Enabling Learning in Nursing and Midwifery Practice
Enabling Learning in Nursing and Midwifery Practice

A Guide for Mentors

Edited by

Sue West
Canterbury Christ Church University

Tim Clark
Canterbury Christ Church University

Melanie Jasper
Swansea University

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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>ix</td>
</tr>
<tr>
<td>Introduction</td>
<td>xiii</td>
</tr>
<tr>
<td>1  CONTEMPORARY ISSUES IN MENTORING PRACTICE</td>
<td>1</td>
</tr>
<tr>
<td>Margaret Andrews</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>The Practice Context</td>
<td>6</td>
</tr>
<tr>
<td>Chapter Summary</td>
<td>8</td>
</tr>
<tr>
<td>References</td>
<td>10</td>
</tr>
<tr>
<td>2  A GOOD PLACEMENT EXPERIENCE: THE STUDENT’S PERSPECTIVE OF THEIR NEEDS IN THE PRACTICE SETTING</td>
<td>13</td>
</tr>
<tr>
<td>Sue West</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>14</td>
</tr>
<tr>
<td>Clarifying the Context: Learning as Input, Process and Outcome</td>
<td>14</td>
</tr>
<tr>
<td>Input: An Effective Structure for the Placement Learning Experience</td>
<td>15</td>
</tr>
<tr>
<td>Process: Some of the Variables within the Learning Experience</td>
<td>21</td>
</tr>
<tr>
<td>Output: The End Result of the Learning Experience</td>
<td>24</td>
</tr>
<tr>
<td>Chapter Summary</td>
<td>25</td>
</tr>
<tr>
<td>References</td>
<td>25</td>
</tr>
<tr>
<td>3  THE REFLECTIVE MENTOR: FACILITATING LEARNING IN THE PRACTICE SETTING</td>
<td>29</td>
</tr>
<tr>
<td>Melanie Jasper</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>30</td>
</tr>
<tr>
<td>Being a Reflective Mentor</td>
<td>30</td>
</tr>
<tr>
<td>Practice as a Learning Environment</td>
<td>33</td>
</tr>
<tr>
<td>Maximizing Your Own Opportunities for Development</td>
<td>41</td>
</tr>
<tr>
<td>Chapter Summary</td>
<td>42</td>
</tr>
<tr>
<td>References</td>
<td>43</td>
</tr>
<tr>
<td>Chapter</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>4</td>
<td>HELPING PEOPLE LEARN</td>
</tr>
<tr>
<td></td>
<td>Stevie Penfold</td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
</tr>
<tr>
<td></td>
<td>Everyday Teaching and Learning</td>
</tr>
<tr>
<td></td>
<td>Behaviourist Theory</td>
</tr>
<tr>
<td></td>
<td>Social Learning Theory</td>
</tr>
<tr>
<td></td>
<td>Cognitive approaches to helping learners</td>
</tr>
<tr>
<td></td>
<td>Constructing Learning</td>
</tr>
<tr>
<td></td>
<td>Application of Knowledge for Practice</td>
</tr>
<tr>
<td></td>
<td>Practical Tips for Teaching and Facilitating Learning</td>
</tr>
<tr>
<td></td>
<td>Chapter Summary</td>
</tr>
<tr>
<td></td>
<td>References</td>
</tr>
<tr>
<td>5</td>
<td>DEVELOPING EFFECTIVE LEARNING RELATIONSHIPS</td>
</tr>
<tr>
<td></td>
<td>IN PRACTICE</td>
</tr>
<tr>
<td></td>
<td>Sheila Daykin</td>
</tr>
<tr>
<td></td>
<td>The Effective Mentor</td>
</tr>
<tr>
<td></td>
<td>Facilitation</td>
</tr>
<tr>
<td></td>
<td>Dysfunctional Mentor–Learner Relationships</td>
</tr>
<tr>
<td></td>
<td>Chapter Summary</td>
</tr>
<tr>
<td></td>
<td>References</td>
</tr>
<tr>
<td>6</td>
<td>LEARNING STYLES IN PRACTICE</td>
</tr>
<tr>
<td></td>
<td>Tim Clark</td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
</tr>
<tr>
<td></td>
<td>Clarifying the Context: What Are Learning Styles?</td>
</tr>
<tr>
<td></td>
<td>Learning Styles – Which One Are You?</td>
</tr>
<tr>
<td></td>
<td>Processing Information</td>
</tr>
<tr>
<td></td>
<td>Questionnaires That Examine Learning Style</td>
</tr>
<tr>
<td></td>
<td>Chapter Summary</td>
</tr>
<tr>
<td></td>
<td>References</td>
</tr>
<tr>
<td>7</td>
<td>USING INTERPERSONAL SKILLS IN MENTORING</td>
</tr>
<tr>
<td></td>
<td>Sue Riddell</td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
</tr>
<tr>
<td></td>
<td>Phases of the Relationship</td>
</tr>
<tr>
<td></td>
<td>Attending and Listening</td>
</tr>
<tr>
<td></td>
<td>Questioning</td>
</tr>
<tr>
<td></td>
<td>Responding</td>
</tr>
</tbody>
</table>
### Feedback 109
Chapter Summary 111
References 112

