National Nursing RESEARCH UNIT

# Sustaining and managing the delivery of student nurse mentorship:

# Roles, resources, standards and debates

## Executive summary

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# Sustaining and managing the delivery of student nurse mentorship: Role, resources, standards and debates: Executive summary

## Context and purpose

The extent to which newly qualified nurses are adequately prepared for the responsibilities of their first post is a key concern for prospective employers and for the service and education staff charged with responsibility for student nurse education. One of the major components of student nurse preparation is mentorship – the process by which a student nurse (mentee) during periods of practical experience (placements) is attached to a qualified nurse (mentor) who guides the student's practice, assesses their progress and judges their competence as fit to be placed on the Nursing and Midwifery Council (NMC) register of nurses. Mentorship has long been regarded as the cornerstone of nurse education and, as such, the experience of both mentor and mentee has been the focus of a considerable volume of research.

The delivery and receipt of mentorship, however is situated within a complex set of roles and multi-stranded relationships between diverse personnel in higher education institutions (HEIs) and the service providers with whom they link for purposes of nurse education. Enabling mentorship to be delivered entails a range of resources and activities which are subject to a diversity of contextual influences; in particular the economic and professional factors affecting higher education and healthcare and a range of quality assurance frameworks including the standards for mentorship set by the NMC. Moreover, the nature of mentorship and the way in which it might best develop in the future are the subject of ongoing debate. This 'hinterland' to the delivery of mentorship has been the subject of much less research than the experiences of mentors and mentees and yet it is this hinterland that enables delivery to take place.

This executive summary reports on a project that aimed to investigate this 'hinterland' in relation to capacity for the delivery of mentorship and to do so from the perspective of staff involved in its provision in higher education and service. The project was one of four funded by NHS London as part of their 'Readiness for Work' programme; it was initiated as a collaborative venture between the National Nursing Research Unit (NNRU) of King's College London and Chelsea and Westminster Hospital NHS Foundation Trust and led by Dr Sarah Robinson of the NNRU as principal investigator.

## Objectives and methods

The aim of the project was addressed through three objectives, each focusing on an aspect of capacity:

- Capacity in relation to providing sufficient numbers of placements, mentors and sign-off mentors to match student numbers;
- Capacity in terms of delivering educational preparation to enable mentors and sign-off mentors to fulfil their roles;
- Capacity in relation to factors influencing delivery in practice.

Joint HEI and service responsibility for mentorship was reflected in the project design. Two London-based HEIs were selected that together represented diversity in relation to geographical location, approach to teaching the mentorship course, and specific posts with a remit for mentorship. For

each HEI, a sample was selected of the trusts with which they linked that ensured a spread across hospital, mental health and primary care trusts and a diversity of adult, child and mental health practice settings.

Semi-structured interviews were held in 2011 with 37 personnel (22 from the two HEIs and 15 from the seven trusts) purposively selected to represent key roles in the provision of mentorship. In the HEIs, these included senior educationalists whose brief included a remit for mentorship, programme directors, placement allocation officers, mentorship programme leaders, and lecturers with a link to practice (in one HEI, the group of link lecturers included those holding a new post of learning community education advisor). Personnel in the trusts included senior educationalists whose brief included a remit for mentorship and practice education facilitators (PEFs); mentors themselves were not included. Interviewees did not include those working in the independent sector; however some of the lecturers linked with this sector.

The synthesised interview data enabled analysis of the range of experiences and perceptions for each of the processes entailed in each objective, the different positions adopted for aspects of mentorship that were the subject of debate, and associations between these and different groups of post-holders within and between the HEIs and trusts. Findings are presented as achievements in enabling mentorship to be delivered; the challenges that these achievements presented, and debates about the future shape and resourcing of mentorship.

## Mentorship capacity: achieving remits to enable mentorship to be delivered

HEI and trust participants, in the main, reported fulfilling their remits for enabling mentorship to be delivered; these are summarised here in relation to each aspect of capacity addressed in the project objectives, perceptions of factors enabling remits to be fulfilled, and the outcomes of mentorship in practice.

