Preparation for nursing mentorship

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Domain 2 of the NMC (2008) Standards for learning and assessment in practice asks mentors to ' Facilitate learning for a range of students, within a particular area of practice where appropriate, encouraging self-management of learning opportunities and providing support to maximise individual potential.'

Supervision and supporting the learning of student nurses in clinical placement has been the professional obligation and central constituent of Nursing and Midwifery Council (NMC) registered nurses.

In this essay many issues are broached, due to the limitations of space and are treated comprehensively. It is anticipated that the reader will appreciate the magnitude of the effort of NMC registered nurses to facilitate the learning of a range of students in clinical practice. The brief of the essay will use the critical and systematic approach to consider how mentors facilitate the learning of a range of students in clinical practice in selecting appropriate learning opportunities to meet individual needs. In addition, it will consider how students can be supported to critically reflect upon their learning experiences in order to enhance future learning. With the relevant literature, it will appraise the learning needs of students and the provision of a wide range of support to maximize the individual potential. The challenges of mentoring students in clinical environment will be also analysed. Finally, all the relevant evidences will be compared and contrasted and own suggestions made with examples in practice where appropriate.

The NMC (2008) describes a mentor as a facilitator, an assessor and a supervisor of students in clinical practice. To Stenfors-Hayes T. et al(2011), a mentor is anyone who shares what it means to be a nurse, who can answer questions and give advice and finally one who listens and stimulates reflection. However, from a review of Chandan and Watts(2012) a mentor goes far beyond the description above and not only advises and assesses, but in addition guides and ultimately acts as role model.

Due to the wide range of students and the level of knowledge, mentors play an important role in supporting students to learn from the experiences they meet during their clinical placement. Consequently, it is for mentors to select the appropriate learning opportunities that are available and can be utilised by a range of students.(NMC2008)

According to Levett-Jones and Bourgeois(2012) it is significant for mentors to know what level the student is early on in the placement to enable them know their level of competence. Hence, Clarke at al(2002) suggested that, students should be allowed and encouraged to self-evaluate their competence prior to placement. Walsh(2010) added that regardless of the stage or year a student is, they may vary extremely in their levels of competence. In practice there were two students, one straight out of school and another student with care work experience. It is noted that the level of understanding in clinical practice was different. In order to enhance their knowledge two different approaches are needed to mentor them. This was stressed by Walsh(2010)that, the understanding of the students' level of competence is more vital as they advance in the course of their training as mentors can allocate them to perform more tasks.

An important skill for students is self-confidence and students who lack self-confidences as learners hardly discover success. The lack of self-confidence may be due to the lack the opportunities to develop self-direction. (Myers and Anderson, 2012). Cash(2011) added that some students are over confident and have flight idea regarding their own levels of competence and a mentor should be wary of that. The role of the mentor is to Garvey et al(2009), the facilitating learners to develop their self confidence, independence and maturity. This is supported by Rogers' 10 principles of adult learning (1983) cited in Jaques and Salmon(2007), that mentors can facilitate in the learning when they let students participate responsibly in the learning process actively thereby enabling them to build self-confidence. In addition self-initiated learning, independence, creativity, self-reliance, self-criticism and self-evaluation are very important in facilitating the learning of the students.

NMC(2008) stated that a conducive learning environment with the appropriate professional and inter professionals, can be valued in a practical way to enhance and support the learning outcomes for students. From the classic surveys in the 1980's, a dominant factor of the learning environment is the qualified staff as well as the role of a ward manager. Not only do they provide a good learning structure and have an important effect on learning environment but can serve as role-models for clinical practice.(Quinn, 2007)

However, Stuart(2007) stated that due to the frequent interactions and activities, the clinical environment is regularly noisy which makes the clinical environment unpredictable and unstable. Stuart(2013) added that most learners will perceive the clinical area as a fear-provoking area which may

limit their learning. A study by Phillips(2007) stated that the term " scary", " frightening", " terrified" and " anxious" were used to describe their early days in practice placement.

Wilkes (2006) argued that, the abilities, qualities and attitudes of individual mentors are more essential than the learning environment whilst, Quinn (2007) emphasised that students are responsible for their own learning outcomes from an environment and they are not there just to observe.

Finally, learners learn in different ways. Individuals will have a dominant learning style, either visual, auditory or kinesthetic. In addition to the dominant learning style, there is often a preferred mix of different learning styles. Research shows that an average of 60-72% of adults are visual learners, 12-18% are auditory learners 18-30% kinaesthetic. It is therefore the role of the mentors to identify the dominant learning style of the students. (Britton , 2010). As 60% of adult learners have preference for visual learning, it means that mentors can support them with flip charts and things they can see.

In order to enhance future learning of students in clinical practice, the NMC (2008) standards for learning and assessment require mentors to support students to reflect upon their learning experiences.

Howatson-Jones(2013), stressed that it is important for the novice practitioner to develop an understanding of their role and support the learning of new skills by reflection. To do so reflection can occur within the experience or by looking back at the experience. In addition O'Carrol and Park(2007), mentioned that, nurses as well students can reflect in different

ways at different times. When working with a service user, students can reflect to their mentors on what is happening between them (reflection-in-action). It is also possible to reflect on the same interaction after what has happened (reflection-on-action). For the Gibbs(1988) reflective cycle is to describe what happened, feelings, evaluation, description and action plan. On 5 cue questions, John (1995) cycle enables students to break down their practice and critically reflect on the process and outcomes.(Driscoll, 2007)

Driscoll's " What? model (2000) structured reflection describes the event, an analysis of the event, proposed actions following the event, actioning the new learning from that experience in clinical practice and experience practice environment.(Driscoll, 2007)

For Walsh(2010), it is important for nurses to adopt the " action research model" that was originally developed by Kurst Lewin(1946). It is cycle of activities with ongoing evaluation and improvement. The key stages are for nurses to reflect upon what is happening, explain what is happening, carry out a literature research, plan a change, implement it, observe, evaluate its results, amend the plan and repeat the cycle.

