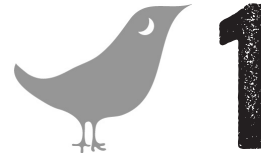


THE NURSE MENTOR'S COMPANION



A GUIDE TO MENTORING

Introduction

The main aim of this chapter is to assist you in your role as a mentor by outlining your roles and responsibilities as well as signposting you to some of the relevant documents and research. You need to think about how you can make the learning experience for your student nurse a useful and relevant one. It is about making the placement one where the student is an active participant in the process, because this is where the student learns about being a health professional.

This chapter will cover:

- What is a mentor?
- Your role as a mentor
- Why are clinical placements important?
- Designing an effective placement
- Learning resources
- Planning: From day one when your student nurse arrives
- The placement as a learning environment
- Interviews with your student nurse
- Assessing your student

What is a mentor?

Mentors are an essential part of any training; a 'good' mentor is a star, someone who can be remembered for many years, a person who can really make a difference to student learning. Most of us can remember a teacher who has inspired us and this is likely to be influential in our chosen career. Mentoring is a vital part of healthcare student learning and the role is an important one. The Nursing and Midwifery Council (NMC) (2008, 2012) describe a mentor as being 'a mandatory requirement for pre-registration nursing and midwifery students'. Mentors of nursing and midwifery students are accountable to the NMC for their decisions as to whether a student is fit to practise as a nurse or midwife. Mentors of students from the health professions are accountable to the Health Professions Council (HPC) (HPC, 2007, 2008) as to whether the student is suitable to practise as a health professional. This means that the student will have the necessary knowledge, skills and competence to work safely and effectively as a nurse or health professional.

Practice placement providers are responsible for managing assessments of students and ensuring that the students achieve the relevant standards of education and training for their profession (HPC, 2009; NMC, 2008, 2012). Mentors of student nurses and midwives need to be familiar with the NMC's *Standards to Support Learning and Assessment in Practice* (NMC, 2008). They also need to be familiar with *Guidance for Professional Conduct for Nursing and Midwifery Students* (NMC, 2011). It is an NMC requirement that all mentors meet the criteria that are outlined in these documents. Mentors for students from the health professions need to be familiar with the HPC's *Standards of Proficiency* (for each individual discipline) (HPC, 2007, 2008). Mentors should be on the same part or sub-part of the register. That means an adult field nursing student must be mentored by an adult qualified nurse, a paramedic student by a qualified paramedic. In addition the mentor must also be working within the field that they are to be mentoring in.

Some mentors will be sign-off mentors; this will be discussed in more detail later in the book. In nursing, a sign-off mentor has additional responsibilities to a mentor; they are mentors who will make the final assessment of the student's practice so that they can confirm to the NMC that the student has met all of the relevant standards of proficiency to become a qualified nurse (NMC, 2008, 2012). All sign-off mentors have to meet certain criteria. These criteria has been decided by the NMC as stated in their publication *Standards to Support Learning and Assessment in Practice* (NMC, 2008, 2012). The

organisation in which the sign-off mentor works, together with the university that arranges the student placements, will have provided extra training and support for those who wish to be sign-off mentors. The sign-off mentor will work closely with the university, particularly if there are any concerns about a student's professional or clinical capabilities.

All mentors will require some formal training and support throughout their career as mentors. There are accredited mentor preparation programmes available in universities and further education colleges and prospective mentors will have to attend one of these. The programmes can vary in content and length from one academic establishment to another. Once the mentor has successfully completed the preparation course their name will be placed on the mentor register. The name of all qualified mentors are held on a register, which is usually kept, maintained and updated within the organisation in which the mentor is employed (HPC, 2009; NMC, 2008). Those mentors who are sign-off mentors will also have this information recorded on the register.

The sign-off mentor role is about ascertaining whether the student has met certain professional and clinical standards. As a mentor you will be responsible for giving the student constructive feedback with suggestions on how to improve their practice. Your role includes enabling the student to improve their skills and professional behaviour. You will be responsible for assessing the student's level of competence so that they are able to work with patients safely in the future. Mentoring others is a challenging role but it is a role that can be extremely rewarding. This is possibly one of the most important aspects of your work as a qualified nurse (RCN, 2009).

Point to consider

Mentoring is about you enabling the student so they can reach their full potential. They cannot do this alone; the student needs you and your clinical expertise. No one else can give them this experience or knowledge.

Your role as a mentor

Mentors are role models. Role modelling enables the mentor to transfer their values, beliefs, attitudes and aspirations to their students (Bandura, 1986). It

is not just about a student observing the mentor – role modelling is about the reinforcement of behaviours (Kinnell and Hughes, 2010). Student learning in placements enables them to conceptualise ideological theories and discussions with the reality of care delivery.

As a mentor you will find there is information available such as mentor guides and websites for healthcare mentors. Most universities have these websites and they can often be accessed easily.