**Providing mentors and sign-off mentors**: Availability and ratio of mentors to students are key criteria for practice areas to be considered as suitable learning environments for students, as is the availability of sign-off mentors in final destination placements.

Ensuring that there were sufficient numbers of mentors entailed assessing the number needed on the basis of information contained in the register of mentors and placement audits and on the basis of local knowledge of practice areas by PEFs and link lecturers. Deciding which staff should attend the course was usually made on the basis of appraisals; trust senior educationalists then commissioned places on the HEI mentorship course.

The introduction of sign-off mentorship was regarded by most participants as raising awareness of professional accountability for making judgements about student competence and locating such decisions with experienced practitioners. Introducing sign-off mentorship was a resource intensive activity with PEFs and link lecturers providing practice staff with information about what it would entail, running study days and workshops for trainee sign-off mentors, and organising the simulated and/or in practice observed assessments of competence.

**Providing placements and allocating students**: Ensuring that suitable learning environments are available within which students can gain requisite practical experience for their course is a major component of mentorship capacity. Finding placements depended on detailed knowledge of local

services and was a major pre-occupation for HEI personnel who were constantly looking out for new areas to develop. PEFs likewise were alert to how new services could offer practical experience for students. Auditing suitability of new areas entailed a substantial amount of work. Allocating cohorts of students to placements was a complex undertaking informed by local knowledge of practice settings; it was centralised in one HEI but less so in the other. Decisions about the number of students each setting could support were made jointly between HEI and trust personnel with agreement, by and large, that the final decision should rest with service staff. In most instances, decisions about allocating students to individual mentors was made by the managers of practice settings although the decision could be informed by knowledge of the student held by the PEF and/or the link lecturer.

Much effort was expended in sustaining and enhancing placement capacity: innovative strategies to bring a wider range of community settings into the placement circuit than hitherto; encouraging specialist areas to accept students; encouraging staff to become mentors and finding them places on the course at short notice; preserving existing placements by maximising support for areas revealed as struggling; supporting staff in the independent sector in becoming mentors; and introducing new models of placement provision.

**Educational preparation of mentors**: Capacity to deliver high quality mentorship also depends on the educational preparation of mentors. Both HEIs provided preparation for mentors by means of a course perceived as being good or adequate. The course, based on the 8 NMC domains for learning and assessing, was offered in on-line and blended learning formats, with a membership drawn from all branches. Mentoring activities undertaken by learner mentors in practice were supervised by a 'mentor buddy' and the course as a whole was assessed by a series of written assignments. Additional support was provided by course teachers, particularly for those who needed help with study skills and academic writing. The course was regarded as challenging to teach and support was provided in the form of: induction programmes for newly appointed teachers, ongoing support for the whole team and support for the mentorship programme leaders.

**Delivery in practice**: To facilitate students gaining maximum benefit from their course, trust and HEI participants provided them with induction programmes prior to initial and subsequent placements. Part of the role of PEFs and link lecturers was managing student expectations of placements. The majority of participants perceived that the NMC standard of students spending 40% of their time working with the mentor (or other appropriate staff) was met for most students. This was achieved with difficulty in some of the very busy practice settings and could depend on mentors using their own time to fulfil all the requirements of their mentoring role. Meeting the standard of sign-off mentors having one hour a week protected time to spend with final destination placement students was more challenging and could also depend on staff using their own time, particularly in acute settings in adult and mental health services.

PEFs and link lecturers supported mentors through a range of electronic means and in face-to-face meetings in the course of drop-in fora, during the course of a regular visit to the area, or as a pre-arranged meeting on site. High visibility of PEFs and link lecturers was perceived as facilitating the ease with which mentors felt able to raise problems and they were encouraged to seek advice as soon as a problem arose. The NMC requirement for mentors to have an annual update was met in diverse ways: inclusion as a session in a trust-based mandatory training programme; as a stand-

alone half-day or full-day workshop, and opportunistically in practice settings in the course of a visit by the PEF and/or link lecturer, sometimes for a small group and sometimes on a one-to-one basis. These updates were provided by PEFs alone, by link lecturers alone, and jointly; the balance of relative participation differed by trust. Triennial reviews were at an early stage of implementation at the time of fieldwork and were usually undertaken in the course of annual appraisals; preliminary observations were made that these reviews were a valuable means of professional development and a measure of mentorship capacity.

