



## An evaluation of nursing and midwifery sign off mentors, new mentors and nurse lecturers' understanding of the sign off mentor role



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### ABSTRACT

This paper presents the findings of a small scale evaluation examining nursing and midwifery mentors and nursing lecturers perceptions of the Nursing and Midwifery Council 'sign off' mentor role (NMC, 2008). For this evaluation 114 new sign off mentors, 37 preparation for mentorship students and 13 nursing and midwifery lecturers within a Higher Education Institute (HEI) in the United Kingdom participated in the evaluation project. Nursing and midwifery students were not included in this initial evaluation.

The initial findings suggested that all participants viewed the introduction of sign off mentors positively; offering a more robust mechanism for ensuring students were competent, helped to protect the public, and offered an increased level of support for students themselves.

Concerns were raised about varying levels of support available for sign off mentors and some Stage 2 mentors' abilities to assess competence. Several participants felt the 1 h protected time per week per final placement student would be difficult to implement, whilst anxieties were also expressed about levels of responsibility for ensuring fitness to practice alongside concern that some mentors may leave sign off mentors to manage and identify under-achieving students.

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### Introduction

Currently all pre-registration nursing and midwifery programmes within the United Kingdom (UK) integrate theory and practice in equal measure. This is vital in ensuring that students experience a journey of professional socialisation enabling them to develop the knowledge, skills and professional attitude required for professional practice (Gray and Smith, 1999; Mooney, 2007; Elcock and Sharples, 2011).

All students while on practice placements must be supported and assessed by a registered practitioner who has undertaken a Nursing and Midwifery Council (NMC) approved mentor preparation programme, with mentors expected to support, facilitate learning and assess clinical competence of pre-registration students within the practice setting (NMC, 2008). However, some studies have found that mentors can find this challenging and it is suggested that mentors can be reluctant to fail under-achieving students and would rather give them the benefit of the doubt (Lanksheer, 1990; Duffy, 2003; Luhanga et al., 2008; Jervis and Tilki, 2011).

The NMC, commissioners of the Duffy report, revised the professional standards for mentorship with the publication of 'Standards to support learning and assessment in practice' (SLAiP) in 2006, revised in 2008, which identified eight domains of mentorship practice including 'Assessment and Accountability'. This domain makes explicit that mentors are accountable for ensuring students have developed a sound knowledge base, skills required in practice with an appropriate professional outlook and attitude (Gopee, 2008a; Elcock and Sharples, 2011).

One key component of the standards is the additional role of 'sign off' mentor. Sign off mentors are expected to have met extra criteria to undertake the role, supporting pre-registration midwifery students during all placements and nursing students during final placement. These experienced mentors assess students to ensure they have achieved all prescribed NMC (2004, 2009, 2010) proficiencies for registration, that they are fit to practice, and fit for purpose.

All sign off mentors must meet set criteria which include:

- Currency and capability in the field of practice the student is being assessed in;
- Has a working knowledge of the students' programme and practice assessment requirements;

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- Has an in-depth understanding of their accountability to the NMC for their assessment decisions;
- Sign off mentors are required to spend 1 h of protect time with each final placement student to give feedback and to facilitate learning.(NMC, 2008)

This evaluation study aimed to explore new sign off mentors, nurses and midwives completing mentorship preparation and nursing and midwifery lecturers understanding and perceptions of the sign off mentor role.

## Background

Despite the lack of research specifically examining the role and impact of sign off mentors, mentorship has become established since the formalisation of the mentor role following the introduction of Project 2000 (ENB, 1989). The role of the mentor and sign off mentor in terms of facilitating student learning are the same in principle, with the sign off mentor required to support the student during shift from student to registered practitioner. There are numerous benefits associated with mentorship (Bradbury-Jones et al., 2007; Price and Price, 2009), as well as acknowledgement of the challenges faced by students and mentors when attempting to balance the demands of practice with those of professional pre-registration education (Duffy, 2003; Fisher, 2009; Gainsbury, 2010). Currently there is a paucity of papers considering the perception or impact of the sign off mentor role within nursing and midwifery; it is recognised that midwifery sign off mentors are required to assess students across all placements, however this evaluation found that new midwifery sign off mentors were more anxious about making a judgement on students' proficiency to register rather than assessing students' safety to progress to subsequent placements. The concept of the mentor role in supporting students' transition from student to a qualified professional within a final placement has been established. The transition from student to registrant has often been described as a 'culture shock' with students' level of anxiety and stress often heightened during final placement (Meyers et al., 2007; Nash et al., 2009).