Nurse and midwife mentors are obliged to show they are up to date with current practice and teaching. Therefore every three years you will be required to inform the NMC of pertinent information; this will enable you to stay on the mentor register for your organisation. This process is known as the **triennial review** (NMC, 2008). Nurses and midwives need to show that they meet the mentor domains as set out by the NMC to be included on the register; they can do this by completing a self-declaration form. Self-declarations are completed once; however, mentors have a responsibility to declare or address areas if for some reason they feel that they do not meet an aspect of the initial self-declaration. In other words any relevant changes should be acknowledged and stated.

It is a requirement that all mentors keep up to date (NMC, 2008, 2011). The purpose of this is to keep you up to date with any new developments regarding teaching, learning and assessing students. Ways to update include:

- Attending the appropriate national and local mentor training courses
- Attending local and regional mentor updates
- Some private training companies offer tailor-made courses to suit individual organisations

Ideally, mentors will be notified of the names of the students that they are to mentor before the student begins their placement. The student should be encouraged to make contact with their placement a few days before they are due to commence their learning. When this initial contact is made you will be able to instruct the student as to what day and time you will be expecting them to start. If you are not there when they make this initial contact it is important that you do return their call. Do not forget to remind the student as to what they will be expected to wear – that is, whether they should wear uniform, or smart office clothes, or smart casual. Clothes should ideally be washable. Remember to reiterate any rules regarding jewellery, make-up and hair or what type of shoes are best to be worn.

It is so important that the student is made to feel welcome, especially on their first day. Read through the following case study:



CASE STUDY



It was Jake's first day at his placement. It was his second placement and he was looking forward to it, especially as in his first placement he had been made to feel welcome and part of the team. He had thought that it was a little strange that when he had phoned last week to find out what time he was starting and whether or not he would be expected to wear uniform, the person who had answered the phone did not seem to have any idea that he was due to start the following week. So he was told to just come along at 9 am in uniform. Jake had hoped that his mentor would ring him back, but when he asked who his mentor was to be the person answered that they did not know but that it definitely wasn't them. So when Jake's first day came he approached the placement with some anguish and trepidation. He wondered if he was more of a nuisance rather than being a valued member of the team and he doubted whether he would be able to meet his learning outcomes.

What action would you have taken to make Jake feel more confident and welcome?

1. *If you were unavailable to meet with your student, what steps should you take to avoid them feeling alienated and unwanted?*

Your reflection should include:

1. *It is important that all of the team is involved with student learning. The NMC specifies that teams should have effective professional and interprofessional working relationships so that student learning is fully supported by all of the members of the clinical team and that students are exposed to other knowledge and experiences that can only be gained from other health and social care professionals (NMC, 2008).*
2. *Mentors are responsible for organising and coordinating their students' learning activities (NMC, 2008), so they should put systems in place so that their students are fully supported in their learning at all times.*

Actions to avoid

Being unavailable for the student but if this is unavoidable not making suitable arrangements with other colleagues to welcome the new student.

It is obvious from this case study that there was not a whole team approach to student learning. It is essential that all team members encourage and welcome new students. Jake was put under unnecessary stress, his whole approach to the placement was now one of dread, a feeling which is not really conducive to effective learning. There are numerous studies available that show just how important this is (see, for example, Levett-Jones and Lathlean, 2009).

Why are clinical placements important?

Half of all student nurses' learning takes place in practice. Therefore, all clinical placement experience is an essential part of student nurse and health professionals' training (HPC, 2009; RCN, 2009). Different types of clinical placement give the students knowledge as to how and where safe and effective healthcare can be delivered. Student nurses, in particular, spend a significant part of their training out in placement; it is in these placements that the student will learn how to be a skilled and safe practitioner (NMC, 2008). What the student experiences out in practice will help to determine the type of practitioner that they will become. This is where the student can learn about professional behaviour as well as this being a place where they learn clinical skills.

It is worth remembering that these students could be your colleagues in the future; this is your chance to train them to the very highest of standards. Students can form their own vision of their chosen profession – they are often influenced when they are learning in their placements, and it is here that they can acquire their values and beliefs about what good patient care is and how a practitioner should behave (Kinnell and Hughes, 2010). During clinical placements students will develop their professional self-image and this will help them to go from being someone who is able to achieve various tasks to becoming a professional who understands what their role entails and who is an independent and competent practitioner.

Designing an effective placement

Here is a checklist you can use when preparing your clinical placement for learners.