#### 8 THE LEARNING ENVIRONMENT 113
Gill Beer and Andrew Southgate

Introduction 113
Method of Learner Allocation 116
Clinical Staff 117
Nature of the Learner 119
Higher Education Institutions 124
Clinical Environment 125
Chapter Summary 130
References 130

#### 9 THE DEVELOPMENT OF COMPETENCE IN NEWLY QUALIFIED PRACTITIONERS 133
Tim Clark

Introduction 134
What is Competent Practice? 135
Preceptorship 137
What Are the Key Features? 141
Adopting a ‘Cloak of Competence’ 148
Chapter Summary 149
References 151

#### 10 ASSESSMENT OF PRACTICE: PRINCIPLES, PROCESS AND RESPONSIBILITIES 153
Sue West

Introduction 154
The Journey to Professional Practice 154
The Purpose of Assessment 156
Underpinning Principles 158
Assessment Criteria 161
Single Event Versus Continuous Assessment 163
Factors That Influence Assessment in Practice 164
Becoming Student-Centred 172
Making a Decision 173
Managing the Failing Student 174
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>USE OF THE INTERNET TO SUPPORT LEARNING IN PRACTICE</td>
<td>181</td>
</tr>
<tr>
<td></td>
<td>Susan Westerman and Emily Hurt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
<td>181</td>
</tr>
<tr>
<td></td>
<td>Use of the Internet and Other New Technologies in the Higher Education and Health-care Sectors</td>
<td>183</td>
</tr>
<tr>
<td></td>
<td>Some Potential Benefits and Challenges of Using the Internet to Support Learning in Practice</td>
<td>185</td>
</tr>
<tr>
<td></td>
<td>Some Practical Applications and Illustrations of the Internet Supporting Practice-Based Learning</td>
<td>187</td>
</tr>
<tr>
<td></td>
<td>Key Health-care Online Resources</td>
<td>190</td>
</tr>
<tr>
<td></td>
<td>The Internet Supporting Communication, Interaction and Reflection</td>
<td>194</td>
</tr>
<tr>
<td></td>
<td>How to Manage All This Information</td>
<td>195</td>
</tr>
<tr>
<td></td>
<td>Chapter Summary</td>
<td>196</td>
</tr>
<tr>
<td></td>
<td>References</td>
<td>196</td>
</tr>
<tr>
<td>12</td>
<td>CHALLENGES IN THE INTERPROFESSIONAL AGENDA</td>
<td>197</td>
</tr>
<tr>
<td></td>
<td>Judith Parsons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
<td>198</td>
</tr>
<tr>
<td></td>
<td>Why an Interprofessional Approach?</td>
<td>198</td>
</tr>
<tr>
<td></td>
<td>A Shared Vision</td>
<td>199</td>
</tr>
<tr>
<td></td>
<td>Skills in Interprofessional Facilitation of Learning</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>Moving Forward</td>
<td>204</td>
</tr>
<tr>
<td></td>
<td>Chapter Summary</td>
<td>206</td>
</tr>
<tr>
<td></td>
<td>References</td>
<td>206</td>
</tr>
<tr>
<td>13</td>
<td>WORKING AS A PROFESSIONAL: STANDARDS FOR PROFESSIONAL PRACTICE</td>
<td>209</td>
</tr>
<tr>
<td></td>
<td>Melanie Jasper</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
<td>210</td>
</tr>
<tr>
<td></td>
<td>Mentors as Professional Practitioners</td>
<td>210</td>
</tr>
<tr>
<td></td>
<td>Standards for Mentoring</td>
<td>212</td>
</tr>
<tr>
<td></td>
<td>Your Role as a Mentor</td>
<td>222</td>
</tr>
<tr>
<td></td>
<td>Maintaining Your Professional Competence</td>
<td>228</td>
</tr>
<tr>
<td></td>
<td>Chapter Summary</td>
<td>229</td>
</tr>
<tr>
<td></td>
<td>References</td>
<td>229</td>
</tr>
<tr>
<td></td>
<td>Chapter Summary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>References</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glossary of Terms</td>
<td>231</td>
</tr>
<tr>
<td></td>
<td>Index</td>
<td>239</td>
</tr>
</tbody>
</table>
Preface

The book is intended for practitioners in nursing and similar disciplines who have, or will be, developing the role of offering mentorship, support and preceptorship to students and newly qualified practitioners. The demand for high-quality staff has rarely been so acute in health- and social-care settings. There are concerns that those entering these settings might struggle to develop the necessary skills, knowledge and attitudes needed and the role of someone to guide and support students and new practitioners has been identified as being crucial. With current Government targets to increase the numbers of health- and social-care practitioners, there is an increased need for informed mentors and preceptors. This, therefore, potentially affects all health- and social-care institutions that have the need to replace and develop their staff.

