



Issues for debate

Mentors in waiting

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ABSTRACT

A four stage framework, developed by the Nursing and Midwifery Council for the preparation of nurses and midwives who support learners within practice and educational settings was implemented in the United Kingdom in September 2007. Since then the focus of debate and discussion within the literature has centred on stage 2 of the developmental framework i.e. the mentor role. The three other stages of registrant, practice teacher and teacher have received little attention. This paper argues that currently, the provisions made within the developmental framework in relation to the stage 1 registrant's role in supporting students within practice settings, has yet to be realised. The paper begins by contemplating both the pros and cons of the 'should all nurses be mentors' debate. The argument for embracing and utilising the stage 1 role more fully in practice is then presented. The paper concludes by underlining the need to recognise the stage 1 registrants as 'mentors in waiting' and the need to support the full potential of their contribution to students' learning and assessment in practice.

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Introduction

The publication of the Nursing and Midwifery Council's (NMC) "Standards to support learning and assessment in practice" (NMC, 2006) saw the introduction within the United Kingdom (UK) of a delineated four stage developmental framework for the preparation of nurses and midwives who support learners within practice and educational settings. Since the implementation of the standards across the UK in September 2007, and subsequent revision in 2008 (NMC, 2008), the emerging focus of discussion and debate within the nursing and midwifery literature has centred on stage 2 of this framework, namely the "mentor" or "sign off mentor" (Mead et al., 2011; Chandan and Watts, 2012; Hutchison and Cochrane, 2013) with little focus attributed to the three other stages of registrant, practice teacher and teacher. The argument, presented within this paper is that, as nurses and midwives, we are currently under-utilising the provisions made within the developmental framework, specifically in relation to the stage 1 registrant's role in supporting students within practice settings.

Stage 1 of the developmental framework

In 2012 Lawson highlighted that the term "stage 1 mentor" was not well recognised, nor was the requirements of the role understood within the nursing profession. The phrase "stage 1 mentor" was coined by Lawson but this is not the terminology used by the NMC. Instead "Stage 1 registrant" is the term which is used within the standards to support learning and assessment in practice (NMC, 2008:20). The NMC define stage 1 of the developmental framework for nurses and midwives as "reflecting the requirements of The Code" (NMC, 2008:5). The NMC (2008) are clear that in order to become a "mentor" practitioners must undertake an NMC approved mentorship programme, hence the current terminology. Although elusive terminology i.e. "stage 1 registrant" may be a contributory factor when considering the under-utilisation of the role, the NMC standards do describe the knowledge and skills that stage 1 registrants need to apply within their practice. The outcomes for stage 1 registrants are presented in Table 1 and these clearly underline that the role involves both supporting and contributing to the assessment of students who are either undertaking NMC approved programmes leading to registration, or a qualification that is recordable on the register.

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Table 1
The eight domains of the NMC framework and the stage 1 registrant outcomes associated with mentorship (adapted from NMC, 2008).

Domain	Stage 1 nurses and midwives outcomes
Establishing effective working relationships	<ul style="list-style-type: none"> • work as a member of a multi-professional team, contributing effectively to team working • support those who are new to the team in integrating into the practice learning environment • act as a role model for safe and effective practice
Facilitation of learning	<ul style="list-style-type: none"> • develop effective working relationships based on mutual trust and respect • co-operate with those who have defined support roles contributing towards the provision of effective learning experiences
Assessment and accountability	<ul style="list-style-type: none"> • share their own knowledge and skills to enable others to learn in practice settings • work to the NMC Code for nurses and midwives in maintaining own knowledge and proficiency for safe and effective practice • provide feedback to others in learning situations and to those who are supporting them so that learning is effectively assessed
Evaluation of learning	<ul style="list-style-type: none"> • contribute information related to those learning in practice, and about the nature of learning experiences, to enable those supporting students to make judgements on the quality of the learning environment
Create an environment for learning	<ul style="list-style-type: none"> • demonstrate a commitment to continuing professional development to enhance own knowledge and proficiency • provide peer support to others to facilitate their learning
Context of practice	<ul style="list-style-type: none"> • whilst enhancing their own practice and proficiency, a registered nurse or midwife, act as a role model to others to enable them to learn their unique professional role
Evidence based practice	<ul style="list-style-type: none"> • further develop their evidence base for practice to support their own personal and professional development and to contribute to the development of others

