiations with sign-off mentors and record individual learning outcomes. I found this document provided a useful point of reference when evaluating progress with learners and mentors, before their one-hour feedback session at the end of every week and before planning the next week.

Cross-branch peripatetic involvement provided an oversight of how these simple strategies had helped to maintain congruence in learning.

BOX 3. MEDIATING AND LIASING

Mediating and liaising through practice placement managers and practice teams

Regularly mediating and liaising with academics and clinicians not only enabled me to provide appropriate peripatetic support to mentors and learners, but also resulted in exposure to wider groups. As a result I took part in several new initiatives. An example was in helping to disseminate mentor portfolios developed by one trust, which included providing follow-up advice to mentors as needed, before their first triennial reviews.

For peripatetic support to be relevant and credible it should be part of the overall strategy approved by practice placement managers and academics working in partnership within practice teams.

The quality of learning in the workplace is often affected by unpredictable forces and unforeseen changes. Therefore students, newly qualified mentors and staff nurses particularly benefited from regular input, which raised awareness of academic issues, promoted consistency and deepened understanding of the educational as well as the clinical implications of their roles.

Conclusion

Out of sight often means out of mind, so visible prompts, such as those provided by regular peripatetic support, remind staff of their learners’ needs while upholding relations between institutions. Peripatetic support is also ideally placed to promote students’ needs and harness variations in practices. This provides an opportunity to move away from task-oriented approaches to practice-based learning that is more sensitive to the attitudes and values that underpin nursing.

References