We seek to help busy practitioners understand the principles that underpin effective learning and assessment strategies within the practice setting and provide practical guidance on ways that individuals and teams can meet the challenge of increasing student numbers in busy health- and social-care environments. The book will also assist students to gain the most from their practice experiences and, given the focus of many preregistration programmes on preparation of senior students to support more junior colleagues in practice, the book should provide both a valid source of reference and provide practical guidance.

The book is therefore intended to provide a text for students and practitioners to support learning in practice and for experienced mentors and preceptors that are seeking to update their skills and understanding. The development of interprofessional programmes has provided a renewed demand for texts that provide a contemporary view on teaching and learning in the real world setting of busy practice.

The contributors to the book are as follows and offer the following interest areas:

Professor Margaret Andrews is pro-Vice Chancellor (Dean, Faculty of Health and Social Care) at Canterbury Christ Church University. She has been involved in health professional education in a variety of capacities for the
last 22 years. Her main research and publication interests are generally concerned with the education of health professionals in both practice and academic settings and, in particular, the practice learning environment, mentorship, student support and interprofessional learning. She has published on a variety of topics.

**Gill Beer** was Principal Lecturer and Placement Coordinator at Canterbury Christ Church University. Having gained her Registered Nurse Tutor qualification, she focused her career towards postregistration, initially teaching enrolled nurse development/conversion courses. For many years, she designed mentoring modules and lead the ‘mentoring’ team. This led to her current role as Academic Placement Coordinator. This involves ensuring that placement opportunities meet the curriculum needs, and that students receive a high quality and equitable experience.

**Dr Tim Clark** is a Senior Lecturer in research at Canterbury Christ Church University. He completed his PhD in 2005 with a study of the development of competence in newly qualified nurses. He has completed research into learning styles, competence and assessment in practice. Before entering nurse education in 1986, he had a background in general and mental health nursing and still works in clinical practice on a regular basis.

**Sheila Daykin** was a Principal Lecturer at Canterbury Christ Church University. She has also been very involved in programme development, management and teaching, particularly in relation to postregistration modules, courses and programmes for nurses and midwives. She has a particular interest in work-based learning, mentoring and supervision. In the 1990s, she completed a Post-Graduate Diploma in Health Psychology and MSc in Nursing at City University in London. She is also a qualified and practising Humanistic Counsellor.

**Emily Hurt** is currently Faculty Liaison Librarian for Health and Social Care at Canterbury Christ Church University. She has worked in health libraries for the past five years, and completed a Post-Graduate Diploma in Information and Library Management in 2004. She is a member of the Continuing Professional Development panel for the Health Libraries Group. She has a strong interest in enabling student access to information, and is always looking for new ways to deliver information skills training.

**Professor Melanie A. Jasper** PhD, MSc, BNurs, BA, RN, RM, RHV, NDNcert, PGCEA, is Head of School of Health Science, Swansea University. Having graduated from the University of Manchester in 1977, she practised as a health visitor and midwife until becoming nurse educator at the University of Portsmouth in 1990. She was privileged to start her career in nurse education at
the beginnings of the move of nurse education into higher education, an exciting time for developing degree, masters and doctoral programmes aimed at developing high-quality practice underpinned by sound theoretical and research-based knowledge and skills. Having completed her Masters in Nursing at the Royal College of Nursing in 1994, she went on to develop her understanding of reflective writing strategies in nursing education as a doctorate, awarded in 1999. In 2003, she joined Canterbury Christ Church University as head of a multidisciplinary department of Health and Social Welfare Studies, before moving to her current role as Head of School of Health Science at Swansea University in 2007. She was appointed Editor of the Journal of Nursing Management in 2002, expanding her own writing career, which includes four books and numerous journal articles. She has been invited to present keynote lectures at conferences, particularly relating to reflective practice, reflective writing, portfolio and professional development, and on leadership.

Judith Parsons is currently Senior Lecturer in Community Nursing at Canterbury Christ Church University and programme director of the Post-Graduate Certificate in Practice Education. She has always maintained an interest in interprofessional education and recently worked as project leader for the Department of Health funded Modernizing Pre-registration Education for Allied Health Professionals. This project facilitated the provision of interprofessional preregistration placements for health and social care professionals at Canterbury Christ Church University.

