

Mentors play a crucial role in supporting and assessing student nurses, yet many find the role challenging. A trust developed support for mentors at the point of care

Support for mentors in clinical education

In this article...

- › The importance of mentors in nurse education
- › Development of a team to support mentors at the point of care
- › Evaluation of the mentor support team

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Abstract Winterman E et al (2014) Support for mentors in clinical education. *Nursing Times*; 110: 51, 21-23. Mentorship of student nurses within the clinical environment is a well-established aspect of nurse training. With theory and practice being given equal weighting in the assessment of students' fitness to practise, effective mentorship in clinical settings is essential.

While there have been calls for improvements to the clinical learning environment, the demands of daily practice mean it can be difficult to achieve effective mentorship. This article outlines one trust's initiative to improve mentorship support by introducing a clinical education mentorship support team.

Student nurses spend half of their pre-registration courses in clinical placements, so it is essential that they receive high-quality mentoring. Mentors should work to create a positive, supportive learning environment for their students, while providing and reporting an accurate, informed assessment of their performance over four domains (Box 1).

What is mentoring?

The Nursing and Midwifery Council (2008,) defines a mentor as "someone who facilitates learning, and supervises and

assesses students in a practice setting", and Teatheredge (2010) suggests that "effective mentoring produces effective students who, in turn, become competent, confident registrants who will have mastered the art and craft of caring".

A systematic review by Jokelainen et al (2011) found that good mentorship of student nurses has two main functions:

- » Helping students to learn as individuals through the creation of a supportive learning environment;
- » Supporting the development of students' professional attributes, identities and competence.

The NMC's (2008) *Standards to Support Learning and Assessment in Practice (SLAiP)* articulate the standards of effective mentorship, making it clear that mentors have a responsibility to act as the gatekeepers to the profession. Through positive role modelling and leadership skills, they are expected to provide students with expert teaching, personal support and a robust assessment to ensure they are fit to practise.

The decisions mentors make in assessing students have a direct impact on securing the future of the nursing workforce. In addition, they also help to safeguard ongoing excellence in the delivery of patient-centred care, while making a significant contribution to the future development of the nursing profession as a whole. With such heavy responsibilities, it is vital that mentors are able to perform this essential role well.

The realities of mentoring in practice

Although there is plenty of nursing literature describing what constitutes good

5 key points

- 1** Fifty per cent of fitness to practise assessments occur on placements
- 2** Effective mentorship can be difficult to achieve
- 3** Calls have been made to improve practice learning environments
- 4** Mentors should be empowered and supported
- 5** Support at the point of care has the potential to improve mentorship practice



Mentors make a significant contribution to the development of the nursing profession

student mentorship, there is a lack of evidence to support the effectiveness of mentorship in practice (Chandan and Watts, 2012). There is also little evidence on whether and how mentors apply the SLAiP standards in their daily practice.

Reported issues such as failure to fail (Duffy, 2003) and evidence of a 5:1 ratio between academic failure rates and practice failure rates (Hunt et al, 2012), suggest that mentors are struggling to be effective. This is further supported by Moseley and Davies' (2008) study, which reported that, while most mentors were largely positive about the interpersonal aspects of their mentorship role, many reported difficulty with the intellectual and cognitive aspects, such as providing constructive feedback and student assessment.

Many mentors reported difficulty with the intellectual and cognitive aspects of their role

The Willis Commission (Willis et al, 2012) – an independent inquiry into pre-registration nurse education – suggested urgent quality improvements within many practice learning environments as one of its key recommendations. The report called for greater partnership working to ensure NMC standards for pre-registration education were fully implemented in clinical settings, that students were better supported to apply theory to practice, and that knowledge from clinical and social science disciplines formed the basis of all practical learning. The commission also recommended that mentors be given dedicated time to perform their role.

Lack of time, however, is only one of the numerous difficulties reported by mentors. In Shaw and Bough's (2014) survey of mentors in the West Midlands region (n=956), 60% reported workload as a barrier to mentoring, 36% reported a lack of staff and 29% said patient dependency hindered the mentorship role.

Considering the daily challenges and demands of modern nursing, it is not surprising that many mentors find it difficult to fulfil this role effectively. The question is: how can they be more appropriately supported, developed and empowered towards becoming effective?

Clinical education mentorship support team

The faculty of education at the Heart of England Foundation Trust is working to improve student nurse mentorship by

BOX 1. ASSESSMENT DOMAINS

Mentors must assess student nurses on:

- Professional values
- Communication and interpersonal skills
- Nursing practice and decision-making skills
- Leadership, management and team-working skills

Nursing and Midwifery Council (2010)

introducing the clinical education mentorship support team (CEMST), and has been running a year-long pilot project.

The team is made up of nurses and midwives with a passion for improving standards of care through education. Its core remit is to help support and improve the mentorship of students at the point of care delivery. To do so, CEMST members work directly with mentors and students in the clinical care environment, taking on a wide-ranging role (Box 2).

Building the team

As with most projects, ensuring that the right people are involved in the team was crucial to the project's success. Recruitment to the CEMST was designed to ensure that all candidates selected could demonstrate a sound knowledge base, clinical competence and creativity when teaching. They also needed excellent communication and interpersonal skills, and the ability to provide constructive feedback.

The selection process was in the form of a four-part interview.

Part one involved pairing applicants to undertake four clinical simulations based on a core principle of safe practice. Each applicant was briefed and asked to take on the role of either a student or a mentor; they then took it in turns to either teach or provide constructive feedback to each other under a range of simulated conditions, while being observed and scored by an interview panel.