Checklist: Making your placement an effective learning environment

- Have an induction pack available for every student and new starter
- Have one or more learning pathways ready for use
- Have a variety of learning resources available such as a notice board for students, journals, books, work books, questions and answers
- Arrange for IT access for the student
- Take a whole team approach by all members being familiar with student learning
- Take a team approach to **educational audits** such as the Learning Environment Profile
- Act on student evaluations – action plan to improve as necessary

Every clinical placement can be turned into an effective learning environment. As well as collecting relevant articles, books, journals and research, it is a good idea to have some learning pathways in place that can be followed by the students. More information about how to develop a learning pathway is included further on in this chapter. It is important to have a variety of learning resources available and to include all members of the team when putting these together. For any learning environment it is essential that the effectiveness of the teaching and learning is explored. One of the easiest ways to do this is to ask the students about their learning experiences, what has worked and what has not worked so well. Obviously, it may not always be possible to suit all types of learners; however, steps can be taken to ensure that the assessors and educators put systems in place that will help enhance the student's learning experiences. Therefore student evaluations should be taken and acted on. Most universities have developed student evaluations, which the student will complete once they have left the placement; however, you can also devise your own evaluation for the student to complete. The results of the placement evaluations from the university tend to come fairly late after the student has left, sometimes up to nine months later. Therefore, if you gather your own information you can then put systems in place to improve the learning experiences for the next students. All members of the team should be involved when the results of evaluations and learning audits are discussed, so that a whole team

approach to improvement can be achieved. Every placement will have some sort of educational audit; these can also be known as learning environment profiles.

See the checklist below for some more tips and hints for mentors.

Checklist: Tips for mentors

- Involve all of your team
- Be available for the student – return their call
- Prepare for the student
- Organise a timetable
- Read through the mentor guide
- Welcome the student
- Introduce them to the team
- Be approachable
- Book regular interviews with your student (the initial interview must be in the first week)
- Read through the practice grid with the student
- Negotiate learning goals
- Work with the student as often as you can
- Continually assess and give constructive feedback
- Make time to reflect on issues with the student
- Ask the student how the learning experience could be improved
- All mentors of health professionals must adhere to the HPC's *Standards of Proficiency*
- All mentors of nursing and midwifery students must adhere to the NMC's *Standards of Proficiency*
- Mentors of nursing students should attend annual mentor updates as required by the NMC
- Identify and act on any issues or problems (contact the university for support)

It really is important that all of the clinical team play a part in healthcare students' education. This gives the team members the opportunity to show the student what they do and how they interact with the rest of the team. It gives the student an insight and some understanding of how an interactive team operates.

As a mentor it is your responsibility to make sure that you are available to support the student when they need you to. It is essential to share contact details so that you both know where the other is. Students should not be left to fend for themselves, although this does not mean that the student should be spoon-fed throughout their placement. How much support a student requires will depend on how experienced, confident and competent the student is. This will vary according to each individual student and will be dependent on where the student is in their training and what life experience they may have. When a new student coming to a placement makes contact with the team, it is the mentor's responsibility to maintain that connection, which may include returning the student's call or email.

Learning resources

Learning resources are essential for any learning environment; these can be in the form of:

An induction pack

This might include the following information:

- Team members, names and roles
- Contact details
- Purpose of the team
- Orientation of the placement
- Brief profile of the community in which the team work
- Relevant paperwork used
- Team philosophy
- Health and safety information

All team members should be included as part of the induction pack, together with a brief description of what their role is. This helps the student to make sense of how the team works together and which discipline may be responsible for specific tasks. It is essential to include contact details of the team members and especially the mentor and **associate mentors**. The students also need to be aware of who they should contact if they are ill or running late as well as who to contact in an emergency.

A brief outline of the placement in general should be included and how this relates to the patient care and treatment that is given; also a community profile which will help show the types of patients and the most common conditions that the team are involved with. This will help the student make sense of what services are available in that particular area.

It is important to include examples of paperwork that is used by the team with clear instructions if the student is expected to complete this. Students are often unfamiliar with specific types of paperwork and will need guidance so that they have the confidence and competence to complete this.

The team vision, mission statement or philosophy should be clearly articulated showing how all team members, whether they are permanent or temporary, are expected to adhere to this. Signposting to the organisation's relevant policies, guidelines and procedures should also be included in the pack, so the student knows where to find this information.

Learning pathway

A learning pathway is designed to be a concept of learning that aims to provide the student with an insight into a patient's journey through the health-care system. As we are aware, multi-professional teams are involved with most patient treatment and care. The learning pathway can help the student to understand multi-professional team working. A learning pathway is about using the hub and spoke approach to learning in the clinical environment. The hub of the pathway is the actual placement and the spokes are the services that are involved with the team and placement. Learning pathways can also be used for specific conditions or illnesses, these being the hub and the associated services and teams involved with this as the spokes (Coventry University, 2010).

Student notice board

A notice board specifically for students could contain useful information about the placement, relevant research articles, interesting facts and figures. All team members can be given some responsibility for keeping the notice board up to date and relevant.

Books and journals

Up-to-date and relevant books and articles are useful for all members of the teams. Some publishers will let student nurse educators have inspection copies

of new books that they can recommend to their students – contact the individual publishers for more details.

In house training sessions

These can be very interesting for the student; it's good for the student to be able to see what learning is available for clinicians. We all know how important it is to share expertise and to keep up to date with any new developments or research. These sessions can be included in the student timetable.

