Mentorship nursing essay

The following assignment will be written in first person as it is reflective in nature. Bulman and Schutz (2004) agree that to learn from an experience practitioners should go beyond description and reflect on that experience. The aim of this piece is to reflect on my role as a mentor and demonstrate my awareness of the responsibilities involved, whilst paying particular attention to the required learning outcomes 2-5 of the module. In keeping with the NMC (Nursing and Midwifery Council, 2008) Code of Conduct anonymity will be adhered to and therefore no names of people or places will be mention.

The assignment will allow me to reflect on my own experiences in my new role as a mentor and will follow the journey of a student nurse and her experience. I will look at any possible improvements that could be made within the clinical setting, to better mentorship. It will also show if I have continued my professional development and understood the importance of mentorship and the responsibility involved. Mentoring has been established for a number of years in a variety of fields.

Within nursing the term ‘ mentor’ denotes “ A nurse, midwife or specialist practitioner whom facilitates learning and supervises and assesses students in a practice setting. ” (Nursing and Midwifery Council, 2008) The assignment will explore my role as the mentor in the field of nursing, with reflection to my personal experiences as a mentor in my current role as a staff nurse on a very busy medical ward. To meet my learning outcomes I will critically analyse how I was able to identify the students needs and how to utilise the available resources.

It is required that I evaluate my role and responsibility as a mentor and show evidence of the strategies and assessments used to ensure safe practices are used. The mentor-mentee relationship will be discussed and the application of teaching and learning processes will be examined. I will also be looking at my responsibilities as the mentor in relation to self, others and the professional agenda and will analyse current assessments procedures in place for student nurses.

Morton-Copper and Palmer (2000) agree and state that the role of the mentor is helping student nurses' develop the necessary skills to become competent and knowledgeable within their field of practice The English National (ENB) Board and Department of Health (DOH) (2001) also concur with this statement and published a framework so the different plethora of titles the mentor is known by is now less confusing as previously. Our initial introduction was when the learner presented on the ward to introduce herself and collect her off duty.

Within the placement area we have adapted a team mentorship approach, this enables the student to have a named mentor and an associate mentor. The ward sister introduced me as her mentor and an explanation was given with regard to me carrying out the mentorship module and also requiring assessment, and she expressed that she was happy with this. Reflecting back on my experience as a student nurse I always found meeting my mentor as being very daunting as I would question myself, what will be expected of me? Wallace (2003) discusses the importance of ensuring the students induction is such that an effective relationship is established.

Therefore I endeavour to make my learners feel welcomed to the environment and the team. Neary (2000) collaborates this and states that it is of vital importance that the learner feels comfortable and a rapport is established from the onset. Our first shift together was commenced with an introduction to the staff, ward environment and a handover of patients. We had our initial meeting on the first day this provided an opportunity to complete the initial assessment, establish her learning outcomes and devise a learning agreement.

Price (2005) states that the education involves a contract with responsibility to both learner and mentor. The action plans and learning contracts are acknowledged as useful tools for evaluating the effectiveness of those involved. The action plan and contract keep both the mentor and learner focused on an objective and help discover learning requirements (Knowles 1990). Having had discussions, my learner was very shy and lacked confidence as she had never worked in a ward environment before.

We were therefore both in agreement that confidence/communication be a learning objective. I began to look at how I could provide the best possible learning environment for my student and in doing so I researched different learning theories. Researching these theories gave me the opportunity to encapsulate what mentorship would involve so I would be able to facilitate my students learning. Welsh and Swann (2002) suggest the experimental cycle enables students to be given the opportunity to build on existing knowledge.

I assessed and observed my student on her competencies and encouraged her to develop her skills and knowledge further by using evidence based practice. Gopee (2007) states that this approach is very useful for both students and mentors. However Welsh and Swann (2002) outline that mentors should be aware of the halo-horn effect and maintain objectivity. I will therefore to continually assess my teaching abilities to facilitate my students learning requirements. According to Welsh and Swann (2002) assessment helps determine extent of learning and the level of clinical competence of the learner.

Whilst I continue to observe assess my learner a good rapport was established and I observed a variation in my teaching methods and her learning processes. Day et al (1998) stipulates that the teacher must research various learning methods to adapt them to give the learner the best experiences. As the mentor I established that adults learn differently in different situations. Downie (1998) states that various teaching methods must be used to integrate the developing mind. I began to take on a more humanistic approach to my teaching.

According to Welsh and Swann (2002) this approach sees mentors as facilitators of learning, encouraging students to determine learning within the confines of the curriculum and seek out learning opportunities, this is also corroborated by Jarvis and Gibson (1997). The humanistic approach helped my learner to unlock her own potential for natural growth, according to Maslow (1962) and Rogers and Lawton (1995) it is based on self actualisation and the potential to grow. As confidence was a learning objective for my student this was perhaps better suited for her.

Maslow's (1962) Hierarchy of Basic Human Needs is based on ensuring that lower needs are met before moving upwards in a step- by- step progression from basic needs to self actualization. I was finding this to be true, and a little frustrating as my learner had a good knowledge base; I just needed her to realize this. The research also highlighted that adults learn differently than children as adults are motivated to learn and they are able to bring wealth of knowledge and expertise with them, not just from educational development but also from personal experience.

