A new role to improve mentorship standards

In this article...
- The role of a lead mentor
- Opportunities for lead mentors
- Evaluation by lead mentors and students

Keywords: Nurse education/Mentors/
Lead mentors/Student nurses

This article has been double-blind peer reviewed

A lead mentor role has been developed to promote high standards of nurse mentorship across a large health board. Evaluation so far shows positive results.

Mentors play crucial roles both in the provision of healthcare and in educating and training future nurses. They are ideally placed to promote professional values within their teams, and to impart high standards of practice to future nurses.

Francis (2013) called for a re-emphasis on what is important in nursing, focusing on professional values, strong leadership and accountability. In his report, it was suggested that the healthcare system should:

“Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do.”

Abertawe Bro Morgannwg University Health Board (ABMU HB) has undergone a series of mergers and now employs approximately 5,000 registered nurses and midwives. Following the mergers, the practice education facilitator team re-examined the role of link mentor. This role was originally a means of communicating with clinical areas but had become neglected during the organisational changes. In view of Francis (2013) and Willis (2012), we felt that there was an opportunity to develop link mentors into lead mentors, with the leadership skills and confidence to lead the mentors in their teams effectively.

Leadership and constructive teamwork have a positive effect on patient outcomes, and developing existing mentors is one way of achieving this.

Local anecdotal evidence suggested that some teams were finding it increasingly difficult to release registered nursing staff for annual updating in mentor responsibilities, as required by the Nursing and Midwifery Council (2008). The NMC requires mentors to mentor a minimum of two nursing students in any three-year period, and undertake an annual update to meet their triennial review requirements. We felt that in some nursing teams there was scope for individual mentors to develop beyond their existing role to become lead mentors, and to contribute to the triennial review of existing mentors in a variety of ways, depending on the needs of their clinical area.

Developing individuals in this way contributes to the Welsh Assembly Government’s (2008) all-Wales agenda of nurses being designed to realise their potential and the Post Registration Career Framework for Nurses in Wales (WAG, 2009). In particular, it contributes to:
- Succession planning;
- Mentors play a crucial role in nurse education and training;
- Local anecdotal evidence suggested that some teams were finding it increasingly difficult to release registered nursing staff for annual updating in mentor responsibilities, as required by the Nursing and Midwifery Council (2008). The NMC requires mentors to mentor a minimum of two nursing students in any three-year period, and undertake an annual update to meet their triennial review requirements.
- We felt that in some nursing teams there was scope for individual mentors to develop beyond their existing role to become lead mentors, and to contribute to the triennial review of existing mentors in a variety of ways, depending on the needs of their clinical area.
- Developing individuals in this way contributes to the Welsh Assembly Government’s (2008) all-Wales agenda of nurses being designed to realise their potential and the Post Registration Career Framework for Nurses in Wales (WAG, 2009). In particular, it contributes to:
  - Succession planning;
  - Mentors play a crucial role in nurse education and training;
  - Local anecdotal evidence suggested that some teams were finding it increasingly difficult to release registered nursing staff for annual updating in mentor responsibilities, as required by the Nursing and Midwifery Council (2008). The NMC requires mentors to mentor a minimum of two nursing students in any three-year period, and undertake an annual update to meet their triennial review requirements.
  - We felt that in some nursing teams there was scope for individual mentors to develop beyond their existing role to become lead mentors, and to contribute to the triennial review of existing mentors in a variety of ways, depending on the needs of their clinical area.
  - Developing individuals in this way contributes to the Welsh Assembly Government’s (2008) all-Wales agenda of nurses being designed to realise their potential and the Post Registration Career Framework for Nurses in Wales (WAG, 2009). In particular, it contributes to:
    - Succession planning;
    - Mentors play a crucial role in nurse education and training;
    - Local anecdotal evidence suggested that some teams were finding it increasingly difficult to release registered nursing staff for annual updating in mentor responsibilities, as required by the Nursing and Midwifery Council (2008). The NMC requires mentors to mentor a minimum of two nursing students in any three-year period, and undertake an annual update to meet their triennial review requirements.
    - We felt that in some nursing teams there was scope for individual mentors to develop beyond their existing role to become lead mentors, and to contribute to the triennial review of existing mentors in a variety of ways, depending on the needs of their clinical area.
Lead mentors must be:
- Compliant with triennial reviews and committed to lifelong learning
- Have attended and completed the mentor preparation programme or equivalent
- Have identifiable leadership skills and the capacity to further develop them
- Be supported to attend the development day and develop their lead mentor skills by their line manager
- Have demonstrated a problem-solving approach in their usual working environment