Stevie Penfold was a Senior Lecturer at Canterbury Christ Church University. She has worked as an RGN for many years and has worked both in the NHS and private sectors, including nursing homes. She then worked for 12 years in intensive care nursing. For the past 15 years she has worked in education and is involved in the academic development of students for both theoretical and practice-based work in the University.

Sue Riddell is Principal Lecturer and Teaching Fellow at Canterbury Christ Church University. She began her working life as a nurse in Cambridge before moving into nurse education. She has been at Christ Church for over seven years having previously taught in Aberdeen, Chelmsford and Pembury (Tunbridge Wells.) Currently, the majority of her time is allocated to working within the Learning and Teaching Enhancement Unit as a Teaching Fellow and Learning and Teaching Coordinator for the Faculty of Health and Social Care.

Andrew Southgate RGN MSc was one of the first Practice Placement Facilitators in Kent. He has spent the last five years working collaboratively with mentors, managers and university lecturers to improve the quality of placements in a large,
multisite, acute Trust. Major elements of this role include facilitating developments in the placement learning environment and in the quality assurance process. He was the Trust lead for the successful QAA Major Review in 2005. Key achievements include leading the development of the trust-wide interprofessional education audit tool, devising a tool to evaluate the students’ experience of mentoring and developing placements that were not traditionally accessed for preregistration nursing students.

**Sue West** RGN BSc MSc PGCLT (NMC) is a Senior Lecturer and Mentorship Coordinator at Canterbury Christ Church University. Sue is responsible for the modules that prepare practitioners to be mentors and also leads the project group responsible for ensuring the ongoing support, information and updating meets mentors needs and professional requirements. Sue is particularly interested in how mentors help students develop their expertise and is currently exploring this for her doctorate studies.

**Sue Westerman** leads the Learning Technology Team at Canterbury Christ Church University. She primarily advises on and supports e-learning in health- and social-care education, and has over six years experience supporting the higher education and health sectors. Sue gained her MA in Online and Distance Learning from the OU in 2005. She is particularly interested in issues surrounding learner support, digital literacy and, with a BA in History, the history of technologies in education.

Note on the NMC Code of Professional Conduct:

At the time of going to press, the Nursing and Midwifery Council Code of Professional Conduct is being reviewed by the NMC, with the intention of publishing a new Code in January 2008. This will be found on the NMC website (www.nmc-uk.org) from that time. We will be establishing a website for the book to explore any ongoing changes – this will be available at www.wiley.com/go/west.
Introduction

The real voyage of discovery consists not in seeing new landscapes, but in having new eyes.

Marcel Proust

This book is about looking at the ways we support and mentor students and new staff in practice settings. To many this will be a familiar landscape, but one that is changing and sometimes challenging. Indeed the environment is sometimes so hostile that some lose their way. The idea of mentoring is one way that a practice area can provide a guide to navigate the journey through this sometimes difficult landscape.

The embryo for this book was formed during the planning of a mentoring programme, conferences and learning materials. We wanted to write both an academically sound and a useful book, one that you can dip into for up-to-date references and one that can also provide you with some practical solutions to difficult issues.

The aims of the book are therefore to:

• explore the context of learning in practice;
• place mentoring in contemporary practice;
• help the reader to integrate theory and practice in relation to mentoring and supervising students in practice;
• increase the reader’s knowledge of the principles of effective mentoring and preceptorship;
• help the reader to acquire knowledge of specific interventions in establishing a mentoring relationship, and the impact upon practice;
• promote understanding of the importance of assessing practice and managing the mentoring process.
HOW THE BOOK IS SET OUT

The book is set out in 13 chapters to provide you with two main things. Firstly, it provides you with some understanding of the theory behind what you do when you are learning or teaching in practice settings. The context of practice settings places huge demands on students, mentors and all those involved in support. Knowledge of the influences on learning is needed to provide a firm foundation to build our understanding. The material is contemporary and based on a firm evidence base. There are a range of references, drawn from research and the broader literature, in each chapter. The book can therefore be used as a source of references to support those learning on mentoring, preceptoring or supervision courses and modules. It is also useful for more experienced mentors who need to develop and keep updated in their practice teaching roles.

Next, the book provides a practical guide to support the processes of mentoring and assessing in practice settings. There is sometimes a difference between the rhetoric of ‘what the papers say’ and the reality of what happens in the ‘real world’ of practice. This book provides a bridge between the theoretical foundation and the practical processes of developing and supporting people in the challenging environment of practice. The authors have identified not only what the issues are but, also, they provide some strategies for making a difference.