According to Knowles (1990) this is the andragogy approach as it is student centred as they are self directed and want to learn. Children however are taught pedagogically were the teacher takes the lead (Petty 2004). However McAllister et al (1997) argues that clinical education in nursing the legal ethical consideration should be adhered to as students cannot have complete control over what they should learn. Therefore students need support and uidance from a mentor to help increase self direction in learning, this can be balanced by recognition of professional and public need for specific competencies and the aid of reflection (Knowles 1990). Coffield et al (2004) evaluated the main learning theories, the report emphasises the need to take into account the learner, the environment and motivation, this report criticized most of the main instruments used to identify an individual's learning style, however it was not evidence based.

As I monitored my student I became aware of my own professional responsibilities' and understood the implications of passing a student would have. On reflection I felt a great desire to ensure my learner achieved her outcomes I felt scared of getting it wrong however after reading the Duffy

(2004) report I began to realise there were processes to go through to ensure I had a professional responsibility and accountability to ensure that I help protect the patient, public and colleagues' against students whom could not achieve a high level of competence. Duffy 2004). In the report Duffy (2004) also states we are failing students due to work constraints and lack of knowledge on how to deal with teaching and the work load, again highlighting the importance of assessment. Nursing students regard attitudes and behaviours as important factors in promoting learning (Cahill 1996, Papp et al 2003). At the forefront of my mind I was concerned about how to balance myself, being friendly and approachable, but also keeping an aspect of authority.

Price (2004) states when a time arises for the mentor to challenge, correct or judge students capabilities, honesty should not be reserved until a procedure or skill is failed. I was very aware my students learning need was confidence and I had to think carefully of how to handle this if it was to arise. This highlighted to myself the importance of assessment and that it is used to show both achievement and failures According to the Quality Assurance Agency for Higher Education (QAA) 2000 assessment is a term used for processes that measure the outcome of a students learning in terms of knowledge acquired.

The overall aim of assessment is to provide information to determine whether appropriate skills, attitudes and knowledge have been achieved (Somers-Smith and Race 1997), this was my aim as a mentor. Quinn (2000) also agrees that assessment outlines whether or not competence have been acquired. As a mentor I am responsible for formative and summative

assessment of the students' learning in practice. Somers-Smith and Race (1997) states that the assessment of nursing practice helps guarantee the care and protection of patients'.

However according to Jinks and Morrison (1997) and Quinn (2000) a student may provide safe patient care by being task competent but fail to have the underpinning knowledge for patient care or leadership. Therefore it is vital to assess, one of the most important assessments is formative its importance lies with its ability for feedback and identify problems at an early stage (Quinn 2000). I was finding it stressful to inform my student of any problems having established a good rapport and relationship as I didn't want to knock back her confidence.

After researching this material and reflecting I became aware that continuous assessment, feedback and support was required from me as a mentor. Bias should be taken into account when assessing a learner, Stuart (2003) describes the halo effect well for example if a student coming into the environment and they have a good reputation from a previous area, then the mentor may have great expectations and rate them higher than their actual capabilities. This reinforces the need for standards to be adhered to and these are outlined in the practice placement documents and promotes equality (Hand 2006).

As well as myself giving my learner feedback so did other members of the multi disciplinary team (MDT), i found this to be a great support and it enabled my student to attain other peoples views, this is where i found the role of associate mentor valuable. By continuous feedback throughout the

placement period the areas of development were identified, and it was a pleasure to watch her develop her confidence and grow as a professional. As the mentor i made sure i was fully aware of the university support network as they are also there to support the mentor and the student to ensure the criteria of the curriculum is met.

I also utilised the RCN (Royal College of nursing) tool kit for mentorship (RCN 2002). Working together, learning together: a framework for lifelong learning for the NHS (2001) was developed by the Department of Health (DoH) as part of their aim to develop a learning organisation. The National Health Service (NHS) has seen many radical changes. One of the many changes is the way nurses are trained this is reflected in their education which is now theory and clinical lead. The clinical experience of nursing students is widely acknowledged as being one of the most important aspects of their educational reparation (Bayley et al 2004). The Higher Education Institutes (HEIs) have worked in partnerships of clinical settings to ensure there is a structured mechanism to support student learning in practice (Brooks 2006). Within the trust in which i work we now have Practice Education Leads (PELs) this is a team of people who provide a link with the educational setting and the placement areas. Day et al (1998) refers to a similar role, however calls this a ‘ link lecturer’. The rational for the development of such teams is to address concerns expressed by both learners and mentors in the clinical area.

I found this reassuring and felt supported within my role. Morgan (2005) states that these roles are valuable to providing a positive learning environment. Price (2004) says that it is the responsibility of the practice

staff to develop the environment and make it conducive to learning. (Orton 1981, Fretwell 1982, and Ogier 1982, 1986) discovered four key characteristics in developing a good educational environment, these were, a humanistic approach, a good team spirit, a high standard of care and staff who are keen to learn.

