

The mentor role

[Profession](#), [Student](#)



The aim of this essay is the mentor role to confirm that the student has or has not meet the assessment criteria required for the placement. I will explore the core knowledge base of mentoring practice and in doing so my role as a mentor will be critically analysed in not only my teaching session, which I undertook for one of my student, but also my daily practise. I will look at how my role as a mentor can facilitate learning and promote effective assessment in practice.

Current literature will be used throughout to support my findings and I will conclude by suggesting improvements in my role as a mentor and use these suggestions to develop, not just my own, but practice as a whole to improve the learning experience for students. Research and evidence based practice will be utilised to support the theory and practice link. According to NMC (2006), a mentor is " a registrant who following successful completion of an NMC approved mentor preparation programme and has achieved the knowledge, skills and competence required to meet defined outcomes. NMC 2006 pg17).

This position requires huge responsibilities and is accountable for supporting and guiding students in the clinical setting. Nearly 2000 states that a mentor assists and supports an adult student who is pre-registration course. Every nursing student requires a mentor. The responsibilities of the mentor are to encourage learning and to assess ongoing progress and achievement. Effective mentorship enables nursing students to strengthen their personal and professional qualities to develop the knowledge and skills required of a competence and practioner.

The NMC produced standards to support learning and assessment in practice in 2006 and where updated in 2008. These standards are specific and outlined the criteria for the processes of mentorship preparation and the responsibility of the mentoring role. This reflects the work of Duffy 2004 who highlighted some of the problems with student assessment and with mentor's reluctance to fail. The mentorship preparation programme establishes an in-depth understanding of the role of mentor, the responsibility and accountability for student assessment and the nurse education curricular.

This process endorses fair and robust student assessment, thus ensuring they are competent and fit for practice. Trainee mentors need to achieve the work-based learning component shadowing a trained mentor and co-mentoring a student in the clinical environment. To maintain standards in student assessment, trainee mentors may need to undertake a clinical assessment to demonstrate their understanding and application of student assessment criteria. Supports are provided to guide the trainee mentor through the assessment process using the All Wales Initiative (AWI) (2002) mentor assessment criteria.

The purpose of this assessment is to clarify whether mentors feel equipped to assess student's performance against the AWI clinical practice assessment criteria and document that appropriately. This can include support with writing and action plan to identify areas for improvement. This encourage students to achieve their stated objectives and learning outcomes while helping them to understand that it is acceptable to fail non achieving

students. Duffy 2004). It is also important to remember that "mentors not only help mentees learn about the field, they also learn from the mentor-mentee relationship". (Allen 2005 pg 478). In order mentoring to be successful the NMC (2006) states that mentors assessing pre-registration students should be assessing those on the same part of the register as the student and create learning in an inter-professional environment whilst able to judge proficiency.

The mentor should keep their mentee on track with their personal development plan by encouraging them to formulate goals that are SMART (Specific, measurable, achievable, relevant and time scaled.) My work as a personal tutor to undergraduate nursing student leads me to believe this observation is as accurate today as then. Student often struggle with the feelings when they are caring for post-operative patients, believing they are working with inadequate knowledge and regard themselves as outsiders in the established ward team.

Menzies's theories have helped nurses become more aware that social and emotional processes are at work when they are delivering clinical care. The student learned from the experience practically and theoretically, virtually completing the project on the subject of anxiety. It is however important to remember that the mentor can learn a great deal from the students as they may be continually up to date with current practice and literature, whereas the mentor may not be, due to hectic work pattern and practice based on rituals rather than evidence.

Students should be made to feel part of the team and able to practice in a safe and secure environment as a mentor it responsibility to make this happen. The accountability and responsibility and the nurses are becoming enshrined in the recommendations from statutory bodies. ENB 1989 was one of the first to recognise and evolutionary change in the nurse-student if not nurse-patient relationship. It is suggested that " those involved in teaching, facilitating others learning, supervising and assessing, we need to have particular attributes and develop specific competencies".

Sometimes having students around can be stressful to some extent and to enable them to have a good wide range of experience of our particular field can be a problem. The statement from Allen (2005) was important when planning my teaching sessions for my student. The pyramid which Maslow (1970) as cited by Kunc (1992) produced is in effect, very much self recognition theory whereby five basic needs are met. One need must be met before progression up the pyramid to the next level is achieved and all five needs should be met for a student to learn effectively.

Assessment is a process that can be assisted by the use of and assessment tool (Nursing standard 2003). Assessment is defined by Rowntree (1997) as an attempt to know someone, or at least, more accurately, know something about them. The teaching was arranged in a classroom regarding the topic-airway management of an unconscious patient in the post anaesthetic care unit. Negotiation between the student and the mentor is really important to ensure that learning opportunities are maximised in the student placement.