Background

Within the contemporary mentorship literature in the UK the query “should all nurses be mentors?” has been a source of ongoing debate. It was during our deliberation of the polarised viewpoints surrounding this question that we began to consider whether the role of the stage 1 registrant and its place as an integral element of the four stage developmental framework is currently under-utilised in practice.

Research undertaken by Robinson et al. (2012), which considers the sustainability and management of the current model of delivery of student nurse mentorship within the UK, resurrected the question of whether stage 2 mentorship should become a generic rather than a specialist role. Participants in their study were asked for their view on whether all nurses should be mentors. Diverse opinions emerged with some of the 37 participants supporting the view that all nurses should be mentors, several displaying uncertainty, while others disagreed completely.

The literature highlights a number of advantages as to why all nurses should be mentors. These advantages are focused on skills which can be developed or enhanced through mentoring. Baley et al. (2004) suggest that mentoring is important in fostering professional growth in knowledge, skills, attributes and practice. Nettleton and Bray (2008) agree stating that effective mentoring systems benefit the mentor by contributing to the person's professional development. More recently the National Nursing Research Unit (2013) suggest that the mentor role also encourages nurses to keep updated and maintain competency and that the skills and attitudes required for teaching students are similar to those for educating patients. Another advantage cited relates to practical concerns in terms of maintaining the number of mentors required to support and assess students in practice. The NMC (2008) suggest that one mentor can support a maximum of three students; however, in reality mentors can find this problematic and often advocate the benefits of a one to one relationship.

One of the main reasons for disagreeing with the view that all nurses should be mentors is the risk that the quality of mentorship would suffer if students were mentored by individuals who did not have a genuine interest in nurse education (Robinson et al., 2012). The consequence of having a mentor who did not chose to undertake the role was revealed by Nettleton and Bray (2008), with some students in their study experiencing mentors who displayed no

interest or motivation and, as a result, did not perform their role adequately. This relates to the concern that nurses can often become mentors for reasons other than interest in nurse education, particularly if linked to promotion (National Nursing Research Unit, 2013). Another point presented is that if all nurses become mentors then it does not allow for development of “specialist” skills, particularly with regards to assessment. The challenges mentors faced when assessing underperforming students was highlighted by Duffy in 2003. More recent evidence (Brown et al., 2012; Heaslip and Scammell, 2012; Hunt et al., 2012; Trotter, 2014) is emerging that some mentors still lack confidence when presented with the failing student, a problem which could potentially multiply if all nurses were mentors.

Evidence also exists that mentors are struggling to fulfil their role due to inadequate support from their organisations (Chandan and Watts, 2012), with lack of time being cited as one of the main barriers (Nettleton and Bray, 2008; Andrews et al., 2010). If mentorship is not given recognition within workforce planning tools nor afforded a priority status within a mentor's day to day role, then having all nurses as mentors would only compound this long standing issue. The National Nursing Research Unit (2013) therefore suggests that mentoring could be a specialist role. The advantages of this are that the mentor would have more opportunities to become proficient and experienced in assessing student's competence which is complex and sometimes challenging. Increasing opportunities to gain mentorship experience, and to build experience in assessment, could also lead to mentorship being considered as a specialist role and career option in terms of nurse education.

Although the view presented above begins to unpick the “all nurses as mentors” discussion, a key argument as yet to be addressed remains that of the role of the stage 1 registrant. In particular, consideration of the practical contribution that these registrants, prior to their engagement with formal mentor preparation, can make in terms of assisting in the support of learning in practice.

Supporting and utilising the stage 1 role

Stage 1 registrants are technically “mentors in waiting.” In light of the evidence presented and the clear delineation of the stage 1 registrant responsibilities in terms of supporting learning and

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