Nash et al. (2009) trialled a transition model in Australia which incorporated a long final transition placement, very similar to the final placement now established in the United Kingdom. Registered nurses highlighted the importance of 'stepping back' to allow students to develop and lead practice, with some describing themselves as colleagues rather than supervisors. However mentors highlighted the importance of ensuring patient safety whilst considering each student's levels of performance in practice (Nash et al., 2009). Students felt that this transition placement supported development of confidence and competence in practice; supporting team integration where students valued the exchanges of knowledge and practice between mentor and mentee.

Despite this, mentors complained their role was not recognised by colleagues or managers and it was common for mentors' workloads to actually increase because they were mentoring a student. This lack of recognition led to feelings of frustration especially when mentors repeatedly stayed late or changed annual leave due to mentoring commitments. Support from academic staff was seen as important especially when mentors identified issues with students' practice; however mentors noted a lack of visibility leaving them feeling vulnerable and unsure of the correct processes to follow (Duffy, 2003; Luhanga et al., 2008; Jervis and Tilki, 2011).

Mooney (2007) examined how new registered nurses interpreted their final placement preparation for professional registration. The themes that emerged were: learning on the edge; feeling

like a shadow; metamorphosis; becoming visible and new awakening. Participants discussed how some specific learning needs remained unmet doing little to alleviate their anxieties about registration. They expressed feelings of exclusion whilst being acutely aware of the added pressure put on mentors to manage both student and patient needs. To alleviate this students often elected to work alone, or would not push themselves forward. This feeling of powerlessness was compounded by a feeling of invisibility and being forgotten. Placement experiences and learning opportunities were heavily influenced by individual mentors motivation, the quality of the clinical learning environment and the placement speciality (Myrick, 2002; Elcigil and Sari, 2008; Luhanga et al., 2008). However, once qualified, participants appeared to empathise with students and with the constraints their mentors had tried to manage.

## Aim and objectives

### Aim

The aim was to evaluate new sign off mentors, nurses and midwives completing mentorship preparation and university nursing and midwifery lecturers understanding and perceptions of the Nursing and Midwifery Council 'sign off' mentor role.

### Objectives

- To examine mentors knowledge of 'sign off' mentor role and NMC (2008) 'Standard to support learning and assessment in practice';
- To explore the perceived benefits and challenges of the 'sign off' mentor role;
- To determine solutions to the perceived challenges of the 'sign off' mentor role.

## Method

The study followed an evaluation survey design.

In order to gain a wider perspective of the sign off mentor role it was important to consider the views of sign off mentors, preparation for mentorship students about to become Stage 2 mentors and nursing and midwifery lecturers who support practice through link lecturer and personal tutor roles. Nursing and midwifery students were not included in the evaluation as the evaluation was focused on exploring how new sign off mentors perceive this additional NMC defined role. Within the university all new sign off mentors complete a sign off mentor workshop or sign off mentor preparation as part of the Preparation for Mentorship programme. For this evaluation 114 new sign off mentors, 37 preparation for mentorship students and 13 nursing and midwifery lecturers within a Higher Education Institute (HEI) in the United Kingdom participated in the evaluation project.

### Data collection

*Phase 1:* Evaluation data from attendees at 'sign off' Mentor preparation sessions. 120 questionnaires were distributed with 114 returned (95%). Participants included Midwives, Adult, Mental Health, Learning Disabilities, and Children's registered nurses.

*Phase 2:* Evaluation data from qualified nurses and midwives completing a Mentor Preparation programme (PfM). 83 questionnaires were distributed with 37 completed (44.6%) Participants included Midwives, Adult, Mental Health, Learning Disabilities, and Children's registered nurses.

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