A number of themes are drawn throughout the book. We do not see the reader as an empty vessel who can be filled remotely from the fount of our knowledge and experience. Learning is an active process and, where appropriate, we will provide a box with practical points for consideration for you to use. These may include short exercises and activities. We want you to get the most out of this book and spending some time thinking about these points will help you to become more engaged in the process. Whilst we may provide some suggestions following the activities, we do not always seek to provide definitive answers to issues that are open to a wide range of interpretations.

Similarly, we have identified a number of points for reflection for you to consider. Although reflection is a theme that naturally draws through the book, the chapter on reflection provides a tool kit for mentors and learners to develop the practical skills of reflection. The chapter develops the need for active reflection and shows that this, by definition, cannot be a passive response as heard in the saying ‘sometimes I sit and think . . . and sometimes I just sit’. You will need to be active in the process to gain full advantage.

We are conscious we have already introduced a number of terms that may be unclear, unfamiliar or often overused and therefore the meaning may be lost. To
clarify the meanings we take for some of the key terms we include a **glossary** to provide operational definitions. These terms are printed in bold text when they are first used.

There is other **supporting information** in the Appendices to supplement the text. Lists of some other **further reading** are also included, which you may find useful.

The contributors to the book draw from a wide range of experience in education and practice. Many are staff from Canterbury Christ Church University where the Faculty of Health and Social Care has embraced the notion of interprofessional education and has developed an innovative programme that provides interprofessional learning to a number of different professional disciplines in a programme leading to professional qualifications. The programme prepares practitioners in adult, mental health, and child nursing, medical imaging, midwifery, occupational therapy and social work.

We hope you will enjoy our book and look upon mentoring and preceptorship with new eyes.
LEARNING OUTCOMES

By the end of this chapter it is expected that the reader will be able to:

- Identify the role of the mentor in current contemporary nursing and midwifery practice
- Compare the ways in which the role of the mentor has evolved over the last 10 years
- Broadly outline the Nursing and Midwifery Council (NMC) Standards to Support Learning, with particular attention to the concept of the sign-off mentor
- Acknowledge the complexities of mentoring and the need for more formal, structured approaches to mentoring practice.
INTRODUCTION

The purpose of this chapter is to introduce the concept of mentorship in contemporary health practice, and to outline some of the complexities surrounding policy change in the National Health Service (NHS) and health professional education and how this impacts on mentoring for preregistration students. The chapter is meant to both challenge and be challenging; to challenge particular current policy and at the same time confront the reader.

The key to successful practice learning lies in the level of support and guidance students receive from practitioners and academics, suitably qualified to assess their competence. There is some general confusion and tension surrounding the shift of responsibility for practice learning and practice assessment, from the academic to the practitioner, which came about in the early 1990s. With this came the demise of the clinical teacher and the renaissance of the concept of mentorship in the health professions. Student expectation of their mentors has changed over the last 10 years and as a result contemporary mentoring practice has evolved to encompass the broader elements of learning and teaching.

At the end of the preregistration programme students must be fit for practice, fit for purpose and fit for award. It is unlikely that they will meet these requirements if they do not have a knowledge base that allows them to practise in an informed way; therefore the responsibility on those who are assigned to supporting and guiding students in this is immense. Gone are the days when students only require friendly or emotional support in practice settings, they demand and deserve good quality, appropriately delivered practice learning that challenges the professionals delivering it and develops practice, based on sound theoretical principles. This is a challenge to us all; it is not an optional one, but a requirement of contemporary professional practice.

The notion of mentorship for health professional students is not new and has existed in a variety of forms for a number of years. In nursing, the introduction of the diploma...
of higher education and the first Project 2000 (United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1986) programmes, acted as the driver for ensuring that mentorship became a mainstream activity within the preregistration curriculum. Although there is now some acknowledgement that mentoring is a complex activity, it was introduced in a quiet way, with little fuss. Burnard (1990) eloquently points out that mentorship ‘slipped into the folklore of nurse education almost unnoticed and quickly became part of the educational language of the eighties and nineties’ (p. 352). Little thought was given at this time to how mentoring would work in practice or, indeed, how it was to be sustained. These aspects have become more important as students’ expectations of mentors have increased, alongside the growing numbers of students. In most cases, mentors have a role in assessing students’ practice competence; it is not the intention to present the arguments for and against this as they have been rehearsed elsewhere (Andrews and Wallis, 1999; Neary, 2000; Pellatt, 2006), though Duffy’s (2004) work on failing students will be of interest to mentors. Duffy clearly feels that the distinction between unsafe practice (in relation to students) and the determination of failure need further exploration, especially in relation to students who are thought of as ‘borderline’. In order to safeguard professional standards, and in turn the public, it must be recognized that some students need to fail, but mentors, for a variety of reasons, may be reluctant to do this.

