

My mentoring account in nursing practice nursing essay



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This is my reflective account of my performance as a mentor in clinical setting, assessing the learning environment and the strategies used for teaching and assessing a student nurse. I have been mentoring student and newly qualified theatre practitioner for many years as a registered nurse for more than 20 years and as a qualified anaesthetic practitioner for 3 years. Working alongside with different mentors in the past help me to understand the different characteristics of being a mentor and developed my own style of facilitating learning within a clinical setting. I have unique experienced of conveying knowledge to others in a way that is comprehensible and significant through my work as a multi-skilled theatre practitioner.

Because this assignment is a reflection of my performance in mentoring and assessing a student in nursing practice, Gibbs reflective cycle (1998) will be used the same model I used when I did my University post graduate course 3 years ago. Currently the hospital has program of mentoring university students and newly graduates. The program is in addition to the current program that familiarise students and new graduates to the theatre they will be assigned. It considers influencing the students learning experience by mentorship and assessment. The surgical setting as a learning environment will be examined and the accountability and value of the role of a mentor will be looked upon at. Finally, the overall performance of mentoring will be evaluated.

To follow the Nursing and Midwifery Council (NMC2008) names will be changed and withheld confidential information and the student will be named as my mentee.

According to the NMC (2006) students on NMC approved pre-registration nursing course be required to be supported and assessed by a mentor. The nurses / operating department practitioners selected to be mentors should be in the register and should be required to be up to date with their skills, knowledge and competencies with continuity.

On the first day of my mentee right after her orientation, we have drawn up her learning opportunities so that there was an awareness of what my mentee hoped to gain from the operating theatre experience. As part of the course work one teaching session and one assessment were arranged. Teaching session includes informal and formal. The formal session happened in the theatre operating room and involved positioning of patients before surgery. My mentee was on her first clinical placement and is not familiar and no experience within a theatre setting. Present during the procedure were myself, my mentee, the rest of the theatre team and an unconscious patient under general anaesthesia. Before any learning lesson took place, it is crucial to build an effective working relationship with the student (Bally, J, 2007). Being kind

to her and offering assistance for any needs she might have. My mentee feel that she is part of the team and that she won't feel alone. I build up her confidence by expressing to her that at any point of the teaching session if she did not understand a protocol, or why things were done, or why that thing is important, I will be there to explain and guide her.

Learner must be made feel that they are welcome and important; this way will assist the learner to incorporate themselves into the clinical environment

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(Welsh and Swan 2006). Being approachable and friendly I was enabled to maintain a trusting and comfortable relationship beneficial to learning. My student felt that my character has a strong professional relationship throughout the learning experience. According to the student I am mentoring with, the relationship reduced her tension and anxiety which can affect her ability to learn. Anxiety in students happen to diminished when the mentors are capable of building good working relationship with the students for almost their entire placement (Slevin 2005). Openly welcoming and recognising my student in the team give her a sense of valued as an individual resulting in a positive effect on their self esteem. Personal attributes of the mentor is sometimes the number one barrier when creating effective learning experience. You need to be a good role model to be a good mentor. When I was a nursing student in my own country, I had mentors who were good role models where I learned more and given a chance to share my ideas and feel that I was valued. The results were I enjoyed my placement and excelled in my learning outcomes.

To be a successful mentor, it is important that you will find ways to improve the learning environment. It can be a difficult task when creating suitable environment and can affect the learning experience. Nursing students has different backgrounds. Some had good experience working in a healthcare setting as healthcare assistant before entering to University while some just went straight to enrol in a nursing course; therefore, it is necessary to make an appropriate environment for each individual to take full advantage of the learning process (Lowenstein and Bradshaw 2004).

The setting for the formal learning session was demanding as my mentee was not familiar working in a hospital theatre based environment. The chosen location was a theatre where it is located at the most secluded area to minimise interruption. This will ensure that my student will give her full attention during the teaching session. Evaluation of the learning process and assessment of the effectiveness of the session will help me to achieve by good planning of teaching session Hinchcliffe (2004). Numerous teaching sessions took place before assessment was done to guarantee that my mentee will feel confident and gained the necessary knowledge and skills to carry out the procedure. We involved each other thru direct questioning, discussion and observation and my mentee is fully aware that she has been assessed at the time of questioning.

I taken into account in which the manner my mentee learns as it is important to recognize her learning style so that it can be incorporated to the learning material to facilitate effective learning (McNair et al 2007). Recognizing her individual learning style helps me to arrange her learning preferences. According to Kolb (1984) there are four distinct styles of learning or preferences which are based on four stages, diverging, assimilating, converging and accommodating learning styles.