Work books

These can be prepared by the team in advance. They could contain questions, information and direction for the students with their knowledge; these can be on specific conditions and encourage the student to engage in self-directed learning while in the placement.

Student timetable

It's a good idea to have activities and visits pre-arranged but also to be flexible and adaptable. You could encourage your student to complete part of their timetable themselves; you might want the student to make their own arrangements to meet up with other health and social care professionals. By devising a timetable for the student you are showing them a clear path for their learning while they are with you in the placement.

Information technology

In most instances IT access can be arranged for students. Contact your organisation (either the Learning and Development Department or Trust Library).

Libraries

Local or Trust libraries can be used. Local libraries can contain useful and relevant information, particularly about different cultures and religions.

You

The most valuable learning resource is your expertise and knowledge. Your colleagues, patients and carers are also important.

Planning: from day one when your student nurse arrives

Preparation is a key component of an effective practice placement. The mentor should be familiar with the documentation that the student is likely to bring with them. If they are not, then it is a good idea to contact the university that has placed the student and to become familiar with the wording of the document and to understand what the student will be expected to achieve while they are in the placement. Most universities that place the students will have produced a guide for mentors of their students so this could prove to be very useful reading. Students will appreciate a timetable that has been devised that maximises their potential learning opportunities.

It is important that the student feels welcome; nothing is worse than being made to feel that they are a nuisance. The mentor should make every effort to be there on the student's first day and if this is not possible they must make sure that a replacement such as an associate mentor is available. Even if only ten minutes are put aside when the student first starts this will be ten minutes well spent and this time will often set the scene for the rest of the time in the placement. The student should be introduced to other team members as soon as possible so that they can begin to have an understanding of who is who and how the team works together.

As a mentor it is essential that you show the student that you are willing for them to approach you for support and advice as well as for professional guidance. It is important that you feel clear about exactly what your role is as a mentor and it may be that this is something that you will find that you develop as you become more experienced as a mentor.

Mentor updates

As a mentor, it is beneficial to have support in your role; therefore attendance to mentor updates is a mandatory requirement of the NMC (NMC, 2010). It is also important to seek additional support from your colleagues, the university/ies responsible for arranging student placements and from other mentors. Some clinical placements and universities have open access to their mentor websites and information on these can be very useful for other mentors. You should also use the NMC and RCN websites.

These are the very basic requirements that a mentor needs to adhere to. All healthcare mentors have a responsibility to follow their professional guides. The NMC give clear guidelines for nurses who mentor nursing students.

These guidelines can be adapted and followed by mentors and field educators from other professions. There are certain documents that any mentor will find useful – some of these are listed in the box below.

Be familiar with the documents that can assist you with your work as a mentor. Useful documents include:

- *Standards to Support Learning and Assessment in Practice* (NMC, 2010)
- *Guidance for Mentors of Nursing Students and Midwives* (RCN, 2009)
- *Health Professions Council Standards of Proficiency* (HPC, 2007, 2008)

Most registered practitioners will act as a mentor or an associate mentor to students, newly qualified and unqualified staff some time during their career. The majority of mentors find this role to be extremely rewarding and enjoy contributing to the support and education of others (see *Guidance for Mentors of Nursing Students and Midwives*, RCN, 2009). Associate mentors have a responsibility to adhere to many of the same principles that apply to a fully qualified mentor.

Over recent years there has been some criticism that nursing students are not being taught the fundamentals of care and that many appear to lack compassion and have poor communication skills; however, the point for consideration below should be given some thought by anyone who is a mentor or who assists with student learning.

Point to consider

Half of student nurse learning takes place in clinical placements; this is where they learn essential skills such as communication, basic nursing skills, assessment, awareness of physical, cultural, spiritual and psychological factors. This is where the student learns how to be a qualified practitioner.

Basic nursing skills include assisting patients with washing and dressing, helping with their mobility and ensuring that they do not develop pressure areas; part of these

(Continued)

(Continued)

fundamental nursing skills are about making sure that the patient has sufficient nutrition and is adequately hydrated. An integral part of this is being able to communicate effectively and to treat all patients with compassion, respect and dignity while making sure that their privacy is maintained.

The placement as a learning environment

Placement environments are varied: they can be in an acute hospital setting or in the community, care homes, hospices, GP surgeries, walk in centres, triage and as part of other organisations such as private or independent services and voluntary ones (Hart, 2010). The aim of learning in practice is to ensure that the student learns in an environment that reflects current healthcare and educational policies – these enable the development of the student's practice (Kinnell and Hughes, 2010). This environment must be safe so an awareness of applicable health and safety legislation and any relevant policies and procedures is crucial. All clinical placements are subject to the requirements of the Health and Safety at Work Act 1974, 2005, 2009 (HMSO, 1974). This legislation not only keeps workers and learners safe but also patients and their families and visitors, but it also provides an opportunity for the student to learn about hazard control and risk management. The student will then be able to understand about risk management and how to reduce or eliminate risks and hazards, giving them the skills so that they can assess this and to work in a safe manner that will protect themselves and others (HPC, 2008).

