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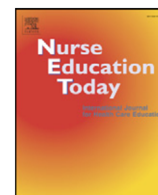

A phenomenological study into the impact of the sign-off mentor in the acute hospital setting

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SUMMARY

Mentoring provides an essential quality assurance mechanism within undergraduate support and assessment of nurses. Recent changes to the standards for supporting pre-registration learners in clinical practice have provided additional structure to this process. Existing evidence suggests there are numerous challenges such as balancing clinical and mentoring priorities and making appropriate decisions; evidence about the sign-off mentor role in particular is currently lacking.
This study explores the impact of the sign-off mentor role within the acute setting utilising a phenomenological approach. A purposive sample of 6 sign-off mentors contributed to data collection via the use of semi-structured interviews. Data were collected using a digital tape recorder and transcribed verbatim. Analysis of findings allowed for the development of 3 main themes which are accountability, time and commitment.
A key finding of this study is the change in focus for sign-off mentors to one of assessment of clinical competence and professional regulation as opposed to mentors who have concentrated on the teaching and pastoral aspects of this role. However, sustainability requires further investment in this new role from a managerial and educational perspective.
Recommendations include further attempts to embed protected time into organisational processes, the consideration of limiting students to sign-off mentors when mentoring a final placement student and negotiating maximum number of exposures to this role within a set time frame.
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Introduction

Professional regulation within health care exists to protect the general public. The implementation of NMC (2008) 'Standards to support learning and assessment in practice' provides the backdrop for this exploratory research study.

Specifically, the aim of this research was to explore the impact of the role of sign-off mentor in the acute hospital setting as experienced by those undertaking the role. The response to this research has been to provide valuable feedback from these mentors which will subsequently inform future training and support for both new and existing sign-off mentors.

Literature Review

As a Practice Education Facilitator (PEF) within an acute hospital trust, my primary function is to support mentors in the supervision and assessment of students. A mentor must be a registered nurse who has undertaken additional training to perform this role, and must also attend annual updates and complete triennial review (NMC, 2008). With so much regulation it can be difficult to perceive why challenges arise, yet there is tangible evidence within the literature to raise concerns about mentoring within nursing (Duffy, 2003; Bray and Nettleton, 2007; Walsh, 2010). In addition there is evidence that the relationship between a student and their mentor can be a complex one, but one nevertheless that is pivotal to the clinical learning experience (Grossman, 2007; Myall et al., 2008; Webb and Shakespeare, 2007).

To expand on some of the challenges, Duffy (2003) found that mentors felt unsupported in managing a failing student and that universities were giving students the benefit of the doubt when performance was borderline thus undermining decisions made by mentors. Moseley and Davies (2007) found that some mentors reported feeling unprepared for mentoring despite a mentor preparation course, that skill mix within the clinical area prevented mentors from supervising properly and issues were raised about capacity of student to mentor ratio. Myall et al. (2008) highlighted that organisational constraints were placed on mentors, citing an increase in workload exacerbated by staff shortages and multiple students attached to one mentor. Despite these challenging constraints, both Moseley and Davies (2007) and Myall et al. (2008) evidence high motivation by mentors who often see the mutual benefit of mentoring, describing it as a pleasure with an opportunity to learn something for themselves by keeping up to date. More recently, Mead (2011) found that the majority of mentors surveyed did feel adequately prepared to support students in practice and make appropriate fail decisions if

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necessary. In contrast, Webb and Shakespeare (2007) take the view that the mentoring relationship is driven predominantly by the student whose aim it is to demonstrate competence and utility to the clinical placement.

The NMC (2008) has introduced the 'sign-off mentor' whose responsibility it is to undertake the final assessment at the end of the pre-registration programme and in doing so make a declaration to the NMC that the student has achieved the required standards of proficiency for entry to the NMC register. At this level, additional responsibility includes ensuring the student has achieved all necessary competencies throughout the 3 year programme, taking into account the reports of all other mentors. To support this responsibility the sign-off mentor ought to have up to 1 h per week of protected time for the duration of the placement which must be a minimum of 12 weeks. The first cohort of student nurses to be assessed by a sign-off mentor completed in 2010.

There is as yet very limited evidence available within the literature to examine the impact of the role of sign off mentor, however, Jones (2010) identifies that this role requires commitment from mentors and managers alike, providing new sign-off mentors with additional education and portfolio development, the purpose of which is to embed these responsibilities into annual development processes by allocating sufficient time to review the student documentation, plan appropriate learning opportunities and give timely feedback.

