EVALUATING A NEW ROLE TO SUPPORT MENTORS IN PRACTICE

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Concerns about the variable quality of mentoring for pre-registration nursing students and the lack of support for mentors led one university to introduce a new role focusing on mentor preparation and support. Focus group interviews were used to explore the experiences of these professionals. Early indications show that the role is influencing the quality of learning in practice. There are lessons to be learnt about how service-education partnerships can support implementation and advancement of this and similar roles.

INTRODUCTION

Mentors play a pivotal role in supporting students in practice. Unfortunately, the quality of mentorship in pre-registration nursing education is highly variable. This gives cause for concern, as it is mentors who assess students’ fitness for practice at the point of registration.

One response to these concerns has been to implement new roles with a remit to facilitate and enhance practice learning. This article reports on the first phase of a study undertaken to explore one of these roles – the learning community education adviser (LCEA) – implemented at Thames Valley University. The role covers the following:

- Mentorship support;
- Support of learning in practice;
- Assuring the quality of the practice learning environment;
- Coordinating academic support to practice;
- Learning community development;
- Communication link between practice and the university;
- Scholarship in practice learning.

Each LCEA was employed full time with only a small teaching commitment – some skills teaching to pre-registration students and delivering the mentor preparation module – the expectation being that they would spend most of their time in practice.

METHOD

The aim of the study was to evaluate the LCEA role and LCEAs’ contribution to mentor preparation and learning in practice.

Ethical approval was obtained from the faculty research ethics committee and all participants were given an information sheet describing the study. Written consent was obtained before starting the focus group.

The main study used a mixed-methods approach of focus groups and sample surveys. The first phase consisted of three focus groups, one with LCEAs and two with academic staff. This article discusses the findings from the LCEA focus group. All five LCEAs (four men, one woman) in post at the time agreed to take part. They had a range of nursing backgrounds and amounts of clinical experience. Each had been recruited from practice rather than from the university.

Data collection and analysis

A semi-structured schedule of questions was designed to act as a prompt and guide conversation, with the moderator adopting a flexible but focused approach. The focus group lasted for approximately an hour and 15 minutes and was tape-recorded. The recording was then transcribed and the data analysed by two researchers using thematic analysis.

RESULTS

The themes that emerged from the focus group were:

- Self-regulation;
- Isolation;
- Social presence;
- Misperception of roles.

The last two themes are explored here as they focus particularly on how the LCEAs support mentors across a range of diverse practice settings.

Social presence

The LCEAs were aware of the impact of their role. Being based in practice, mentors and students felt their presence even when they were not physically there.

Thus, the LCEAs’ involvement and engagement with students and mentors was reflected in their social presence. Such involvement began with their visibility and physical presence in the learning environments, to be seen and identified as being present:

“A lot of the role was about being present and being seen as being out there.”

The social presence was reflected in the ‘being there’ phenomenon often referred to by the LCEAs when describing
mentors’ responses to their role:

‘If I ever went to a ward and said that I
couldn’t help because I had to be at
[Thames Valley University] teaching they
would just automatically put me in the same
box as every other lecturer they have ever
had – that’s it, that’s the end of our support.’

The LCEAs quickly identified that
mentors needed help in supporting students
and managing the challenges they
sometimes pose:

‘And when I went into post they needed
so much day-to-day practical support…
proactive and reactive.’

The biggest challenge for mentors
concerned students who were failing, and
this is where the LCEA presence was seen
to be most important:

‘If you need to fail a student, you need to
follow the process, you know it’s about
doing it the [right] way. Doing it that way
safeguards your interest and the student’s.’

Through their interpersonal and
professional relationships, and working with
mentors in sometimes difficult situations,
the LCEAs were enabling mentors to
become competent and increasingly
certain in dealing with the learning,
supervision and assessing processes:

‘They are doing it themselves because
they feel confident. Before, they were so
scared to talk to students, really scared…
these are registered nurses with years of
clinical experience.’

Misperception of roles

Historically, roles in practice settings have
been diffuse and varied. Many roles, such as
those of clinical teachers, link lecturers and
lecturer practitioners, focus on students
rather than mentors. It was therefore hardly
surprising that, in the early days when an
LCEA arrived in a practice setting, it was not
unusual for a mentor to say: ‘You have to
make an appointment – I have not got a
student out here. Why not come next week?’

Students were also initially confused by
the role, which one LCEA explained in the
focus group as:

‘If I give you a fish, you will have dinner,
that’s great, but if I teach your mentors how
to fish…. They are going to see far more
students than I ever will. . . .’

In other words, working with and
developing one mentor would benefit all the
students who that mentor would support,
whereas working with one student would
benefit only that one student.

Unfortunately some students saw LCEAs
as a threat. This response followed mentors
calling in an LCEA to help when they had
concerns over a student’s performance. It is
likely that students became aware that the
LCEA’s presence meant the outcome of
their assessment might be negative.

DISCUSSION

Underpinning the implementation of any
new role spanning practice and education is
the collaboration between the NHS and
higher education institutions (Department of
Health, 1999). At each site, the role was
discussed in advance, a practice
representative was on the interview panel
and information was sent to all staff at the
university. Despite this, concerns were still
raised about the LCEA role and how it
overlapped with similar roles.

Misperception of roles may arise because
post-holders are perceived as undertaking multiple roles or
seen to be there as clinical teachers. This
perhaps signifies that mentors may lack
confidence not only in assessing students
but also in facilitating their learning.

It was made clear that LCEAs were not
there to teach students. While recognising
that there is a shared responsibility for
learning in practice (McNamara, 2007), the
university believes mentors are best placed
to undertake this role and should therefore
be the focus for the LCEAs.

Over the first year of the LCEA role
implementation, much of the time with
mentors was spent assessing student
performance and failing them if they were
not meeting the required level of
competence (Sharples et al, 2007).

The presence of an LCEA during a meeting
with a student helped mentors to gain
confidence. When next faced with a failing
student, they were often happy to have
a telephone conversation with an LCEA
to check they were following procedures,
rather than requiring the LCEA to attend
in person.

There is little doubt that the positive
relationships that the LCEAs built through
their daily interactions with mentors made
their social presence a matter for mutual
recognition of the distinct contributions to
learning in practice.

The negative response by some students
when LCEAs came to a placement following
a mentor’s request for help has not been
identified in the literature before. However,
in this study, some students only saw
the LCEA when a mentor was concerned
about their performance and there was a
perceived threat of an unsuccessful
assessment. The presence of the LCEA was
therefore being linked to a negative event.

Despite the negative perceptions and
experiences, LCEAs gradually became
proactive in their interactions and
relationships with mentors and students,
informing, in part, by their collective
experiences and reflection.

Fundamentally, the LCEAs possess a
genuine motivation to enable mentors and
students to achieve the required standards.

CONCLUSION

Effective mentor support is crucial to
produce nurses who are fit for practice.
However, mentors need support themselves
if they are to meet NMC (2006) standards.
Roles such as the one described here can
offer that support and ensure that due
process is followed.

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