Preparing the environment

First, as a team it is necessary to identify possible learning opportunities within the placement; these may be formal or less formal. Formal learning is about helping the student to put information and knowledge into categories and theories; less formal learning is often gained through the sharing of experiences. The student needs both formal and informal learning in order to gain professional learning (Howatson-Jones, 2010). Often the learning experience for the student can be less structured. It may be that it is about learning an etiquette of enquiry, that is, when to ask questions as some questions can be invasive or even impertinent when asked at the wrong time

(Price and Harrington, 2010). A large proportion of student learning takes place in more informal settings: a community nurse student may have short teaching sessions in the car between visits to patients; paramedic students could be doing much of the learning in an ambulance. Informal teaching sessions tend to be opportunistic and mentors need to be flexible and adaptable in their approaches to teaching and assessing so that they can accommodate this.

As a mentor you need to be able to identify any possible learning opportunities. These can be numerous. It is not only learning how to do specific clinical skills, it is about teaching the student new skills and about supporting them to do things for themselves that is a vital part of a nurse's role (Hart, 2010). The acquisition of one skill can lead to the student realising that they need additional skills. This again shows the importance of learning and teaching opportunities needing to be flexible and responsive.

To assist with the identification of learning needs an educational audit of the clinical placement is essential (see p. 25 for more details on an educational audit). For student nurse learning the NMC requires a yearly audit of the learning environment to take place (NMC, 2010). This should also help to ascertain what skills and experience each mentor and team member has to offer, so that a full learning programme can be developed for the student. It can be quite helpful for the placement to complete a learning environment audit as this can show just how much skill and expertise is available within the team. It will also help the team to create a learning ethos, an ethos that encourages the whole team to be involved with student learning and is a learning environment where all of the team members are able to embrace research and integrate this into their practice and teaching (Gopee, 2010). The audit also helps to focus the team as to what learning resources are required and what resources there already are.

The availability and willingness of qualified personnel to teach the students will contribute to an effective learning environment, the student will be fortunate to be exposed to different levels of expertise and experience, and most team members will have much to offer. Having adequate time and staffing levels to enable them to do this is the answer to developing an effective learning climate. It can be argued that an ideal learning environment is one which is anti-hierarchical and where there is teamwork, negotiation, communication and availability (Fretwell, 1980). Often it can be about how time is used effectively rather than having an abundance of dedicated teaching time.

Preparation for learning

- Identification of possible learning opportunities
- Educational audit of the clinical placement as a learning environment
- Ascertaining what skills and experience the mentor and team members have
- A team approach to the learning ethos of the placement
- Time to mentor and teach the students
- Team members are willing to contribute to the learning process
- Staffing levels are adequate

The box above shows how the clinical team can help to prepare for learning. Enthusiasm is a key requirement for this, particularly as most teams are busy and time is limited, but if the whole team can make some contribution to preparation of student learning, the placement is likely to be a more effective learning environment.

The student may be more prone to feel more included as a team member and more welcome if all of the team take some responsibility in their learning.

The student's first day in each placement

Students will have a practice grid – it is a good idea to read through the grid. You can do this together. Be truthful if you have not met this particular type of practice grid before but show that you are willing to find out more. There are often explanatory notes in the grid and these can be especially useful. From the grid you and the student will be able to identify what learning needs to take place and what learning opportunities you and your team can provide. Find out from your student what they need to learn in the time they spend with you and your team and make every effort to ensure that these learning goals are achieved.

Activity

Think about the following:

- What does the student need to know?
- Think about some of the things the student will be able to achieve in their placement.
- What other experiences may they need?

An example practice grid is provided below.

Domain 1: Professional values				
<p>Generic competence: All nurses must practise with confidence according to <i>The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives</i> (NMC, 2008) and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions (NMC, 2010: 13)</p>				
<p>Field-specific competence or learning outcomes: Mental health nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life (NMC, 2010: 22).</p> <p style="text-align: center;">OR</p> <p>Learning disabilities nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life (NMC, 2010: 31).</p> <p style="text-align: center;">OR</p> <p>Children's nurses must understand the laws relating to child and parental consent, including giving and refusing consent, withdrawal of treatment and legal capacity (NMC, 2010: 40).</p> <p style="text-align: center;">OR</p> <p>Adult nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life (NMC, 2010: 13).</p>	Midway assessment		Final assessment	
	Signature	Date	Signature	Date

Figure 1.1 Example section of placement grid – practice placement 1

All students need to be supervised, directly or indirectly at all times – this is an NMC requirement when nursing students are in practice. Different students will require different levels of support and supervision – this can depend on the student's experience but all students will benefit from well-planned learning opportunities (HPC, 2009).

Each student should have a named mentor who should work with the student at least 40 per cent of their time in the placement (NMC, 2008, 2012; RCN, 2009). Students can work with other team members from different health and social care disciplines; in fact, this enhances their learning experiences and introduces them to team working and communication. See the box below.