Many questions have been raised by the introduction of the role of the sign-off mentor. Andrews et al. (2009) query the sustainability of this model, specifically in relation to meeting additional criteria such as 1 h protected time for the mentor throughout the duration of the student placement. Furthermore, sign-off mentors require additional support and training particularly if there have been challenging circumstances or the student has not achieved the required standard of practice. Releasing staff for this without financial resources leaves this process vulnerable.

Further questions have been raised by Sharples (2007) specifically in relation to financial support but also importantly that since mentors may opt out of this additional responsibility this may lead to a situation whereby this responsibility is imposed by linking it to total job performance. This has the potential to impact on the quality of the experience for the student as demonstrated in a study by Nettleton and Bray (2008) suggesting that successful mentoring requires personal commitment and motivation. In considering this, Holland (2010) questions whether all registered nurses ought to become mentors, identifying it as a vital role for gate keeping the profession and one that requires selection and added incentives. The rationale for this being the role has changed from one of predominantly teaching and learning to assessment of competence and public protection (Wilkes, 2006). The limited evidence that does exist suggests that sign-off mentors are anxious about this role and support structures from within the organisation are crucial (Middleton and Duffy, 2009; Barker et al., 2011).

Method

This enquiry adopted a phenomenological approach to explore the experiences of others who have undertaken the role of sign-off mentor.

Phenomenology not only allows the researcher to explore a phenomenon which in this instance is the responsibility of professional regulation, as experienced by the sign-off mentors, but also allows for the influence of the researcher to be acknowledged (Smith, 2009). This is particularly important because as a PEF and researcher I am unable to completely remove myself from the environment in which this occurs and through my professional role have already influenced it.

The following research questions formed the basis for the phenomenological study that concentrated on the lived experience as perceived by sign-off mentors themselves:

1 What is the experience of being a sign-off mentor in the acute trust?
2 How has this role impacted on their mentoring responsibilities?

Sampling

In keeping with phenomenology the sample for this study was purposive. Initial contact was via email to 20 sign-off mentors with varying levels of experience requesting voluntary participation in this research project, for which I received 3 confirmations. An email shot 1 month later to 10 sign-off mentors yielded a further 2 and from this I received a recommendation about 1 additional participant. In total 6 sign-off mentors agreed to take part and all but one had accessed sign-off mentor training within trust, see Fig. 1.

Gaining Access

Prior to initiating the research, permission from within the acute trust was sought via submission of a research protocol to the Research Governance Department.

Ethics

The proposal did not require an NHS Ethics review under the 2012 'Governance Arrangements for Research Ethics Committees', as it did not involve patients but NHS staff.

Despite this several ethical issues were addressed. Firstly consent was obtained at 3 stages. The first point was voluntary response to email, followed by verbal consent by telephone when arranging an appointment for interview and written consent was then achieved immediately prior to interview. All participants were given codes to replace names and all transcribed data was stored on a password protected computer.

Data Collection

Phenomenology requires a method of data collection that will produce rich, detailed, first person accounts of their experiences. Interviews are suggested as an ideal option since they allow the researcher to elicit thoughts and feelings as well as descriptive accounts about the target phenomenon; they allow the participant to speak freely and reflectively; there is the opportunity to develop ideas and express concerns (Smith, 2009).

For a breakdown of questions asked, see Fig. 2.

Data collection took place over a 2 month period of March–April 2012 and took the form of semi-structured interviews, which were recorded using a digital recorder and then transcribed verbatim. This allowed the interviews to be easily managed and enabled the building of a rapport giving the participants time and space to think, speak and be heard. The issue of being heard is recognised as being beneficial to the participant who may feel that telling their storey is therapeutic.

Interviews were organised for a date, time and clinical area convenient for the participant, however, once in the participant's clinical environment the location was determined by the participant. Research literature (Basit, 2010; Smith, 2009; Kvale and Brinkmann, 2009) highlights the value of performing interviews at a place and time to put the participant at ease, yet several of the interviews were performed in what would be considered to be less than ideal places. However, the value of face to face interviews is the immediate visual impression gained throughout and all participants appeared comfortable

Title	Grade	Number of participants	Number accessed training
Ward manager	7	1	1
Ward sister	6	4	4
Staff nurse	5	1	0

Fig. 1. Sample.

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