

Reflective essay on mentorship in student nursing



**ASSIGN
BUSTER**

This piece of work will examine the process of assessment within my role as a mentor for a student nurse. The assignment will follow the sequence of events from initial contact of the student to the final interview and completion of documentation. It will also analyse the action plans that were written at the initial and interim interviews.

To protect the identity of the student, I have used the name Jane in keeping with the Nursing and Midwifery Council (NMC) (2008a) guidance on confidentiality. Jane is a second year student and this placement will be her first community placement of the year. For the purpose of this assignment, I will use a reflective approach. The literature shows that authors such as Schon (1995) and Benner (1984) concentrated on the role of reflection in the work of health care professionals however, Brookfield (1995) explored different sources of information and feedback that are available to teachers. Brookfield uses the term “critically reflective lenses” through which professionals can view their teaching. Reflection can improve the way we teach and the way we learn from experiences. Kolb (1984) suggests that reflection is the way in which we examine our experiences and draw lessons from them which is supported by Cornforth (2009) who describes the purpose of reflection to be to scrutinise an incident to see what, if anything, could be done differently after looking back and analysing what happened.

I work within a small GP surgery in Lincolnshire. Jane and I had not had contact prior to her arrival at the placement but this had been arranged via the practice learning facilitator. I greeted Jane warmly and introduced myself. I gave Jane an induction pack to provide her with information regarding the surgery including expected fire alarm testing, emergency

equipment and where she could eat. The use of induction and learning packs have been found to be an invaluable resource when used effectively for both learner and mentor (Moore, 2013). Using Egan's (2002) SOLER model of communication skills, Jane and I had a discussion around ground rules, expectations of each other and the learning environment. SOLER is a model of non-verbal communication techniques that aids demonstration of active listening which is why I chose this model. It involves positioning and body language and advises you to learn forwards towards the other person, however I did not learn towards Jane as I felt she may find this threatening. We continued by discussing Jane's learning needs including meeting her learning outcomes and her previous life and work experience. Maslow's (1987) theory of a hierarchy of human needs suggests that our physiological needs take highest priority followed by safety and the need for belongingness. I wanted to make Jane feel welcome and to encourage her to develop her skills, knowledge and attitude.

The NMC (2008) standards for mentors involve eight domains and declare that for learning to be effective, students should spend at least forty percent of their placement time with their mentor. Furthermore, the NMC (2008b) identified the need for protected time for mentoring. Jane and I briefly discussed how we would allocate our time together before I introduced her to other members of the surgery team. A study by Newton, Billett and Ockerby (2009) identified that a supportive social and cultural arena that enables the student to become part of the clinical team is very important. I therefore felt that for Jane to feel welcome, she needed to know who everyone was and their role within the team. I understood that it was important to create a

positive learning environment for Jane. In an early, landmark study, Fretwell (1980) identified that key components of the “ideal learning environment” as anti-hierarchy, teamwork, negotiation, communication and availability of trained nurses for responding to students’ questions. Peer support is essential to this to allow Jane to spend time with other members of the health care team. Jane and I agreed a time to conduct the initial interview at this point.

There are various definitions of what learning means, written throughout the ages by philosophers and educational psychologists. Gopee (2011) writes that learning is a process that leads to modification in behaviour or the acquisition of new abilities or responses, and which is additional to natural development, growth or maturation.

A literature search revealed different learning styles and I recognised that it is important to be flexible in the different learning approaches I provide. As a teacher, I must understand that learning styles change depending on the task being taught and how the student responds to the learning experience. Most students have elements of more than one learning style present. It may be useful for students to think about their strongest and weakest style to enable the teacher to develop strategies to capitalise on strengths. Bloom (1956) talks about three domains of learning. Cognitive is about mental skills and knowledge and affective is about growth in feelings or emotional areas and attitudes. Psychomotor is about manual or physical skills.