Channel (2002) developed the WORLD model to support both clinical areas and the students. The acronym WORLD stands for Working clinically, Observing practice, Researching a topic, Learning pack and departmental visits. Channell (2002) believes ‘ using this model could help ensure that all learners receive appropriate and timely support, while actively participating in their own learning and development. ’ The model assists students in ensuring they are able to implement evidence based care, as they are able to use the research days to back up the care they deliver in practice.

Evidence based practice is defined as; “ An approach to decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits the patient best. ” (Muir Gray, 1997) The ward has started to implement this model and is finding it beneficial to students learning and helps ward staff balance the workload and teaching better. Price (2004) also encourages mentors to carry out a strengths, weaknesses, opportunities and threats (SWOT) analysis to evaluate the learning environment.

Prior to my student arriving on the ward i was able to conduct a SWOT analysis and it highlighted to myself the areas in need of development. Chapman (1990) suggests that clinical areas can often devalue the act of

clinical learning, this highlights the needs for evaluation. In order to adapt the learning environment accordingly for future students, evaluation has to take place (Welsh and Swann 2002). Evaluation, whether it be of a students progress or the learning environment, should be part of the learning process and should not be left until the end of a students placement (Nicklin and Kenworthy 2000).

Mentoring is more than just teaching, and assessment of all the contributing factors should be evaluated (Honey and Mumford, 1982). The Department of Health, in partnership with the Nursing and Midwifery Council, the Health Professions Council and the Strategic Health Authorities have contracted with the Quality Assurance Agency for Higher Education (QAA) to carry out reviews of all NHS-funded healthcare programmes (QAA, 2000) I have found evaluation is useful to look closely my performance as a mentor and the clinical environment it is advisable to seek feedback from students at the end of placement.

This can be done in the form of anonymous questionnaires or as verbal feedback from students and your colleagues. Many universities evaluate practice placements via questionnaires, this is then fed back to the placement areas (Brown and Smith 1997). On reflection I found that feedback from my colleagues' and students made me aware of my weaknesses and helped change my own self awareness on my teaching styles and I am more open to different approaches.

I also found there was a gap in evaluation as the ward tended to relay on feedback from the university, which was not regular, therefore I devised an

anonymous questionnaire to be utilised and I made sure that everyone was aware they could be used and found that members of the MDT completed the questionnaire on my teaching style and the ward environment. I felt I had achieved something and that was taken on board and my manager adapted the questionnaire for other areas.

The evaluation highlighted that the ward also lacked an environment for the students' to reflected and a room was allocated for students to access learning material and a place for them to reflect on the more intense moments that they became involved with this room was also a place where the mentor and student could use to have the initial and final assessment and further discussion. The room also provided a venue for teaching sessions and was utilised when staffing levels were adequate to not compromise patient care.

The clinical environment can be divided into two separate environments, ie the learning area and the nursing area (papp et al 2003) I still consider myself to be a novice to mentoring students and cautious when it came to validate my student's documentation. The difficulties within the assessment procedure have been the subject of nursing research, with concerns highlighted regarding the reliability and validity of the methods used to appraise students.

Norman, Watson, Murrells, Calman and Redfern (2002) highlight that the very nature of mentorship leads to observer bias as a socialization process takes place between the mentor and mentee, which could ultimately influence the mentors' assessment. This issue has been experienced in

clinical practice, whereby feelings of guilt were experienced by the mentor when dealing with a failing student which, on reflection, could have affected the students' grade at the end of the placement.

I took all the information at hand to ensure that I did not show any bias and involved my colleagues' with my assessments of the student to ensure that I was correct in my judgements of the student's abilities' and competence. My personal professional development has helped me achieve a level of competence to ensure I use research evidence in my abilities' to mentor students' and in accordance to NMC (2008) I have the responsibility to ensure I will validate my mentorship every year, it is also the organisations responsibility to ensure that updates are available.

To conclude the composition has explored the concept of mentorship and has provided links to the current practice of mentors in the ward area. Several areas for improvement have been highlighted and I have achieved some changes but will strive to implement the other changes required. I have provided a room for students' updated the learning pack devised a questionnaire for evaluation of the learning environment however it will be a long journey to achieve the optimum learning environment and on reflection I still strive to learn more and I feel that this module has helped motivate me.

By this I was able to be a dedicated mentor by taking each day as it came and assured my student that learning by your mistakes is a good way of learning and explained that the government used this method (DOH 2003). I also found the RCN tool kit for mentorship (2002) essential in delivery of an

excellent teaching/learning environment and have introduced all mentors within my ward to it. My student appeared to doubt her abilities due to lack of self confidence and it was a pleasure to observe her development throughout the lacement and go on to complete the required competencies. I look forward to developing as a mentor and on reflection will continue to research new ideas as they develop. I feel fully aware of my own learning styles and I found that I am a reflector and this was equally balanced between a theorist, activist and pragmatist, I will continue to reflect and utilise the Honey and Mumford’s (1982) questionnaire to enable me to develop further.