Much has been written about the support mechanisms for students in practice settings, with both qualified staff and students favouring the mentoring approach. There is common agreement that supporting students in practice is an important part of the overall educational process, yet there is little consensus in the literature as to what constitutes support. Since the 1980s there has been a growing body of literature about mentorship in preregistration education and it has been highlighted as the most common, and preferred approach to student support (Andrews and Wallis, 1999; Andrews and Chilton, 2000; Neary, 2000; Pellatt, 2006).

The nature and purpose of mentorship in this context is related to the role of the clinician in providing student support and guidance, and, in many cases, encompasses the activities associated with learning, teaching and the assessment of practice. Although in more recent years, nursing has embraced mentorship alongside other developments, other professions have offered alternatives. There is, however, a common acceptance that the mentoring (or equivalent) of students in practice settings and all that this entails is firmly the responsibility of practitioners.

There are a number of challenges for the future around the support of students in practice settings, including the plethora of language used across the professions to denote someone who takes on a mentoring role, the interchangeable nature of the terms, the lack of acknowledgement of the interprofessional context and the changing nature and pace of health-care delivery.
DEFINING THE TERMS

There is no common view amongst health professionals and the associated regulatory and professional bodies about the most appropriate role title to call someone who is responsible for supporting, guiding and supervising preregistration students in practice. A range of terms are in common use including mentor (nursing, midwifery and teaching), supervisor/mentor (radiography) practice educator (occupational therapy) and practice supervisor/teacher (social work). Mentorship is a term used more often in midwifery, nursing and teacher education than any of the other professions, with little of the supporting literature found in the associated professional journals relating directly to the other health professions (Mulholland et al., 2005).

The English National Board for Nursing, Midwifery and Health Visiting/Department of Health (ENB/DH) (DH, 2001) defined a mentor as an individual ‘who facilitates learning and supervises and assesses students in the practice setting’ (p. 6). More recently this is ‘a registrant who has met the outcomes of stage 2 (of the standards for mentors) and who facilitates learning, and supervises and assesses students in practice settings’ (NMC, 2006, p. 44). In five years there has been little shift in emphasis except in relation to the more general acceptance of defined standards associated with the role.

In contrast, over the same five-year period the role of the practice educator in nursing as depicted in the ENB/DH (DH, 2001) Preparation of Mentors and Teachers guidance document has been replaced by the practice teacher within the 2006 NMC standards’ document. The practice educator was defined as someone ‘who makes a significant contribution to education in the practice setting, co-ordinating student experiences and assessment of learning’ (ENB/DH, 2001, p. 6). Practice educators were also responsible for leading the development of practice and providing support and guidance to mentors and others, to enable students to meet learning outcomes and competencies. The term practice teacher, appearing in the 2006 NMC standards document, denotes someone who has fulfilled the requirements to be a mentor, having received further preparation to achieve ‘the knowledge, skills and competence in both their specialist area of practice and in their teaching role, meeting the outcomes of stage 3 (of the new standards), and who facilitates learning, supervises and assesses students in a practice setting’ (NMC, 2006, p. 45).

Many preregistration programmes are developed on either a partial or full interprofessional model, which demands an interprofessional approach to practice mentoring. The lack of acknowledgement amongst the professional and regulatory bodies for common terminology to denote individuals who support students in practice settings makes the notion of interprofessional mentoring more difficult to grasp and implement. For example
the College of Occupational Therapists (COT) make reference to a practice placement educator, indicating that this is a practice-based staff member who is involved in the day-to-day management of a student on placement and who is responsible for the assessment of a student against agreed learning outcomes. Practice educators also facilitate the student’s achievement of learning outcomes and are responsible for monitoring and evaluating the student’s learning outcomes in partnership with the university (COT, 2003). This is more akin to the role of the mentor in nursing and midwifery. Whatever the differences in role title across the professions, there is general agreement about the nature of the role associated with supporting, guiding and assessing students in practice settings.

In the latter part of 2006 the NMC introduced the notion of the ‘sign-off’ mentor, as part of a much wider reform of the standards to support learning and assessment in practice. The ‘sign-off’ mentor is responsible for making the final assessment of practice on the last placement and confirming with the NMC that the required proficiencies for entry to the register have been achieved (NMC, 2006, p. 9). To be a ‘sign-off’ mentor individuals must meet additional criteria to those for mentors and be on the same part of the register as the students they are assessing. (The role and preparation of the sign-off mentor will be considered more fully in Chapter 13.)