Part two was a handwritten technical exam, which explored applicants' knowledge of a range of topics, such as what makes a positive learning environment, and change management principles. Each paper was graded and added to the applicant's scores from the simulation activities.

Part three of the interview further explored interpersonal skills by requiring applicants to find out their paired partner's three biggest achievements. They then had to feed this information back to

the group and interview panel during a formal group discussion.

Successful applicants were then invited to attend part four of the interview process, which was a formal panel interview.

Team training

Following the successful recruitment process, the newly formed CEMST was given a training programme designed to offer the opportunity to revisit a range of essential nursing care and assessment skills, many of which were linked to key audit measures recorded within the trust. Often trained by subject specialists, team members refreshed their clinical skills and knowledge of the latest underpinning evidence base. Role play and simulation activities allowed for the further development of teaching and feedback skills. Team members found this training helped them to become established within the clinical setting through their ability to always demonstrate and reason a "gold standard" of nursing care.

The team also made partnership links with the trust's linked university. Team briefings on the students' academic course structure, content and assessments processes has allowed members to better inform mentors of students' current levels and topics of study, enabling mentors to match their clinical teaching and assessments to the students' recently learnt theory.

Initial barriers

The project was planned to run across 13 clinical areas, which represented a range of medical, surgical and midwifery specialisms within the trust.

We experienced a number of initial barriers. Clinical staff in some areas were resistant to the project, and some reported feeling suspicious of the role of the CEMST. To overcome this, information on the project was posted throughout the clinical areas, while CEMST members took time to explain their role directly to all staff. This, alongside positive reports from early adopters and students, has helped to reduce staff resistance.

Early into the project, members of the team were called to help support an urgent nursing staffing shortfall within the trust. The time taken from the project resulted in a reduction in the intended number of clinical areas to be included in the project, but one of the areas supported also entered the project.

Ward closures and mergers that happened in the early stages of the project made it difficult for the CEMST to become

BOX 2. ROLE OF SUPPORT TEAM

- Act as a role model to mentors and students
- Link with mentors to ensure a positive and supportive learning environment is created and maintained
- Help mentors to create a variety of learning activities and materials that support students' personal learning objectives, theory assessments and trust targets such as care audits
- Provide constructive feedback directly to mentors on their teaching and assessment skills
- Help mentors to construct and deliver timely feedback to students
- Cover mentors' clinical duties to allow them to undertake annual mentor updates, triennial reviews and timely student assessment interviews
- Urge mentors to seek early support for students who are failing to progress
- Encourage mentors and students to actively rationalise their care delivery
- Support the use of a range of evidence-based resources to inform care decisions
- Promote a culture of "learning for all" to which all members of the multidisciplinary team contribute, including students

established in some clinical areas. However, following mentors onto their merged area has helped provide some continuity and improved integration.

Evaluation

The report into the Francis inquiry into care failings at Mid Staffordshire Foundation Trust (Francis, 2010) recommended that the impact of any change to resourcing, staffing, service delivery mechanisms or equipment should be analysed before the change is fully implemented. In accordance with this best-practice guidance, we started evaluating the impact of the CEMST on mentors and students at the outset of the project.

To establish the team's influence on mentorship practices, we designed a pre- and post-pilot questionnaire containing statements mapped against the SLAiP standards (NMC, 2008), which sought to determine mentors' opinions on their personal application of the standards in practice. Before distribution, the questionnaires were reviewed by subject experts, who helped to inform the content and design.

Eligible mentors from the relevant clinical areas were identified through the trust's mentor register to receive the questionnaires. However, establishing total mentor numbers at the trust was difficult, due to staff leaving or moving on rotation to other clinical areas.

So far, we have received 28 completed pre-questionnaires and an initial review of responses has provided some insight into the potential impact of the CEMST. All respondents indicated that they enjoyed their mentorship role at least some of the time. Encouragingly, 68% indicated they had received feedback on their mentoring skills; while some of this came from CEMST members, the vast majority



appears to have come from students, so the quality of the feedback cannot be determined. When asked how beneficial they found or would find feedback, none of the respondents indicated that it would be of little or no benefit. Interestingly, only 25% stated they have provided feedback to a peer on their mentoring skills, which suggests that, while mentors are happy to receive feedback to develop their personal skills, they may be less comfortable to give peer feedback to help other mentors to develop.

It is promising that, at this early stage, the CEMST has received many positive comments from mentors, such as:

"Since the arrival of CEMST, communication and support have improved greatly."

In addition to the questionnaires, interviews with student leads for the areas supported by the CEMST have begun. We hope these will provide a deeper understanding of local mentorship challenges so that the CEMST service can be tailored to local needs.

We sought permission from the local university for student nurses and midwives to voluntarily complete a local placement evaluation to establish the impact of the CEMST on their learning experience. Although we have only received a small number of evaluations to date (n=6), comments made in relation to the CEMST have been extremely positive. These have included:

"It helped to put my placement back on track."

"I felt my mentor was supported, which helped develop her role with me as a student."

Team members have also received direct feedback from students, such as:

"When you [CEMST] are here, staff allow me to learn."

This positive initial feedback from students and mentors suggests the CEMST will prove beneficial in supporting mentors in their role. We intend to publish the full findings of the CEMST service evaluation early in 2015.

Conclusion

Mentors play a vital role in shaping future nursing professionals and the future of the nursing profession, yet many face challenges that make it difficult to fulfil this role effectively. To ensure students receive the high-quality mentorship they need, mentors must be given support in this vital role. Direct support at the point of care delivery, such as that provided by the CEMST, is one potential solution. **NT**

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