Management and leadership preparation at all levels; and
The development of transferable skills.
Willis (2012) suggested that many practice learning environments urgently need to be improved. This new role would empower the best mentors to directly question poor mentoring practice and create development opportunities for them. Through development, lead mentors may gain further insight into existing processes to support learners in clinical environments; these can be shared with other mentors while students are on the practice placement, demonstrating a cohesive approach to nurse education.

Lead mentor development
After reflecting on our own experiences and the findings of the Francis (2013) and Willis (2012) reports, we prepared a paper on developing lead mentors, which the continuing professional development leads at the nursing and education research group welcomed wholeheartedly. The lead nurse for education agreed to sponsor it for submission to ABMU HB’s nursing and midwifery board.

Existing link mentors and prospective lead mentors were invited to a development day when they would identify responsibilities and the opportunities available for development. To attend, they had to meet certain prerequisites (Box 1) and make several commitments (Box 2).

They also needed to consider their responsibilities (Box 3), although their individual responsibilities would be negotiated with their line manager.

Prospective lead mentors had to be self-selecting to ensure they were motivated, enthusiastic and undertaking the role for altruistic reasons rather than material benefit. They would be advised of opportunities available to them (Box 4) and invited to participate in NMC reviews as appropriate.

In the first instance, the link mentors who came forward all agreed to become lead mentors. Some areas had CPD leads in place who were delivering mentor updates and were in a position to support the development of lead mentors in their areas; this would continue.

Anticipated problems and proposed solutions
Our first anticipated problem was releasing staff for a whole day’s development. However, the development day would include their annual update, so it only required them to be released for a half day more than usual.

There is an opportunity for mentors in certain areas to receive updating from their lead mentor; this reduces the need to release staff from specifically identified areas for updating. Updating could be delivered within the workplace. This is particularly attractive to the learning disability directorate, which is currently struggling to maintain compliance with triennial reviews (NMC, 2008).

Quality assurance
Lead mentors are supported by their line managers and, after attending the development day, some have already been followed up in the workplace by the practice education facilitators, who evaluate the role’s impact on the lead mentors and mentoring team. This helps to answer anticipated questions from the NMC about quality assurance and whether the CPD leads and lead mentors who undertake updating of other mentors are doing so effectively.

As we facilitate the student evaluation of clinical areas that are accessed by those studying at the University of South Wales, we will monitor the feedback and act appropriately on any that is negative – namely by informing the link lecturer and addressing the needs of that lead mentor or CPD lead.

We will initially supervise the lead mentor’s delivery of mentorship updates to ensure compliance; we will then feed back to the lead mentor. We are liaising with the CPD leads who currently deliver mentorship updates to supervise their sessions once a year to ensure compliance, and will feed back to them.

Development day
The development day consisted of:
- A mentor update, exploring learning styles and applying their use positively in practice;
- An introduction to the use of iPads; and
- Mindfulness and developing resilience.

We gained support from the Workers’ Educational Association (WEA), a voluntary organisation supporting adult community learning, to access iPads and a trainer for the session on how to use them.

The iPads were used to access the VARK learning styles questionnaire (www.vark-learn.com) so participants could examine their own learning styles and discuss the importance of understanding those of their students when teaching and sharing skills.

The mindfulness and developing resilience session was delivered by the Royal College of Nursing coordinator and Wales Union Learning Fund project manager. This gave the participants a chance to network with people they might like to contact once back in their clinical environments.

