Sustaining mentorship for student nurses

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- Challenges of providing effective mentorship
- Sustainability: identifying diverse personnel and processes
- Recommendations for future action

Mentorship lies at the heart of nurse education but the way in which it might best be taken forward presents the nursing profession with diverse challenges, particularly at a time of rapid organisational change in healthcare. Many of these challenges lie in the hinterland underpinning the delivery of mentorship in practice:
- Finding practice settings that are suitable learning environments;
- Ensuring sufficient numbers of appropriately trained mentors and sign-off mentors are in place;
- Matching student numbers with service resources;
- Providing education, ongoing professional development and support for mentors in their role.

This project was undertaken by the National Nursing Research Unit at King’s College London in collaboration with Chelsea and Westminster Hospital Foundation Trust; it formed part of the NHS London Readiness for Work programme. Interviews (n=37) were held with senior educationalists, pre-registration programme leaders, mentorship programme leaders and link lecturers in two higher-education institutions (HEIs) and with senior educationalists and practice education facilitators (PEFs) in seven of the trusts with which they were partnered. The sample included hospital, community and primary care trusts, and encompassed adult, child and mental health services.

Finding placements
Ensuring students are placed in appropriate learning environments was a major preoccupation for most HEI participants and trust PEFs. It entailed: finding practice settings; auditing their suitability for student learning; planning course-wide student cohort allocations; making informed decisions about how many students settings could support; negotiating numbers with practice staff; and allocating students to mentors. Successfully placing students was achieved through close partnerships between HEI and trust staff at all levels; however, it was not without its challenges. For a variety of reasons some existing placements were no longer available and staff in some areas were unable to take students while new services and teams were being established. Increasing care provision in community settings had not been matched by a concomitant increase

5 key points
1 Mentorship lies at the heart of student nurse education
2 Educators face considerable change in the nature and availability of placements in institutional and community settings
3 Practice education facilitators and link lecturers are central to sustaining mentorship but both face challenges
4 Changing links and pressure on resources means clarity on the respective responsibilities of higher education and practice settings is increasingly important
5 There is some debate over whether all nurses are suitable to become mentors
in community placements and mentors, particularly for the child branch. Sometimes staff in specialist areas no longer met Nursing and Midwifery Council criteria for acting as a mentor, or found the role difficult to combine with other responsibilities.

However, opportunities to offer new placements had arisen in reconfigured and emerging services and in GP practices. The growth of placements in the independent sector was welcomed, despite presenting challenges in supporting the development of mentors working in small, scattered settings. Benefits and challenges were reported from new placement models, such as “hub and spoke” (for example a GP practice in which students are based is the hub while they spend time in “spokes” like community clinics) and, in mental health services, client attachment (a system of student attachment to clients and mentoring by those involved in each step of the client’s care pathway).

Providing sufficient mentors

In most participants’ experience, sufficient numbers of mentors and sign-off mentors were available and generally well prepared for their responsibilities. As with placements, these positive achievements had presented considerable challenges.

Maintaining enough mentors in each setting depended on PEFs’ and link lecturers’ knowledge of the staffing situation so numbers sent to qualify as mentors would match those likely to leave. Trusts faced the challenges of providing funding and study leave for course attendance while ensuring supervising mentors were available to support learner mentors during its practical component.

HEI mentorship course teachers faced the challenges of meeting the needs of learner mentors with diverse academic backgrounds and ensuring learners were aware of their responsibilities and accountability, and confident in judging competency. Resourcing challenges were also evident in the time PEF and link lecturers spent providing annual updates for mentors and sign-off mentorship workshops.

Online provision of courses and updates was increasing, partly due to cost pressures and, while participants regarded this as a suitable format for conveying information, they did not believe it should replace face-to-face sessions on difficult subjects such as managing failing students.

Ensuring quality of delivery

A high degree of commitment is needed to ensure good-quality mentorship is provided; the interviews showed considerable resources were devoted to this. Regular meetings were held between and within organisations to monitor progress over, for example, placement provision, and cross-organisation working groups had been established to develop materials to support delivery, especially regarding assessment.

Meeting NMC standards on time for mentorship was perceived as a challenge, particularly the one-hour a week protected time for sign-off mentorship. Some maintained there had been insufficient liaison between the NMC and trusts on requisite resourcing for implementing standards, and reported that, in some acute adult and mental health settings, mentors and sign-off mentors did this in their own time.

Demands on PEFs’ and link lecturers’ time included informing staff about new and revised standards, and having a high presence in practice settings to give mentors the chance to raise concerns. HEIs underwent regular NMC visits to assess the quality of mentorship provision, and reported feeling that some of the standards on which they were judged were the responsibility of their service partners, rather than themselves.

Some participants saw a challenge in developing assessment procedures in practice that were perceived to be as robust as those in higher education. In HEIs, students are assessed through an established system of several people assessing work through marking, moderating, external examining and assessment boards. However, in practice, decisions were made by individuals: the mentor assessing the student, the sign-off mentor assessing the student on their final placement, and the qualified sign-off mentor assessing the trainee sign-off mentor.

Sustaining the hinterland and facing the future

Mentorship delivery in practice is supported by a hinterland of partnership working between HEI and service personnel, and availability of resources to fund posts, course fees, study leave and staff time. As well as the specific challenges detailed above, the hinterland as a whole is facing challenges.

Interviews showed partnership working could be disrupted by trust mergers and changes in nurse-education contracts; while new links offered opportunities, they took time to establish. Resourcing was under pressure given increasing financial constraints; this was particularly evident in the practice education-focused posts seen as the linchpin of mentorship – link lecturers in HEIs and PEFs in trusts.

Link lecturers experienced increasing demands and, in some cases, reductions in numbers; they and their trust colleagues were concerned lecturers could spend less time in practice. One HEI responded by developing a dedicated post of learning community education advisers but long-term funding was not guaranteed. Likewise, there were concerns about sustainability of long-term funding for PEF posts. Changing links and pressure on resources underlined the importance of clarity over respective responsibilities of higher education and service for mentorship.

Interviews also highlighted debates about the future shape of mentorship and, in particular, whether mentoring should be a generic role that all nurses could assume as it is now or whether it should be developed as a specialist career pathway. Participants were divided on this.

Those favouring the generic position saw mentoring as integral to the nursing role – the only way of providing sufficient mentorship capacity – and that introducing sign-off mentors has ensured final assessments are made by experienced mentors. Those favouring specialisation thought people could be excellent nurses without the aptitude or desire to be mentors, that substantial experience was needed to assess students’ competence, and that it would be preferable to have this done by fewer, experienced people with dedicated time built into their role. The specialist position would mean breaking the link between having a mentorship qualification and promotion, but would offer a career pathway (mentors, senior mentors) for those wanting to specialise in nurse education.

Mentorship is facing diverse challenges over capacity in the hinterland that supports it, as well as debates as to how it might best progress. We recommend discussion of these issues by those in higher education and the organisations responsible for providing pre-registration nurse education. Talks should be undertaken in conjunction with nursing’s statutory body and professional organisations. NT