The quality of mentorship delivery was monitored through several mechanisms: the NMC-required placement audits; student evaluations of each of their placements, and ongoing feedback from PEFs and link lecturers. There was considerable variation in reported involvement of trust and HEI personnel in the placement audits but they were generally regarded as a shared responsibility.

**Enabling remits for mentorship to be met.** Fulfilling remits for mentorship depended on partnership working and a range of resources in terms of funding and time.

***Partnership working:*** The hall mark of partnership working were multi-stranded working relationships between diverse personnel, channels for regular communication between all parties, and ongoing negotiations about capacity to fulfil their remits. Liaison between senior trust and HEI personnel enabled swift response to changing needs for course places and ensured that all commissioned places were taken up. The working relationship between link lecturers and PEFs and between these personnel and practice staff were regarded as central to enabling mentorship to be delivered. These relationships were the 'glue' that held the system together and were characterised by: detailed knowledge of practice settings and circumstances; flexibility in meeting changing circumstances, particularly over the number of students who could be supported; creativity in enhancing placement capacity, and through developing materials to support mentors, supervising mentors, sign-off mentors and mentorship course teachers.

***Resources:*** In HEIs and trusts, a considerable amount of resource was expended in funding and staff time in developing websites and materials to support the different stages of mentorship- from taking the course through to triennial reviews, with the aim of providing timely information for staff and students and in clarifying, standardising and streamlining the various documents. Diverse meetings were held to discuss, plan and make decisions about providing mentorship and ensuring its quality; these included: formal committees for all those in the HEIs and healthcare providers involved in mentorship; specific groups such as PEFs, and meetings for personnel involved with a specific practice area.

Knowledge of the cost of the mentorship course for trusts was, in the main, uncertain and inconsistent; figures provided indicated a range between £49,500 and £71,500 per annum. Availability of study leave to attend the course varied within and between trusts as did the extent to which this was covered in practice setting budgets. A major resource was the time necessitated in all the processes and activities entailed in enabling mentorship to be delivered and in building and sustaining good working relationships. Resourcing mentorship also included the time and expertise of 'mentor buddies' who supervised learner mentors and the sign-off mentors who assessed the trainee sign-off mentor's ability to assess student competence.

**Outcomes:** Mentorship was perceived as making a positive contribution to student preparation and competence, with observations by some that there was no unequivocal evidence to this effect. By and large, mentors were perceived as 'doing a good job', often in challenging circumstances, and that as much as possible has been put in place to ensure that mentors and sign-off mentors could fulfil their remit**.**

### Mentorship capacity: Challenges in sustaining and managing mentorship

Considerable achievements were perceived in enabling mentorship to be delivered. At the same time, throughout participants' accounts there was a sense of the system just holding together and that it was under considerable pressure and facing a diverse range of challenges.

**Changing environments:** Changes in existing links between HEIs and trusts, through trust mergers and changes in nurse education contracts, offered new opportunities but also the potential to disrupt long-established and productive relationships (e.g. groups who had been working together to standardise a set of assessment documents). Placement provision and the number of students who could be supported were under pressure from: reconfiguration of services; reduction in numbers of qualified nurses, and teams being broken up and reconstituted with different profiles. The use of the independent sector for student experience was growing and welcomed but required high levels of support from HEI staff.

**Responsibilities of HEI and trust staff and costing of time:** Although partnership working was on the whole positive, there was not always unanimity over whether responsibility for particular aspects of provision was shared, the responsibility of the HEI or that of the trust. As staff came under increased pressure and NMC requirements became more demanding, this lack of clarity was seen to be more of a problem than hitherto. Trust participants, in particular, were concerned that meeting some of the NMC requirements, such as the one hour a week protected time for sign-off mentors had not been costed into trust budgets and that these were partly met by staff using their own time, particularly in busy, acute settings.