**ACTIVITY 1.2  PREPARING FOR THE FUTURE**

Read Chapter 2 of the NMC (2006) *Standard to Support Learning and Assessment in Practice* (which you can obtain from the NMC web site, www.nmc-uk.org) and consider in more detail 2.1, the NMC standard for mentors.

The whole question of the role of mentorship in interprofessional learning programmes is a particularly thorny one. The new standards to support learning and assessment in practice (NMC, 2006) indicate that for nurses undertaking advanced nursing practice there are additional requirements relating to practice teachers. There is concern that the standard associated with practice teachers will present some difficulty. This is because of the widespread of nurse practitioners, most of whom are nurses and entered advanced practice by learning knowledge, skills and competence that were previously the domain of other professional groups, especially medicine. At present, assessment is undertaken by doctors, who currently practice those skills. For example, nurses who undertake preparation to prescribe are required by legislation to be assessed by a Designated Medical Practitioner (DMP). A DMP is a registered practitioner who provides
supervision and support, assesses application of theory to practice and signs off satisfactory completion of the period of learning and assessment (in practice). The new standards will throw what, to date, has been a recognized model of interprofessional mentoring into question, as on the introduction of the standards, assessment must be by an individual from the same profession.

There are several preregistration, interprofessional programmes in the United Kingdom and others that have an interprofessional flavour, less overt but still evident. In the main, the interprofessional elements are integrated into the theoretical components rather than practice learning. Students do undertake placements where they are exposed to interprofessional working but there is no strong evidence to suggest that practitioners are confident enough to accept readily the responsibility for learning experiences of students from professions other than their own. This is especially so in relation to making judgements about competence, even in relation to generic skills. This raises an interesting dilemma – should interprofessional students continue to be supported and assessed using uniprofessional models? Although, in the main, the associated professional bodies support the concept of interprofessional learning, they have yet to address interprofessional assessment clearly within their practice standards or guidance. This could be done by identifying a common terminology, developing multiprofessional standards for the learning and assessment of students in practice, together with universal preparation programmes for all mentors.

THE PRACTICE CONTEXT

Until recently, the overall picture in the NHS was one of growth, both in the numbers of patients receiving care and in the number of health-care professionals employed. In the early part of this decade the Department of Health (DH) predicted a need for an increasing number of health professionals together with changes in the way they are prepared (DH, 2000). In the NHS plan (DH 2000), the Government set out the policy for modernizing the NHS; a radical programme of reform was planned which included additional health-care personnel, and new roles and responsibilities for nurses, midwives and therapists together with improved training and increased numbers of nurses and other health-care professionals in training. This trend continued until 2005/2006, four years short of the time period for the NHS plan. More recently, in the light of financial pressures, the numbers of health professionals entering training are reducing (2006/2007). The picture currently is one of regression, with many nurses and other health professionals working with the threat of posts being made redundant alongside the ‘freezing’ of key posts. There is no indication that this trend will not continue, at least in the short term, although the forecast for workforce capacity by 2010/2011 shows a shortfall
of 14,000 whole time equivalent (WTE) nurses (Mooney and Donnelly, 2007). If the present recession does continue there will be a shortage of practitioners to support the future nursing and midwifery students in practice. Current restraint in employment practice may be a false economy if the future workforce is ill prepared to deliver the services that patients need. In addition, the toll this has on attrition, because students are left feeling unsupported, unsure and unsafe, is a financial cost that the NHS can ill afford.

Against this backdrop there is an increasing reliance on practitioners to provide care in an increasingly complex health context and at the same time to take a more active role in the learning, teaching and supervision of students in practice settings. It is clear that if mentors are to support students in a chaotic workplace then the process and tools they use must be fit for the situation they find themselves in and assist rather than hinder the mentoring process. In addition, given the time constraints on practitioners, the support mechanisms for students must be easy to integrate with professional practice and not antagonistic to it. As far back as 1999 the United Kingdom Central Council for Nursing, Midwifery and Health Visiting stressed the importance of dedicated time for teachers and mentors so that they could remain confident and competent in their teaching and mentoring roles.

The NMC has, for some time, expressed concern about the perceived variation in competence and fitness to practise at the point of registration, particularly in relation to student nurses. This led in 2006 to the publication of the Standards to Support Learning and Assessment in Practice, the NMC standards for mentors, practice teachers and teachers (NMC, 2006). The standards indicate that at least 40% of a student’s placement time should be spent directly with their mentor and that achievement of competency at key points in the programme must be confirmed by a ‘sign-off mentor’. Sign-off mentors will meet additional criteria and, when supervising students in their final placement, will have protected time for providing feedback to students.