Honey and Mumford (1982) developed learning styles and they identified four different styles, or preferences. Activist, Theorist; Pragmatist and

Reflector. These are the learning approaches that individuals naturally prefer and they developed a learning style questionnaire to enable people to analyze and evaluate their own particular learning styles. Prior to the initial interview, I had asked Jane's to complete the Honey and Mumford learning style questionnaire.

The initial interview took place early in the first week of placement in a private room with Jane, myself and my mentor. I closed the door and put my telephone over to "do not disturb" so that there would be no interruptions. The learning style questionnaire was reviewed and this had identified Jane as being an activist with reflective tendencies. Jane also agreed that she preferred to be "hands on" as identified by the psychomotor element of Bloom. For this reason, we agreed that Jane may learn more by practical sessions reinforced by using question and answer sessions. Jane was encouraged to approach clinical staff for advice in any areas that she felt she did not fully understand. It was identified following discussion that Jane did not have any specific learning difficulties or needs.

We spent time looking through the continuous assessment of practice (CAP) document and the competency framework to identify the learning outcomes that Jane needed to meet and at what academic level she should be working towards. As Jane was a second year student, the learning outcomes related more to applying theory to practice and therefore I needed to devise teaching sessions towards that level. We focused on the action plan from her previous placement in order to develop an action plan for this placement taking into account her learning outcomes. Referring back to the NMC (2008b) guidelines on standards to support learning and assessment in <https://assignbuster.com/reflective-essay-on-mentorship-in-student-nursing/>

practice, Jane and I agreed the time she would spend with me and with other health care professionals to broaden the learning opportunities of her placement. I devised a SMART action plan for Jane creating some learning objectives for her to meet by the interim interview (see appendix 1). This means that objectives should be Specific, Measureable, Achievable, Realistic and Timely. A date was arranged for the interim interview mid placement.

In order to fulfil my role as mentor to Jane, I understood that I would be acting as a role model as identified in the NMC (2008b) guidelines to support learning in practice. The mentor should not only be a role model for clinical skills but also as an organiser of care, a researcher and a teacher within their post (Gopee, 2011). The mentor must act professionally at all times.

Donaldson and Carter's (2005) report on an evaluation of the perceptions of undergraduate students on role modelling within the clinical settings, identified that students ranked highly the importance of good role models whose competence they could observe and practice.

I was aware that I would need to demonstrate leadership skills throughout my journey as a mentor. Sullivan and Decker (2009) state that a leader is anyone who uses interpersonal skills to influence others to accomplish a goal. Mullins (2007) reaches a similar conclusion by referring to leadership as a relationship through which one person influences the behaviour or actions of others. Under the leadership domain of the NMC (2008b) guidance, it is indicated that mentors should demonstrate leadership skills for education within practice and academic settings. In order to do this, I understood that I would need to plan a structured teaching session but allow some flexibility in

case of unpredicted events such as emergencies leading to deterioration of a patient's condition.

On reflection of Jane's preferred learning style, she had indicated that she preferred a "hands on" approach however, I appreciated that this was not always possible particularly if it was a new experience. I contemplated that Jane may need to observe practical procedures initially before attempting the procedure herself and that different teaching methods may need to be used to support the theoretical component. I planned a series of learning experiences in order to meet the defined learning outcomes as planned during the initial interview and my intention was to prioritise my work in order to meet Jane's learning requirements. My role as a mentor was to act as an advocate for Jane in order for her to access learning opportunities involving others, a role model, a teacher/facilitator, and a manager of change. Price and Price (2009) support the argument that mentors act as role models for enabling students to learn safe and effective practice.

As a healthcare professional, I am accountable for delivering care competently (NMC, 2008a) but also for enabling learners to develop their clinical skills (NMC, 2008b). As a mentor, my accountability relates to the rules, policies, regulations and scope of practice that govern assessments (NMC, 2010). It also relates to the assessment of professional competence, to personal and professional responsibilities and to legislation. This may mean failing a student against some competencies within the CAP document, this could be because of various reasons leading to the student not progressing to the required standard. Work by Duffy (2003) identified that some mentors fail to fail a student despite being accountable. This is

supported in a paper by Gainsbury (2010). There may be various reasons for this including pressure from the student, lateness or sickness and failure to make up missed hours. I understood that if I felt Jane was failing to meet the standard required, I would work within the guidelines of my professional body as I would remain accountable for passing a failing student and would therefore not be pressured into doing this.

