

Preparation for providing effective and efficient mentorship nursing essay



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In preparation for this assignment searches have been conducted using the following databases: Cinahl, Pubmed and Medline search terms Learning theories, Learning styles, Mentorship and Practice Education Facilitator were used singularly or in combination. Manual searching of relevant nursing journals and publications have been performed. Articles published in English in the last 10 years were reviewed. This assignment will examine the issues and processes that need to be considered whilst facilitating and supporting a student to meet their learning outcomes in a practice placement, there will be discussion regarding the assessment strategies available as a mentor, which contribute to the overall assessment of students. Furthermore learning styles and theories will be discussed, along with the clinical setting as an environment to facilitate the learning needs required to achieve success in completing the practice placement learning outcomes. A brief overview of the clinical setting will be provided to capture the ambiance of the learning environment.

The setting for this location is an Elective Orthopaedic Unit within the Northwest and in conforming to the Nursing and Midwifery Council (NMC (2008)); any names used will be pseudonyms to protect identification, confidentiality and dignity will be maintained at all times. NMC (2008) states that a mentor is a registered nurse who has completed the approved mentorship programme and meets the criteria set out in NMC (2008) standards for mentors, practice teachers and teachers.

Whereas Gopee (2008) argues the term mentor is frequently used to mean trusted friend, guide and advisor. There is also identified the eight mandatory standards that must be achieved to become a mentor, the author <https://assignbuster.com/preparation-for-providing-effective-and-efficient-mentorship-nursing-essay/>

will be referring to these standards to support learning and development in practice.

To ensure the student who will be named as Lucy for the purpose of this assignment has a positive learning experience it is paramount that learning environment is supportive for Lucy and for those who work alongside her. An orientation pack and welcoming letter are provided with useful information and an introduction to the allocated mentor is provided when ever possible on attendance the first shift. Kenworthy and Nicklin (2000) support the view that the more comfortable and welcome a student feels within the working environment, the more likely it is that effective learning will take place which is a key factor in successful learning. Pearcy and Elliot (2004) found that students who have had negative experiences with their mentor and placements, tend to leave the course before qualifying however

Beskine (2009) advocates that starting off with a positive approach promotes the students experience as well as the quality of the placement.

Adhering to the mandatory standards set by the NMC (2008) Standards to Support Learning and Assessment in Practice; and in order to establish the stage of Lucy's training and her learning needs and style a mutually agreed time and location is identified for the initial meeting to take place.

This meeting provides the opportunity to co-ordinate off duty and to identify another team member who will be available to support Lucy's learning needs in the absence of her mentor. Once Lucy's learning style had been established, then negotiating the best way forward to facilitate the learning experiences relevant to the placement can take place

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This provides the opportunities for Lucy to meet all of the learning outcomes and needs. Direction towards self-management of learning should be encouraged to help promote professional development, and to instil the importance of responsibility and accountability.

At the half way point Lucy and her mentor will have a formative assessment, evaluation of her progress this will determine any action plans or adjustments necessary to enable Lucy to meet her learning outcomes. NMC standards for mentors (2008) state that a mentor must contribute to evaluation of student learning and assessment experiences, suggesting aspects for change resulting from such evaluation. A summative assessment would usually take place when completing student documents whilst focusing on the whole of the placement.

In a study by Hart and Rotem (1994) it is indicated that the qualities of a mentor are a vital factor in providing and achieving a positive and valuable learning environment; moreover the study found that stressful events for nursing students during clinical practice have shown the initial clinical experience was the most anxiety producing part of clinical experience

Cahill (1996) acknowledges that the single most crucial factor in creating a positive learning environment is the relationship between staff and the student nurse; it is also discussed that a common problem that arises for a student is that they are regularly unable to work with their mentor.

Many nurses and nursing students in the past found themselves to be autonomous practitioners, learning their skills within the situations they

found themselves in without adequate guidance or support (Bray & Nettleton, 2008).

Whereas Higgins et al (2009) suggest the success of any nursing student in any program in any clinical setting is complex, enhancing the complicated nature of education and the perception of competencies whether student or mentor.

This is an important concept to be sensitive to, as the process of moving forward with the knowledge and skills needs to be supported and nurtured in order to facilitate the standard of care that is safe, accountable, and competent.

Honey and Mumford (1992) Identified If mentors are to teach students effectively they must be aware of different learning styles and the importance of them; furthermore Honey and Mumford explore four different styles of learning and is a variation on Kolb's learning cycle, which was originally adapted from Kolb and Fry (1975). It is thought whenever possible, it is essential to allow the students individual style of learning determine the choice of teaching. Within Kolb's model there are four different styles of learning they describe, activist, theorist, pragmatist, and reflector.

They also propose that although many people can be a mixture of the four styles, they primarily have a preference for only one. However Clark (2007) suggests that labelling such as " activist" versus " reflector" has no scientific justification. Downie and Basford (2003) believe, that to identify the learning outcomes at the beginning of the placement is of great benefit to the

student, knowing the stage of training that the student is currently at helps
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to support a student effectively within the clinical setting; moreover they suggest that most students prefer the traditional learning method described as pedagogy which is where the mentor or teacher has full responsibility for what the student learns. Andragogy is described by Knowles (1990) as adult learning where the student is motivated and applies life experiences to learning, therefore this suggests the use of andragogy teaching method would be beneficial to Lucy as she is very motivated in learning outside of the learning outcomes. When establishing Lucy's learning style, formal teaching sessions were introduced to demonstrate how theory is applied in practice.