**Practice education posts:** Conflicting demands on time were becoming increasingly acute for link lecturers and both they and trust colleagues regretted the reduction in time that some were able to spend in practice settings. Senior HEI educationalists thought that the link lecturer system was no longer sustainable in its present format and that different approaches were needed. One of the HEIs had responded to the need for a consistent HEI presence in practice with the introduction of learning community education advisor posts; however, sustained funding for these posts was not guaranteed. The role of the practice education facilitator (PEF) had been introduced to strengthen and develop support for practice education and was perceived as central to enabling mentorship to be delivered; however, the breadth of their role was challenging and there were concerns about sustained funding for these posts.

**Educating mentors:** Educational preparation presented a range of challenges. Meeting the needs of learner mentors with very diverse academic backgrounds required additional support from course teachers and raised questions about whether the course was offered at an appropriate level for staff in all settings in which practical experience was required for students. Managing anxieties about the assessment component of the mentor's role was challenging and necessitated achieving a balance between ensuring learner mentors were aware of the responsibilities and accountability that this

entailed and, at the same time, developing their confidence in being able to make judgements about competence. There were concerns over trusts giving learner mentors the NMC requisite study leave and, in particular, that leave was not always perceived by trusts as being necessary for on-line sessions on the course. The increasing move to on-line provision of courses and annual updates was seen as appropriate for providing information but was a challenging format in which to hold discussions about difficult aspects of mentoring such as managing the failing student.

**Student numbers matching placement capacity:** Some senior trust and HEI staff regarded the commissioning process as creating difficulties from the outset over the sources of information upon which it was based and that this then required protracted negotiations between trust and HEI personnel at all levels as to how all students could be provided with the requisite practical experience for their course. Difficulties in placing students were more marked in adult and children's services than in mental health services.

**Meeting quality assurance standards:** Ensuring the quality of mentorship provision ran through participants' account of their responsibilities and activities and these entailed multiple mechanisms and safeguards to ensure adherence to NMC standards for mentorship. At the same time, meeting these standards was perceived as presenting challenges and these included: time required for implementation not having been built into trust budgets; insufficient liaison between the NMC and trusts over the implications of implementation; considerable time and effort was required to ensure that personnel were informed of the implications of new standards and regular revisions to existing standards; some standards were regarded as being unclear as to exactly what was required; and the NMC holding HEIs responsible for ensuring that standards had been met when responsibility for meeting the standards was perceived as lying with the trusts.

**Assessment measures in practice:** The governance of procedures to assess students in practice was seen by some HEI and trust participants as less robust than those in higher education where there was a long-established system of several people assessing work through marking, moderating, external examining and assessment boards. The challenge was to have a similarly robust system of assessment in clinical practice where at present decisions were made by a single person: the mentor assessing the student; the sign-off mentor assessing the final destination placement student; the supervising mentor assessing the learner mentor; and the qualified sign-off mentor assessing the trainee sign-off mentor.

### Mentorship capacity: debating future directions

The challenges with which the delivery of mentorship was confronted, together with a rapidly changing financial, professional and organisational climate and some participants' views that it was time to rethink the way in which mentorship is provided, led to the identification of various debates about its resourcing and future structure. The project did not set out to recommend one course of action rather than another but rather to delineate participants' perceptions of their implications.

### Future directions for the shape of mentorship and practical experience:

Very diverse views were held as to whether all nurses should be mentors (the generic position) or whether mentorship should be developed as a specialist career pathway (the specialist position). Both views were represented among trust participants, with most senior educationalists preferring the generic position and most PEFs the specialist. Likewise both views were represented among the

HEI participants, with senior educationalists and mentorship programme leaders preferring the specialist position and the programme directors and link lecturers divided over this issue.

Those favouring the generic position saw mentoring as an integral part of the role of all nurses, that is was the only way of providing enough mentors for the numbers of students, and that the introduction of sign-off mentors had addressed the problem of final assessments being made by someone with experience.

Those favouring the specialist position thought that people could be excellent nurses without the aptitude or desire to be mentors, that substantial experience was needed to make assessments of students, and that it would be preferable to have fewer experienced people with dedicated time built into their roles to be making these assessments. The specialist position would mean breaking the link between the mentorship qualification being required for promotion but would offer a specialist career pathway of mentors and senior mentors for those who wanted to specialise in nurse education.