Other disciplines such as:

- Physiotherapy
- Occupational therapy
- Vocational therapy
- Dietetics
- Podiatry
- Social services
- Psychology
- Nurses, specialist, community, acute
- Paramedics

to name but a few.

Most students receive a yearly update in university about moving and handling, basic life support, fire and health and safety – they have to attend these sessions but you will still need to consult the local policies and procedures on these topics for your particular clinical area.

Interviews with your student nurse

There should be a minimum of three interviews per placement, and more if needed (RCN, 2007). Booking the interviews with the student is very important.

That first interview should be within the student's first week with your team and the midway interview should roughly be in the middle of the time and the final one should be at the end. All too often students report that this does not happen but it could be argued that the timing of the interviews is crucial to the student's learning experience. The interviews should be arranged at mutually convenient times for both the mentor and student.

Points to consider

There should be at least three interviews

- Beginning
- Middle
- End

These interviews should cover:

- Beginning: Establishing learning needs and goal setting
- Middle: Action planning
- End: Review and reflection

The first interview is the time when you should negotiate with the student the learning goals that they want and need to achieve as well as setting out clearly what your expectations of the student are. Throughout the time the student spends in placement, you should try to work with them as often as possible. It is a good idea to continually assess and give constructive and helpful feedback. Any feedback given must be non-judgemental and objective so that the student can be encouraged to develop their clinical skills and their professional behaviour. The mentor's role is to facilitate the student's learning. In addition, you should encourage the student to give honest feedback as to their learning experiences with you and the team; this can give you the opportunity to improve your work as a mentor.

Reflective practice should be encouraged; this is an important part of healthcare education. If there are any problems arising they should be dealt with promptly, and relevant persons such as the personal tutor or practice educator contacted.

You may find it helpful to read through a mentor guide or other information such as the RCN⁷ (2009) *Guidance for Mentors of Nursing Students and Midwives: Mentor Toolkit* or the *Standards to Support Learning and Assessing in Practice* (NMC, 2008, 2012) before the first of the interviews, especially if you are new to mentoring.

Some students will need more direction than others; some will take responsibility for their own learning but may still need support with this. This is not always influenced by the student's stage in their training; it may be due to personality type, age and life experience (Howatson-Jones, 2010). This is why the interviews with the student are so crucial.

The first interview

The initial interview is one where you can establish what the learning needs of the student are and ways in which these can be achieved. This is the time to make a learning contract. You can also make it clear what your expectations of the student will be and what they can expect from you and your team. It is a good idea to go through your induction pack with the student and exchange information such as contact details. During this interview you and the student will be able to set learning goals. To help set the learning goals you will need to discuss with the student which skills they need to achieve. Experienced students may have specific learning needs and goals that they want to complete so open honest communication is essential here; you do need to consider past learning experiences. As a mentor you do need to be mindful of the student's life experiences. Remember to set a date for the midway or next interview.

Midway interview

The purpose of the midway interview is to establish how the student is progressing; it is a time for review of what the student has achieved and what they need to do; it may be the time to set new learning goals or adapt the goals that were initially set. These goals must be realistic and achievable, particularly if some of the initial goals set have not been achieved. The midway interview gives the mentor and student the opportunity to explore why goals have or have not been achieved and any information gained can be used to help inform future goal setting.

The student should be encouraged to collate any evidence to support their learning plans or plans of achievement in preparation for the midway

interviews. They may also bring a skills inventory which they wish to complete. You and the student need to complete any documentation such as practice grids including information about the actual midway interview and other ongoing assessment information such as an interpersonal profile and records of achievement. This interview can be a very important one, especially if the student is not meeting your expectations.

Failing students

If the student is struggling and looks likely to fail their placement this is the time to involve others, such as other team members and the academic in practice (a representative from the university or college). This is the time the student will need support, not only from you but from all of the team. If you have any concerns regarding the placement do discuss them with the student and the academics in practice (link tutors, personal tutors).

Final interview

The final interview should take place at the end of the placement. Your students should be encouraged to complete any relevant documentation to support their learning such as their practice grid. These documents show evidence of the student's learning and achievements.

Backup plans

Throughout placements, student nurses are obliged to keep a record of their attendance, which also includes information about sickness and absence – this is an NMC requirement (NMC, 2008). If you are taken ill, it is a good idea to have some learning resources in place so the student can continue their learning even when you are not there. A backup plan is essential for the placement to be an effective learning environment (RCN, 2009). Having associate mentors is not a requirement (NMC, 2008); however, this is something that is often undertaken by team members.

You could get the student to review your induction pack; they could assess whether this needs any more information that would be useful for future students. You could set them specific tasks such as finding out about the local area or a specific health condition. Make contingency plans with other team members so they are able to step in. It can be useful to have a learning pathway in place.