Although mentor and learner has different learning styles the NMC (2006) has developed a standard which point out that mentors have to strive and achieve ' best fit' practice with the level and type of learners that they came upon in training as mentors and learners has different learning styles.

It was felt that my mentee is a reflector as she likes to be given adequate time to think things through before reaching to conclusion. She also likes to observe in contrast to direct participation and slow to make up her mind and reach a decision as opposed to her as good in listening and assimilating information. For that reason the diverging learning style was applied for best possible learning. On a variety of occasions, it was clear that my mentee is good in watching a procedure before performing it. Prior to the start of any session, together we made proper visual checks and verbal questionings to the patient and noted in the pre-operative checklist. I pointed out that confirming the patient's correct details is of paramount importance and one of the many safety issues she has to consider. Knowing that we have the correct person and the correct procedure, my mentee told me that she is happy and confident to proceed. Surgical room department is one of the most stressful environment in the hospital, thus, we give our student an assurance and support that they need from us. When doing the safety positioning of patient before surgery, I was talking to my mentee through the procedure step by step as I put the patient under anaesthesia, intubating and positioning the patient for a procedure. A number of questions followed to test my mentee's understanding of the process and she correctly prioritised the order of step by step procedure. In this assessment, my mentee demonstrated theoretically her ability to integrate to the team to provide safe and effective care for the patient. It was also felt that my mentee was learning in an andragogical way, the teaching methods for adult learners, a term used by Knowles (1970). This became obvious when drawing up her learning opportunities.

As the formal session involved not only my mentee it was felt that all different types of the learning styles should be considered as every student had their own styles of learning. Realising what the individual characters and needs is important for learning to be effective. Audio-visual materials were used for teaching as this type of learning aids can speed up learning through the use of diverse senses (Neeraja 2008). It is evident that group work allowed the student to produce a working relationship and expectation and it made the learning environment enjoyable and gives me a greater insight into different learning styles when doing it within a group. A written self-assessment followed the session to support my student to assess her strengths and weaknesses. This style of assessment can be valuable for the students as when they assessed themselves can occasionally focus on a negative or limitation. This gives me a chance to advise and correct the weakness and help to point out positive aspects of my mentee's practice (Welsh and Swann 2006). I told my mentee that she needs to improve her self confidence to make a speedy safe decision before and during a procedure. I also pointed out some concerns on her practice document leaving it out to the last minute and be assertive enough to get it filled in at a regular intervals. Also discussed was her progress and conversely how she taught she was doing. At this point I discussed her development and that she is progressing well and that I was very pleased with her overall performance. I ended the review of her performance with a ' sandwich' feedback (Hinchcliff 2004). It consists of giving not so good feedback inserted between positive feedbacks.

My mentee was pleased to fulfil her learning objectives and that she enjoyed the way teaching happens as I took into consideration her individual learning style. She pointed out that an up to date induction pack before placement will be of big help as it makes her less anxious about working in the different surgical department after only having her hospital placements. An action plan has been drawn in response to this. The website directory of the university has been made up to date so students can now access up to date information in relation to this placement. Students should be provided with an induction pack as it will prepare them for the placement ahead (RCN 2007).

On reflection the learning experience in general was very encouraging as my mentee was able to accomplish her competencies in an environment conducive to learning. I was able to establish effective working relationship and leadership with by influencing and being a role model. By acting as a role model in clinical setting and looking to address natural obstacles in the surgical theatres as operating room are known to be full of activity and issues with staffing levels which contribute to effectiveness on the quality of assessing students (Phillips et al, 2000). I probably could not only develop myself and my student but also other mentors' conduct and practice in a constructive way (Girvin 1998).

My mentee has given me a positive feedback on my performance as her mentor and made very supportive and encouraging comments. She felt she was fully integrated into the learning environment and thought she was part of the surgical team.

Upon reflecting on what I have found difficult about the learning experience, I found that as a mentor I can be faced with different forms of liability as I should be able to validate the marks given for an assessment. As a registered professional, I am accountable in the decisions I will make and ' must act in the best interests of service users' (HCPC 2012). This is obviously no different to the role of the mentor and assessment of student in clinical practice. For that reason, assessing my students' competencies brings the same responsibility I have to my patients (Jarvis and Gibson, 1997).

After much examination and evaluation of the whole learning experience, I am looking forward to further develop my role as mentor to be a good contributor in educating future nurses. I will attempt to speak more slowly and clearly and learning more about my student before the assessment. I would consider gaining feedback of my student performance from my colleagues as it would allow taking into account the view of other professionals to promote clinical excellence and professionalism.

To conclude, mentoring and assessing is fundamental in helping the student to have a complete learning experience. Mentors and student should outline their aims and objectives at the beginning and a professional relationship should be preserved throughout. Assessing nursing student is paramount in delivering a safe and competent nursing care.