Partnership work in mentorship for students: facilitators and constraints

A complex network of partnerships between higher education institutions and healthcare personnel ensures that student nurses are placed with appropriately qualified mentors in approved clinical learning environments during the practical component of their course. These partnerships then support mentors in guiding and assessing students, so are central to assuring that students are fit for practice at the point of registration. Drawing on National Nursing Research Unit research (NNRU, 2012; Robinson, 2003), this Policy Plus focuses on partnership working in delivering student nurse mentorship and considers the implications of factors that facilitate and constrain its operation.

Partnerships between higher education and service providers

Partnership working between higher education institutions (HEIs) and healthcare providers became the linchpin of mentorship delivery when nurse education moved into higher education (United Kingdom Central Council for Nursing and Midwifery and Health Visiting, 1986). Aiming to provide a greater focus on practice-based learning and help integrate theory and practice (DH, 1999; UKCC, 1999), partnership working has been facilitated by various posts, most recently HEI lecturers linked with practice areas and service-based practice education facilitators (Clarke et al, 2003; Carlisle et al, 2009). The partnership is accountable for ensuring compliance with a framework of mentorship standards set by the Nursing and Midwifery Council (NMC, 2008).

A National Nursing Research Unit (NNRU) project on capacity for mentorship provision explored partnership working from the perspective of HEI and trust staff with a remit for mentorship. It included interviews with: 22 senior educationalists, mentorship programme leaders, pre-registration course leads and link lecturers in two purposively selected London-based HEIs; and 15 senior educationalists and practice education facilitators (PEFs) in seven of the trusts the HEIs had partnered with to deliver nurse education.

Partnership working in giving nursing students practical experience

- HEIs and trusts were jointly responsible for finding placements and auditing their suitability, with staff constantly seeking new settings and assessing whether new services might afford opportunities for student experience.
- Practice-based knowledge of local circumstances – for example the availability of mentors and imminent service changes – enabled practice education facilitators (PEFs) and link lecturers to inform pre-registration programme planning personnel about the continued suitability of each placement.
- Local knowledge was also vital in deciding how many students could be placed in each setting. PEFs, in particular, were crucial in negotiating how many students practice staff could support.

KEY POINTS FOR POLICY

- Policy makers and managers need to recognise that strong, effective partnerships between higher education institutions and healthcare providers enable all the diverse procedures and activities mentorship entails to be delivered.
- Partnership working requires continuing support if confidence is to be maintained in sign-off mentors’ decisions that nursing students are fit for practice, which is in turn an important contributor to the quality of patient care (Francis, 2013).
- Innovative approaches to meet financial constraints and changes in service organisation are welcome, but should not undermine support for practice-based education posts or the time and commitment required for building and sustaining partnership working.

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Flexibility was essential; when managers felt temporarily unable to take students, the PEF and/or link lecturer would place them elsewhere and, when the HEI was desperate for places, managers would “squeeze a few more students in”.

- PEFs’ and HEI lecturers’ knowledge about individual students helped managers pair them with the right mentors; this could include, for example, placing students who are struggling with an experienced mentor.

**Partnership working in preparing and supporting mentors**

- Ensuring sufficient numbers of mentors in each placement entailed regular assessment of capacity. Usually done by PEFs, this drew on records (for example educational audits and mentor registers) and on knowledge of staff intentions (for example, leaving a post or taking maternity leave). Places on the HEI-based mentorship course were commissioned to meet any deficits.
- The course curriculum was developed by the HEI mentorship programme team with input from trust staff. During the practical component, learner mentors were supported by trust-based mentor “buddies”.
- A high profile in practice settings by PEFs and link lecturers meant mentors’ concerns could be addressed as they arose. Annual updating of mentors was delivered by PEFs and/or link lecturers.
- Trusts were responsible for preparing and supervising new sign-off mentors in final destination placements; again, PEFs and/or link lecturers delivered the preparation workshops.
- Increasingly, the independent sector was providing students with valuable practical experience. This required a considerable investment of time by HEI staff in preparing and supporting mentors and sign-off mentors in scattered settings.

**Partnership working in planning mentorship and developing resources**

- All levels of staff in HEIs and their partner trusts participated in a variety of HEI-based or healthcare provider-based practice education committees, each of which addressed aspects of mentorship. Feedback between personnel involved in these committees and meetings enabled all the multi-stranded aspects of mentorship to be drawn together.
- HEI and trust staff jointly developed websites hosting documents and administrative databases (for example those on mentor updates and placement audits) that were easily accessed. Likewise, cross-organisation working groups developed materials for mentors such as guidance leaflets and portfolios, as well as standardised formats for annual updates and student assessment portfolios. The strength of websites and materials was attributed to their joint development and this had received positive endorsement in recent NMC validation visits.

**Partnership working: challenges, conclusions and implications**

- Committed and flexible partnership working between HEI and healthcare provider organisations was the “glue” that held together the system for providing mentorship and meeting the NMC standards. However, trust mergers and changes to nurse education contracts were disrupting established placement agreements and working relationships, posing a challenge to these partnerships.
- The success of the partnerships depended on trust PEFs and HEI link lecturers providing locally based knowledge to inform decisions and support for mentors and students. However, conflicting demands on link lecturers’ priorities were reducing the time they could spend in practice, placing a greater onus on PEFs who themselves faced challenging workloads (Carlisle et al, 2009). Continued funding for PEF and innovative HEI practice-linked posts was also uncertain.
- Aspects of the NMC accountability framework challenged both parties: HEI staff by being held accountable for aspects of mentorship they saw as being under trust control; and trust staff by the feasibility of meeting certain standards in the current financial climate.
- Response to these challenges included: senior HEI staff investing time in developing links with new organisations; more focused approaches to time spent in practice settings; more sophisticated means of keeping in touch electronically; and debates about the future shape of mentorship.

References and information