The development day was attended by 11 mentors from varied backgrounds who were keen to become lead mentors. At the end of the day participants completed an evaluation of the content, structure and presentations, and the day overall, including a Likert scale of 1-5, where 1 represented “strongly disagree” and 5 represented “strongly agree”. All the responses were scored at 4 or 5 (all high scores represented positive reactions). There were two additional statements about whether they would recommend the sessions requiring a “yes” or “no” answer, and participants had the opportunity to make further comments. Comments made included:

“I would recommend this development session to other mentors and existing link mentors.”
“I would recommend this development session to all mentors.”

“I have learnt so much about other free resources available to us from the WEA, RCN and OU.”

“VARK and learning about resilience were fun and still useful.”

“I’d have liked more time spent on the student documentation.”

“The duties and responsibilities of a lead mentor clearly explained.”

“Identifying learning styles and using that in practice, I wouldn’t change any of the day!”

“I liked the whole session as it enabled me to reflect on how I can ensure standards are being met.”

“Research-based learning, great use of materials for PDR [personal development record] and to enable me to support learners better.”

Follow-up and ongoing support

After the evaluation, we took time to reflect on, and implement, our plan to support the lead mentors. Two weeks later, we found that one of them had set up a meeting with her line manager to determine the way forward for her and they had developed a structured plan. She agreed that this plan could be shared with the other lead mentors as an example of good practice.

Within the learning disability directorate, the lead nurse has supported a number of lead mentors and passed responsibility to them for auditing their areas on numbers of mentors, sign-off mentors and potential for future sign-off mentors. This has enabled us to review our existing database and update it, reflecting a more “live” account for future NMC reviews of those areas.

One lead mentor has successfully delivered an update session supervised by the CPD lead for that area, and others are now planning to deliver update sessions under our supervision so they can be given feedback. After these sessions there will be a period of reflection when we will informally interview the lead mentors and determine whether they feel confident enough to continue or need any further development or support.

An ongoing issue, shared by many workplaces (Willis, 2012), is the time afforded to mentors, both to mentor effectively and to develop. The current review by Lord Willis into CPD for registrants (NMC and Health Education England, 2014) may provide the guidance required for those trying to improve the situation for mentors, their students and, ultimately, our clients and patients. Although lead mentors had the time for the development day, development is not a single event. Mentorship takes time, effort and commitment, and mentors must be supported in developing and sharing those skills to develop our future nursing workforce in positive environments that are safe for students, patients and service users.

The National Nursing Research Unit (2013) considers mentoring to be a “worthwhile job that offers the chance to develop and the opportunity to improve teamwork”. We now need to consider how to measure the positive impact of lead mentors within clinical teams and whether or not they contribute to a positive culture of care.

We undertake the clinical evaluations with groups of pre-registration students when they return from practice placements. They are extremely enthusiastic about one clinical area that has always evaluated positively and now has a lead mentor. This lead mentor in particular has been quick to respond to the development, and has already met with other lead mentors she met on the development day to share how she liaised with her line manager and agreed a way forward.

We are now planning a further development day for another cohort of lead mentors. Since the first development day, two of the hospitals for whom we work have undergone a review that states: “The confused nature of accountabilities needs attention at ABMU….” (Andrews and Butler, 2014). Developing mentors in this way is an opportunity to reduce confusion around mentorship, and to have mentors who are clear about their role and demonstrate that clarity through positive role modelling and leadership. NT

References

Andrews J, Butler M (2014) Trusted to Care: An Independent Review of the Princess of Wales Hospital and Neath Port Talbot Hospital at Abertawe Bro Morgannwg University Health Board. tinyurl.com/TrustedToCare


National Nursing Research Unit (2013) Culture of Care Barometer. London: NNRU. tinyurl.com/CultureBarometer


Nursing and Midwifery Council/Health Education England (2014) Shape of Caring Review to Improve Nurse and Healthcare Assistant Training. tinyurl.com/NMCShapeOfCaring


For more on this topic go online...

- Opening up placement opportunities for student nurses
- Bit.ly/NTPlacementOpps