Hinchliff et al(2008) emphasised that, the core of professional nursing practice is reflection and is a skill that may develop with experience like clinical skills, which needs to be practised and learned. To them critical reflection is looking at the individual clinical practice. It considers how the individual will act in an event and evaluate his performance against what the real situation would have been. Johns(2000) added that the practitioner can see critical reflection as a window where he can focus on his lived experience

which can help him to deal with, identify and work to resolve the contradictions in his practice involving what is desirable and actual clinical practice. White et al(2006) is of the view that critical reflection is a process by which practitioners identify the assumptions central to their practice, locate the historical and cultural source of these assumptions, question the meaning of the assumptions and develop alternative ways of acting. On the other hand Hinchliff et al(2008), is of the view that, critical reflection is cognitive, emotional and experiential of assumptions embedded in actions or experience. It is a review and re-evaluation of events and reworking of concepts and practice, based on this evaluation.

Subsequently, Driscoll(2007) reinforces this, by emphasising that, critical reflection provides a mechanism for mentors to support and guide students and gives the opportunity to stimulate new ideas and thinking.

Therefore the role of the mentor is to provide support for the students to reflect on their practice and to give constructive feed back.(Howatson-Jones, 2013).

As advocated by Levett–Jones et al(2009) students on clinical placement are encouraged by the writer and other professionals to critically reflect on their experiences. Students are supported to critically reflect on their practice using any of the reflective models that best suits them and provided with a constructive feedback on their performance. This enhances their personal and clinical development in the delivery of high quality care. According to Walsh(2010), mentors that implement reflection in their practice will be a source of inspiration for student nurses. Furthermore, feedback is part of a

valuable learning and is so essential not only for students in practice but also other professionals. It helps the students by offering them a comprehensible direction on how to improve their practice.(Howatson-Jones, 2013)

Hinchliff et al(2008) argued that a challenge to critical reflection is that, it is always difficult to analyse ones own event and would benefit from another's expertise or viewpoint. So it is important for nurses to support students on placement and to critically reflect. O'Carrol and Park(2007), is of the view that listening, empathy, assertiveness and managing change are additional skills that are essential for reflection.

One of the disadvantages of reflection according to Walsh(2010) is the doubling of staff time and that mentors and students may reflect differently since they are not one and the same person. Furthermore, as mentors assume the role of the expert in demonstrating skills, there is a risk of feeling uncomfortable, thinking their weaknesses may be exposed. However, Howatson-Jones(2013), without critical reflection, nurses cannot not deliver high quality care and is a source of inspiration for students in their future clinical practice. Furthermore, when reflection takes place it enables not only the development of knowledge by the student nurses beginning clinical practice but also its articulation by qualified nurses.(Elder et al, 2011)

As set by the NMC(2008) code of conduct nurses have a professional duty to facilitate students and others to develop their competence. However, Stuart(2013) stressed that clinical practice assessment is challenging and time consuming and carries with and the burden of responsibility and answerable. In addition, they face the demand of the day-to-day clinical

workload with the additional role and obligation as a mentor. Furthermore, some mentors feel not recognised and rewarded for taking additional roles. (Bray and Nettleton, 2007). In Walsh(2010) opinion, mentoring is by no means a one-way-traffic. It brings with it increased professional role, being updated by and learning from the student, developing teaching skills, adding to personal profile and increased self-esteem.

Mentors are hesitant to fail students due to the fear of more documentation, the university overturning the fail and dealing with disputes.(Stuart, 2013). Abbot(2009) emphasised that the relationship formed between the mentor and the student may affect the ability to conduct an objective assessment and fail a student. Kinnell and Hughes(2010) added that, the relationship between the student and the mentor to be successful depends on each respecting and understanding the other. For Casey and Clark(2011) the relationship should be a professional one and that there should be clear boundaries from the start of the placement. Mentors, for this purpose, should distinguish their association from that of a friend. By doing this, there would be balance which would give the mentor the opportunity to carry out appropriate evaluation and feedback. Furthermore, mentors should be given support by ward managers and other professionals in mentoring students. (O'Driscoll et al, 2010).

This essay has attempted to explore how mentors can facilitate the learning for a range of students, within the writers practice area. In doing so, it is realised that the benefits of mentoring for the mentor, the mentee and the NHS organisation in offering an exceptional opportunities for nurses to

influence and build up the practitioners of the future cannot be overemphasized.

It is also established that the learning environment is crucial in maximizing the learning of students. Additionally, it is important that students reflect upon their learning experiences in other to recognise their strengths and any areas that need further development.

The writer is of the view that the relationship that develops between the mentor in facilitating the learning of a range of students can sometimes become complex. From the writers own experience, it is therefore necessary that the mentor by offering support should set out the ground rules initially and should be objective and disciplined. Ultimately, mentors should exercise caution when establishing relationship with students otherwise the final assessment can be subjective.

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