Assessing your student

Assessment is a key component of mentoring; the nurse is responsible for ensuring that the student is able to meet approved standards for their clinical skills and their professional behaviour; see *Standards to Support Learning and Assessment in Practice* (NMC, 2008, 2011, 2012). The mentor plays an important role in this skill acquisition and it is part of the role to supervise and assess the student nurse to acquire these. The student will be assessed continually throughout their placement so it is important to provide regular feedback as well as completing the relevant documentation such as the practice grids and skills inventories (Gopee, 2010; Kinnell and Hughes, 2010). As with learning, assessments can be informal as well as formal.

Points to consider

Methods to assess progress

- Direct observation
- Questioning and answering
- Work product
- Use the whole team to inform any decisions made

The student should be encouraged to complete the documentation in their practice grids; some students may appreciate your help with these but this is their document and they should be encouraged to complete it in their own words. In many of the courses the students are expected to self-assess their performance against the proposed learning outcomes in the practice grid. This helps the student to become skilled in judging their level of competence, which is so important for any registered nurse or health professional.

Point to consider

You are the one who is assessing if the student is safe to practise in this particular skill. You are also assessing whether the student is fit to practise and how professional their behaviour is.

Models of assessment such as the five-dimensional model (Kinnell and Hughes, 2010) can be used. The five components of this model are shown in Figure 1.2.

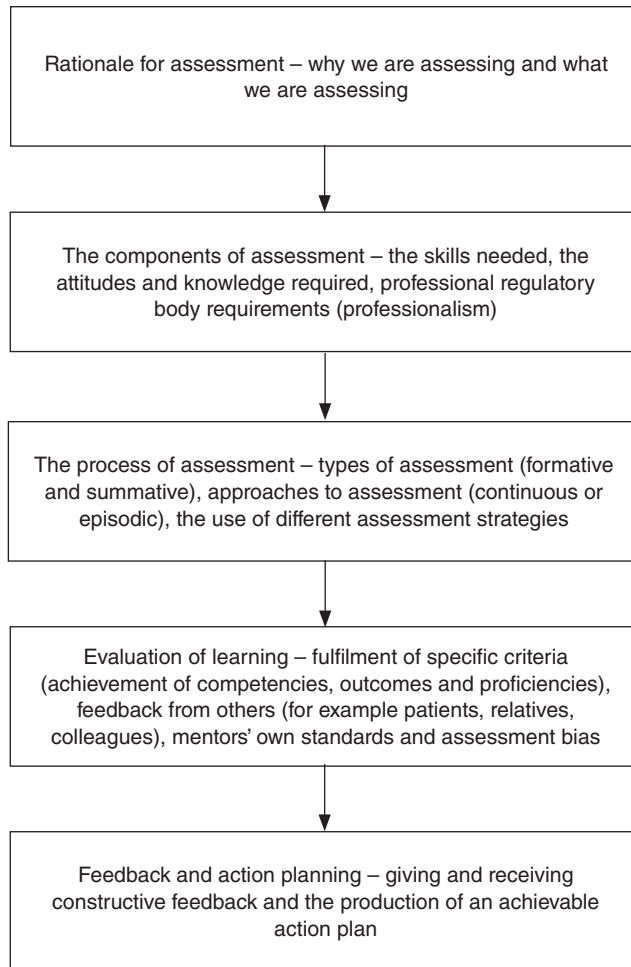


Figure 1.2 The five-dimensional assessment model

Kinnell and Hughes (2010)

Feedback should be objective and non-judgemental. Encouragement can really boost a student's self-esteem, helping them to perform tasks confidently and

competently. A relaxed, happy working environment is likely to be more conducive to learning. It is about being clear and specific in your feedback and taking the opportunity to identify and clarify any problems. It's also important to ensure you have sufficient time to do this and that feedback is given in private (RCN, 2009).

All assessments made should be reliable and valid (HPC, 2009; RCN, 2009). The practice grids show a record that each aspect of the student's care has been assessed by different methods; these are by: direct observation, questioning and answering, and through the production of a work product. Each outcome will be assessed by at least two of these methods of assessment. For best practice all three methods should be used. The designated mentor will normally assess the student; however, other team members that are registered practitioners can directly observe the student and sign as to the student's competency (NMC, 2008).

Action planning may need to be developed if a student does not reach the required level to pass an assessment or achieve a particular learning goal. You will be required to look at what needs to be achieved, what actions are required to achieve these, and what support and/or which resources are required to enable this to happen. The criteria for success and the date when the action/s is/are to be achieved by should also be recorded (Gopee, 2010). Action plans can be drawn up at any stage of the placement, the earlier the better so that the student has the time and opportunity to achieve them.

We will now consider the following questions and answers:

1. What happens if a student comes to your placement having failed to achieve their learning outcomes from their last one?