The shift in responsibility for ensuring that students are fit for practice is now more clearly towards practitioners. The literature in midwifery, nursing and social work suggests that many practitioners have difficulty taking responsibility for student learning, especially making decisions about appropriate standards of practice (Burgess, Phillips and Skinner, 1998; Sharp, 2000; Duffy and Watson, 2001; Duffy, 2004). This may be as a result of lack of support from higher education colleagues or because practitioners are not necessarily educationally prepared to be the final arbiter of entry to the profession. A number of other reasons have been put forward for inconsistency in approach, such as lack of time to directly supervise students, short length of placements and a sense of personal failure (Mulholland et al., 2005).

The new standards, implemented in September 2007, reinforce the position of the practitioner (mentor) as the arbiter of entry to the profession, making it clear that the
responsibility lies with the sign-off mentor. The NMC standards do acknowledge some ‘norms’ for the time commitment for mentors, with 40% of the overall time being dedicated to student supervision. In addition to this, in the final placement, students will receive one hour per week from the sign-off mentor. The NMC indicates clearly that ‘clinical commitment should be reduced for mentors when they are supporting a student’ (NMC, 2006, p. 30). However, there is little to suggest how this will be brought about given the current staffing challenges in the NHS. This is an important issue and one that will require sensitive discussions between educationists, NHS employers and professional bodies. Implementing the new standards for the sign-off mentor affects students qualifying from 2010, and therefore allows for a period of further discussion regarding the time commitment.

**ACTIVITY 1.3 APPLYING NEW LEARNING**

Consider how you will arrange and manage your working practices to meet the mentor standards (Appendix 1.A) to support learning and assessment in practice.

**CHAPTER SUMMARY**

Having sound mentorship is vital to the development of competent future practitioners and therefore developing good mentors is crucial. The health-care arena is complex and challenging and students need flexible, adaptable mentors who can guide them through the complexities of the practice domain. However, the role of the mentor needs to be easily integrated into ‘the job’ of being a health practitioner rather than being an ‘add on’. Higher education has a crucial role to play in the development of suitable mentors and in providing unobtrusive educational support for them.

Whether in the future mentoring roles are dictated by custom and practice or by guidance from professional and regulatory bodies remains equivocal. What is clear is the urgency for educational bodies to monitor and regulate practice across the professions to reduce ambiguity and confusion and to prepare students for working and studying in an interprofessional context. Most of all, there should be some uniformity in the role titles for practitioners undertaking support roles in practice settings to ensure that all involved have a similar understanding, irrespective of the particular health-care profession.
Currently, there is much discussion regarding the achievability of the NMC (2006) standards within the timescale identified, particularly in relation to specialist practice programmes with non-NHS nurses, whose employers are unwilling or unlikely to employ additional staff as practice teachers. For students undertaking specialist practice qualifications within the NHS, the spread of practitioners is wide with a scarce resource of practice teachers to assess them and limited plans to commission further preparation programmes. For students undertaking preregistration programmes and their mentors the issues are different but no less challenging, especially in relation to the increased responsibilities for ‘sign-off’ mentors.

The literature pertaining to mentors and mentorship is prolific in nursing- and midwifery-related journals and within this there is little that challenges the assumption that having a mentor improves practice learning, despite there being little research evidence. The research literature usually highlights the supportive and approachable nature of the role rather than the effect on learning. Of course, it may be that when students feel more ‘comfortable’ and supported in a practice area, they learn more and it is less to do with the direct transference of knowledge. Perhaps no one person can provide all that a student needs in practice and students would be better served by a mentoring team, rather like a supervisory team for students undertaking further studies.

Policy for health professional education tends to be developed centrally by single professional and/or regulatory bodies. What is needed for the future is more joint working across the professional groups so that there is a greater understanding of the context of contemporary health care and education. This is especially relevant at a time when NHS trusts are struggling to recruit staff because of financial pressures, making individual roles more complex. There may be a glimmer of hope on the horizon for more strategic, joint working amongst professional and regulatory bodies with the prospect of a single Professional, Statutory and Regulatory Body (PSRB), but this may be some time off.

Many practitioners underestimate the responsibility and commitment required in the support and guidance of students in practice and many employers fail to acknowledge the necessary ‘space’ that is required in the working day to help mentors to undertake the role in a way they would wish to. The fundamental aspect that has been present since the introduction of mentoring for students, but has never been addressed adequately, is the one of resource. The role of the mentor is a complex one which requires a high level of commitment and ability and although it may be part of the job of being a health-care practitioner, it does require dedicated time, but it is often the more experienced practitioners who have the least time. The effect of this is twofold. Firstly, students do not get the opportunity to learn from the very people from whom they should be learning and, secondly, inexperienced practitioners are trying to learn new skills whilst passing on others to students.