The generic/specialist debate was linked to debates about the future shape of practical experience. Concerns were expressed by some that placements were too short for mentors to be able to know students well enough to make judgements about their competence. Various other models of placements and mentoring were described that had been implemented in a few settings. These included: client attachment in mental health settings (students attached to a client and then mentored by staff in settings along the client's care pathway) and hub and spoke (students based in a hub e.g. a health centre but also spending time in spokes which were practice settings associated with the hub). The latter model was described as being able to fit with new models of mentoring in which a senior mentor in the hub took overall responsibility for the students and their assessment and mentors in the spokes reported to the senior mentor on the students' progress. Diverse views and experiences emerged as to how and whether these models might work in different practice settings.

These various positions raised a series of linked questions:

- Is the education of student nurses best served by a system in which all nurses are mentors or should the role be taken up as a discrete career pathway by fewer nurses who have more dedicated time to spend with students?
- Can the mentoring needs of the numbers of students in practice settings be met by fewer mentors each spending more time with students?
- How might the different approaches that have been advocated mesh with diverse practice settings and services and with the independent sector?
- What would be the implications for providing educational preparation for the role of mentors and senior mentors if the specialist, rather than the generic position, was adopted?
- Can mentorship be decoupled from a system in which it is the gateway to career progress?
- Is there a means by which relative costs of different models can be assessed?

## Resourcing mentorship

Preparing the next generation of nurses was perceived as a complex and resource intensive matter involving diverse personnel in HEIs and healthcare providers with interlinked responsibilities for many aspects of the hinterland that supports the delivery of mentorship. While accepting the need for cost-effective approaches to mentorship, aspects of resourcing required debate.

**Can practice education posts be sustained?** The project demonstrated the central role in the delivery of mentorship of practice-based posts in trusts and practice-linked posts in HEIs and that it was the interface of these two rather than each acting in isolation that was key to appropriate decision-making and support. If these posts are lost, this would remove vital cogs in the wheel of enabling mentorship to be delivered and hence raise the following questions for debate: how can these posts best be sustained; will trusts take on funding for PEF posts if, and when, SHA funding is withdrawn; and if HEIs rethink the amount of time lecturers spend in practice, will they fund the kind of innovative practice based post as had one of the HEIs in this study?

**On-line versus face-to-face learning:** While there was acceptance that on-line learning was an appropriate format for disseminating information, this was much less the case for supporting discussions about aspects of mentorship. The effectiveness of further increases in the proportion of on-line sessions in the mentorship course and in annual updates merits consideration. The view that on-line provision is less costly for HEI staff was challenged by participants in this study on the grounds that the set-up and maintenance costs were under-estimated as was the time required by course teachers to support on-line learning; this development also merits further consideration.

**What can realistically be delivered and by whom**? Looking ahead how can the delivery of student nurse mentorship realistically be sustained and managed in straightened financial circumstances for both HEIs and healthcare providers without compromising adherence to the standards that ensure its quality? Initial steps include: debating and reconciling disparate views on where responsibility for specific aspects of mentorship should lie, as does assessing the feasibility of implementing NMC standards that require time perceived as not having been costed into budgets.

## Conclusion

This project focused on the 'hinterland' that enabled the delivery of student nurse mentorship and demonstrated its multi-stranded, complex and resource intensive nature. Conclusions did not lead to a specific set of recommendations for practice or further research but rather identified the challenges that mentorship faces and the debates that need to be addressed in considering how it might best develop in the future. Findings come from a London-based sample but are likely to find resonance elsewhere.

We recommend that these challenges and debates be the subject of widespread discussion among those in higher education and healthcare organisations with a remit and a responsibility for the provision and quality of pre-registration student nurse education, in conjunction with professional nursing organisations and the profession's statutory body, the Nursing and Midwifery Council. That such discussions should commence with some urgency has been highlighted by the recent publication of the Willis Commission report on the future of nursing education which draws attention to the crucial role of mentors in the education that student nurses receive and the training and support that mentors require to fulfil this role (Willis Commission Report 2012).