During my teaching sessions I remained aware of facilitating the use of evidence based practice (EBP), this is practice based on underpinning research and evidence, clinical knowledge and cost. Using EBP is a component in the NMC (2008b) competencies for mentors and its use supports effective care, clinical effectiveness and practice development and aims to improve the standards and quality of healthcare delivery. Example of EBP are clinical guidelines such as those produced by the National Institute for Health and Care Excellence (NICE), National Service Frameworks (NSF) and strategies such as the cancer strategy (National Health Service (NHS), 2014), and both local and national policies and pathways.

The assessment process comprises of measuring the student's progress and encompasses knowledge, skills and attitude. Assessment is performed to protect patient safety, competence and fitness to practice. During the assessment process it was important to consider the competency framework (Steinaker and Bell, 1979) which is commonly used in nurse education curricula and at what level I should expect Jane to be performing towards in her second year of training. The learning competencies are clearly identified in the CAP document and I would be assessing Jane against these competencies. Continuous assessment can be used to measure consistency,

<https://assignbuster.com/reflective-essay-on-mentorship-in-student-nursing/>

it allows for progression, improvement and development and permits assessment in different areas or scenarios.

The criteria for assessment proclaimed by Quinn and Hughes (2007) is that assessment is valid, reliable, not discriminatory, practical and transparent. This process should allow for fairness of assessment of the individual on particular competencies. Factors that could affect assessment in the clinical environment making them unfair include interruptions, lack of resources such as equipment and suitability of placement (Gopee, 2011). The assessment process took place at agreed times and I attempted to create a climate that allowed Jane to perform to the best of her ability nevertheless considering the safety of the patient and I was prepared to intervene or provide prompts if necessary.

Gopee (2011) believes that assessment of a student involves gathering information of the students ability to perform particular skills or competencies. Performance is measured against standards set by governing bodies. Following assessment, I provided Jane with feedback on her performance. I was mindful of remaining constructive rather than destructive, objective, clear, concise and specific about elements of the assessment. I remained aware that feedback needed to be a two way process to enable Jane to learn and improve and allow for time to discuss concerns and ask for clarification where needed. Wilkes, Joyce and Edmond (2011) believe that constructive feedback can inspire and encourage students and therefore enhance their understanding. Feedback helps learners to recognise weaknesses and identify areas for improvement and for the mentor to recognise learning, consolidation and linking theory to <https://assignbuster.com/reflective-essay-on-mentorship-in-student-nursing/>

practice (British Journal of Hospital Medicine (BJHM) 2009). Hill (2007) supports the idea that feedback plays an important role in the learning cycle in the link between the theoretical and practical elements of competencies.

During the interim interview, which took place midway through placement, Jane and I had a discussion around her development, achievement of learning outcomes, strengths and weaknesses. We revisited the action plan from the initial interview to establish whether these had been appropriate and achievable. Gopee (2011) states that mid-placement interview is an important component in the assessment of the students' progress. Jane self-assessed and reflected on her progress. I undertook a formative assessment of Jane's competence and skills and we discussed and agreed a further SMART action plan (see appendix 2) incorporating any further learning opportunities required. We completed the documentation required in Jane's CAP document, supporting the NMC (2009) guidance on record keeping. Before ending the interview, we agreed a time and date for her final interview towards the end of her placement.

I continued to provide learning opportunities either with myself or with other professionals in order to meet the competencies identified in Jane's CAP document and in her SMART action plan. Relating back to Bloom's (1956) domains of learning, this allowed for further development of skills (psychomotor), knowledge and understanding (cognitive) and attitude (affective) and attributed to an increase of confidence in skills that were performed frequently.

Student number 478825Module number 92938