A taxonomy frequently used in nursing is the framework by Benner (1984) in which there are five levels; novice, beginner, competent, proficient and expert. According to Benner's stages of clinical competence, which shows the journey of a novice to an expert then Lucy appears to be an advanced beginner as signs of understanding NMC The code: standards of conduct, performance and ethics for nurses and midwives have been identified along with previous experience in other clinical areas.

As required By NMC (2008) Standards to Support Learning and Assessment in Practice along with fostering professional growth, the mentor encourages Lucy to reflect on her practice and empowered Lucy to be autonomous within the limitations of the supervised role, whilst being fair and accurate in the assessment of the student. Validity is the most crucial aspect of any assessment; it shows the extent to which the assessment measures and what it is expected to measure. A valid assessment is one that assesses learning outcome; it is set out to assess and not to target other outcomes that may not have been learnt adequately at that point. Reliability is also a <https://assignbuster.com/preparation-for-providing-effective-and-efficient-mentorship-nursing-essay/>

key factor to be considered in assessments, the term reliability is used to indicate the consistency of which an assessment measures and what it is designed to measure.

However Goding (1997) suggests that reliability and validity are inappropriate indicators of nursing practice and that they reduce practice to a list of objectives, which holds very little relation to the intricacy of practice. The NMC (2006) advocate that assessment is said to be reliable, if it gives similar results when used on different occasions, and with different assessors.

It is suggested by Hand (2006) that continuous assessment allows the student to achieve their target through progressive goal setting. Whereas Clifford (1994) explains continual assessment of practice, implies the students' performance is monitored on a daily basis during clinical practice, which would be done on a day-to-day basis.

Regular meetings between Lucy and her mentor allow discussions with mutual respect to evaluate the progress she is or may not be making, enabling action plans to be implemented if necessary.

According to NMC (2008) the mentor should provide the student with constructive feedback and assist them in identifying future learning needs and actions. Employing evidence-based practice, observation and communication equips the mentor with some of the necessary tools to identify the strengths and weaknesses and provide feedback; remaining objective when assessing the student to meet the required outcomes also means being objective when completing student documentation.

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It could be tempting when assessing Lucy to overrate her performance causing the “ halo” effect, although by underrating her performance could cause the “ horn” effect; this could happen if there is a clash of personalities between a student and a mentor. Krech et al (1962) document that human tendencies can influence a manager or mentors point of view causing stereotyping and the “ halo” and “ horn” effect

Research by Watson & Harris (1999) that examines support of students in practice placement established that some student nurses are being allowed to pass clinical assessments without having demonstrated sufficient competence; the study revealed that some Practitioners did not feel it was their responsibility to fail students. Moreover Duffy (2003) reports that it is inevitable that some students will not be able to meet the required level of practice and it is essential that mentors do not avoid the difficult issue of having to fail these students.

Duffy (2003) identified that weak students tend to have poor interpersonal skills, are disinterested in practice learning and are frequently late, and that they also lack personal insight and the awareness of professional boundaries. Duffy goes on to recommend that early intervention is essential if mentors or the clinical team notice an issue or concern about students, time must be made to discuss the issues.

There may be other factors affecting performance and these mitigating circumstances may need to be considered, however performance must meet the required standard.

The NMC (2008) Standards to support learning and assessment in practice state the mentor is accountable and responsible for assessing the total performance of the student including attitude, skills and behaviour.

There are fundamental individuals that can offer support and guidance to the mentor. The mentor can access support in assessing a student by way of the links to the Practice Education Facilitator (PEF), whose multidimensional role includes; according to Salvoni (2001) helping to support and enhance clinical practice and teach student nurses' practical skills within the academic setting, in recognition of the theory-practice relationship. In addition to this Rowan & Barber (2000) and Richards et al (2001) support the view that the PEF furthers staff in the development of their teaching and assessment skills.

The PEF, University Link Lecturer and The Academic Adviser are pivotal in supporting and guiding both the mentor and the student if there have been concerns expressed in a student's progress within the placement. There is a potential that a mentor could be mentoring a student who is not able to achieve within the placement, if a mentor has concerns it is essential that this concern be acted upon in the appropriate and in a timely manner.

Duffy (2003) recognised mentors do not always identify and deal with problems early enough in student's placement, they find it difficult to fail a student, in order to prepare a mentor for their role and the responsibilities in failing the student it is vital that they are supported and backed up by the PEF. The NMC (2008) states mentors should manage failing students to enable them to enhance their performance and capabilities for safe and

effective practice. The student should also understand their failure and the implications of this for their future.

NMC (2006) states students must evaluate their placement as part of the educational audit process. Also as the named mentor you are responsible for making the final assessment and are accountable for passing or failing the student.

It is inescapable that some students will not be able to achieve the required level of competence whilst in the practice placement and it is essential that mentors do not evade the difficult issue of having to fail a student.

In conclusion this assignment has examined a plethora of evidence, research, reviews and studies to elicit discussions and reflection surrounding what issues and processes have to be considered whilst supporting a student in a practice placement along with comparing the range of assessment strategies accessible to mentors which, contributes to the overall assessment of students. Wilkinson (1999) argues liaising between clinicians and educationalist enhances the quality of assessment and promotes a practice based learning culture.

Learning styles and learning theories have been investigated. It is important to assess each student as an individual in the context of their learning needs to strengthen the integration of theory and practice within the clinical setting likewise it is imperative that the mentor has an understanding of the learning outcomes. The mentor was able to pass Lucy in her practice placement and maintained professional boundaries throughout the experience.