The student may arrive at your placement having been referred on certain outcomes or competencies from their previous placement. The student is likely to have documentation which will indicate what they need to achieve; it may be part of their interpersonal profile or certain learning outcomes or both. The re-sit element needs to be completed within the placement. The student may also have an ongoing record of achievement which will contain summaries of the learning or outcomes that the student needs to achieve. Often students may only have one attempt at re-sit so it is important to get this right. These students will need extra support from you and the team.

As a mentor you are not alone – if you have any concerns about the student you can contact the universities, the academics in practice or the student's personal or link tutors (HPC, 2009; RCN, 2009). If the student has failed the re-sit attempt they need to be advised to contact their academic institution

(for example, many universities will have a pre-registration administration support office). The student needs to understand that this is important and urgent.

2. How is the placement assessed as being a suitable learning environment?

The NMC (2008, 2011) require an educational audit of all clinical placements. It is good practice that all new placements will have an audit of the clinical learning environment completed. This audit or profile will determine the placement's suitability for student learning. The environment should be assessed regularly and any information recorded and updated. Sometimes these educational audits are also known as learning environment profiles. See the box below, which outlines what is included in a learning environment audit or profile.

What is included in a learning environment audit

- General information about the placement
- Profile of staff, their roles and qualifications
- Number of qualified mentors
- Information about the learning opportunities that are available in the placement
- Availability of learning resources
- Opportunity to map the quality of learning within the clinical placement using recognised standards, for example the *Standards to Support Learning and Assessment in Practice* (NMC, 2008)
- Recording of action planning to maintain or improve quality of learning

Conclusion

This chapter has given you a brief guide to mentoring. It is designed to be used in conjunction with the other chapters in the book, which will give you more information and detail about mentoring nursing students.

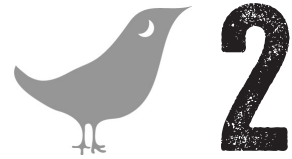
References and further reading

Bandura, A. (1986) 'The value of role modelling: perceptions of undergraduates and diploma nursing (adult) students', *Nurse Education in Practice*, 5: 555–62.

- Fretwell, J.E. (1980) 'An enquiry into the ward learning environment', *Nursing Times*, 26 June.
- Gopee, N. (2010) *Mentoring and Supervision in Healthcare*. London: Sage.
- Hart, S. (ed.) (2010) *Nursing: Study & Placement Learning Skills*. Oxford: Oxford University Press.
- Health Professions Council (2007) *Standards of Proficiency Paramedics*. London: Health Professions Council.
- Health Professions Council (2008) *Standards of Proficiency Operating Department Practitioners*. London: Health Professions Council.
- Health Professions Council (2009) *Standards of Education and Training Guidance* London: Health Professions Council.
- HMSO (1974) *Health and Safety at Work Act 1974* [Amendments made in 2005 and 2009]. Available at: www.legislation.gov.uk/ukpga/1974/37/contents (Accessed 23 September 2014).
- Howatson-Jones, L. (2010) *Reflective Practice in Nursing*. London: Sage.
- Kinnell, D. and Hughes, P. (2010) *Mentoring Nursing and Healthcare Students*. London: Sage.
- Levett-Jones, T. and Lathlean, J. (2009) 'The Ascent to Competence conceptual framework: an outcome of a study of belongingness', *Nurse Education Journal of Clinical Nursing*, 18(20): 2870–9.
- Nursing and Midwifery Council (2008) *Standards to Support Learning and Assessment in Practice*. London: NMC.
- Nursing and Midwifery Council (2010) *Standards for Pre-registration Nursing Education*. London: NMC.
- Nursing and Midwifery Council (2011) *Guidance for Professional Conduct for Nursing and Midwifery Students* (3rd ed.). London: NMC.
- Nursing and Midwifery Council (2012) *Standards to Support Learning and Assessment in Practice* (additional information). London: NMC.
- Price, B. and Harrington, A. (2010) *Critical Thinking and Writing for Nursing Students*. Exeter: Learning Matters.
- Royal College of Nursing (2009) *Guidance for Mentors of Nursing Students and Midwives: An RCN Toolkit*. London: NMC.

Website addresses

Nursing and Midwifery Council website information for mentors including: www.nmc-uk.org/Educators/Standards-for-education



WORKING WITH STUDENT NURSES

Introduction

The relationship between mentor and student nurse is fundamental to the effectiveness of all practice placement. Students rate emotional and psychological factors highly in their judgements about what constitutes an effective placement (Wilkes, 2006). Creating an effective environment for placement learning is a major role of the mentor and their contribution to the development of the next generation of nurses cannot be overestimated.

This chapter will cover:

- Supporting your student nurse to integrate into the practice setting
- Belongingness and resilience
- Supporting students with disabilities
- Facilitating the student nurse's transition into the practice setting
- Expectations and professional boundaries
- Interprofessional working relationships
- Common challenges for mentors

Attrition, or loss of students before completion of nurse education, is a long-standing problem in the United Kingdom (Dearey et al., 2003). One of the main reasons reported by students for leaving is stress. This chapter focuses