High quality and longer practice placements in a supportive environment will help my student gain better practical skills and ensure that they are able to provide the care needed by the patients and clients. This can be backed up by the government document " Placements In Focus" (2001). The criteria for assessment are the student must self assess and secondly the assessor must complete an interim assessment or the final assessment will not stick.

A student needs to be committed to the role of learner at whatever stage of their career, they need to be loyal to their mentor and organisation and possess sincerity, honesty, warmth and empathy (Shay and Stallings, 1993). Smith et al (2001) provide a list of the characteristic of the student stating that they to be ambitious to get on in their career, appreciate people , resource and what has been given to them, be willing to ask for help and demonstrate an interest in the subject thereby forming a bond with their mentor. My student draws up a learning contract stating what the experience will offer and achieve.

She agreed the date to review her progress it was important to involve the student in deciding the content of the teaching sessions in order to meet the belonging and self esteem needs (Maslow 1970 as cited by kunc 1992) whilst also remembering that the student was inexperienced and their development needs should be meet. As Benna (1984)as cited by Neary (2000 pg 7 highlighted the differing levels of experience health care workers ranging from novice whereby beginners have had no experience through to expert where the person no longer relies on the guideline to understand the situation or the action needed.

Even though my student is a third year nursing student but her theatre placement is a first time experience. This needed to be taken into account, so as not to aim the session too high or indeed too low a level which both be inadequate for the student's learning and indeed interest. It is necessary to provide encouragement and guidance and constructive feedback to help student to reflect. Apart from this, it is essential to concentrate on their practical ability because it helps to enhance progressive learning.

The recovery placement was relatively inexperienced and used Kolb's learning cycle (1984). Kolb's cycle was useful as a student could bring to the teaching session what she had learned in her practice experience.

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The teaching session was aimed at a level which was relevant to the student and the experience which she had encountered. Explained clearly the layout of recovery monitors, suction, oxygen inlets, controlled drug, crash trolley and the emergency drugs. Our topic mainly concerns airway management of the post anaesthetic care unit patient. So we did this as a practical form of teaching so as the student could be hands on and put what she had learned into practice and actually do rather than watch.

Gibbs (1998) as cited by Stuart says simulation is a hugely valuable substitute for experience. Whilst this is a valid point, student may learn better and be able to cope more readily in practice if more simulations are

carried out on a daily basis to enable students to see things which they may not come across in practise until their later years of training when they will be expected to know what to do. To evaluate me as a mentor my assessor was assessing my teaching session.

In her presence I was initially nervous and my vocabulary was not clear. I prepared well and planned in such a way to make the session interesting and worthwhile for the student. My student concerned about me and in an understanding way she asked me to relax and repeat what I had said. I feel that I achieved this and the good thing about the whole experience was that it helped the students development in a controlled situation in which the student felt comfortable.

Although the session went well, if I were to do it again then I would focus on more day to day experiences and try to ask her with my colleagues to have a different experience. This would help her confidence in recovering a patient after the anaesthesia in a safe technique Assessments should be a two way process with feedback and feed forward for both students and assessors (Torrance 1993as cited by Stuart 2007). This will help the whole process as communication is the key for both mentors and students as there is no confusion and that everyone is working towards the same goal.

It is however important how to remember that id student are not achieving the standards which they should realistically be reaching then this needs to be highlighted and raised with the relevant people and not let to continue which would be dangerous in practice and detrimental to the student. In addition to the assessing competence, mentors also have a duty to detect

promptly any problem that the student might be experienced in learning clinical skills.

It is therefore important to supervise the student who is new to a placement area closely. Price(2006) suggest that if problematic behaviour is noticed, it needs to be investigated early, but in a calm, objective and fair manner if poor performance by students is noticed the mentor needs to provide extra help and seek input from practice education facilities (PEF) usually an senior clinically based nurse who supports and advises mentors as required-or the course manage to ensure the student learns to perform skills safely and effectively

Failing a student is a multidimensional problem (Duffy and Scott 1998). Some mentors may feel that a fail mark may reflect their lack of ability to create and appropriate learning environment, facilitate teaching and provide appropriate feedback, thus highlighting their inadequacy as a mentor.

Issues of insufficient time (Fraser et al 1998, Dolan 2003, Duffy 2004) and a preoccupation with other commitments (Philips et al 2000) may contribute to feelings of guilt and self- doubt, resulting in a reluctance to fail students (Ilott and Murphy 1997). The decision to fail can also cause anger, frustration and resentment between the student, assessor and the link lecturer (Castledine 1995), thus creating a negative working environment and lack of confidence.

A mentor task is to assist the unleash a compaticity to appreciate the strength and meet - challengers problems constructively additionally they should help the student achieve a high quality decision by being supportive

challenging and above all helping the student to reflect. The student in return has a duty to the mentor, organisation and self learn and develop their practice and expertise. My student has met the assessment criteria well, she had been organising and co-coordinating the activities pertaining to learning in which the student involves.