

National Nursing RESEARCH UNIT

Sustaining and managing the delivery of student nurse mentorship:

Roles, resources, standards and debates

Short report

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November 2012

An NHS London

'Readiness for Work' project

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Acknowledgements

This project was one of four commissioned by NHS London as part of the 'Readiness for Work' programme and was initiated as a joint venture between the National Nursing Research Unit of King's College London and Chelsea and Westminster Hospital NHS Foundation Trust. Our thanks to all those who took part in the study and generously gave their time to be interviewed about mentorship capacity. We would also like to thank all the personnel in the higher education institutions and healthcare trusts who facilitated access for the research to take place in their organisation. At the National Nursing Research Unit, thanks are due to Professor Jill Maben, the Unit's director, for advice and support throughout the project and to Stephanie Waller, Unit administrator, who has undertaken and managed the production of the report and this summary.

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November 2012

Disclaimer

This is an independent report and views expressed are not necessarily those of NHS London (the funding body) or the Department of Health which provides support for the National Nursing Research Unit.

This short report should be referenced as follows:

Robinson S, Cornish J, Driscoll C, Knutton S, Corben V, Stevenson T (2012) Sustaining and managing the delivery of student nurse mentorship: roles, resources, standards and debates. *Short report*. Report for the NHS London 'Readiness for Work' programme. National Nursing Research Unit, King's College London.

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Sustaining and managing the delivery of student nurse mentorship: roles, resources, standards and debates

Short report

1. Context and purpose

The extent to which newly qualified nurses are adequately prepared to take up the responsibilities of their first post is a key concern for prospective employers and for service and education staff charged with responsibility for student nurse education. One of the major components of student nurse preparation is mentorship – the allocation of each student nurse (mentee) during periods of experience in practice settings (placements) to a qualified nurse (mentor) who guides their practice, assesses their progress and judges their competence as fit to be placed on the NMC (Nursing and Midwifery Council) register of nurses.

The delivery and receipt of mentorship, however, is situated within a complex set of roles and 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 provision and a range of quality assurance frameworks including the standards for mentorship set by the NMC in 2008. Moreover, the nature of mentorship and the way in which it might best develop in the future are the subject of ongoing debate.

In the project reported here, these roles, relationships, activities, resources, standards, contextual influences and debates are referred to as the ‘hinterland’ to mentorship. This hinterland has been the subject of much less research than that focusing specifically on mentors and mentees but it underpins the delivery of mentorship in practice. Hence the aim of this project was to investigate this hinterland in relation to capacity for the delivery of mentorship and to do so from the perspectives of staff involved in its provision in higher education and service. The project is one of four that were commissioned and funded by NHS London to investigate aspects of student preparation for practice and was initiated as a collaborative undertaking by the National Nursing Research Unit of King’s College London and Chelsea and Westminster Hospital NHS Foundation Trust.

This short report is structured as follows: objectives and methods in Section 2, key findings in Sections 3 to 7 and conclusions and implications in Section 8.

2. Objectives and methods

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

- Capacity in terms of placements, mentors and sign-off mentors;
- Capacity in terms of educating mentors and sign-off mentors for their role;
- Capacity in terms of factors influencing delivery in practice.

Each was explored in relation to the network of relationships and activities that exist within and between HEIs and service providers, the diverse contextual factors to which they are subject; and current debates on the subject. The project framework is shown in Figure 1.

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 (placement allocation officers and practice education focused posts). For each HEI, a sample was selected of the trusts with which they linked that ensured a spread across hospital, community and primary care trusts and adult, child and mental health practice settings. Semi-structured interviews were held with 37 personnel (22 from the HEIs and 15 from the trusts) purposively selected to represent key roles in the provision of mentorship. In the HEIs, these included senior educationalists, programme directors, mentorship programme leaders, and lecturers with a link to practice. Personnel in the trusts included senior educationalists and practice education facilitators (PEFs); mentors themselves were not included.

Interviews were transcribed verbatim and subject to a method of analysis known as Framework regarded as particularly suited to analysis of qualitative data in projects with an applied and policy focus. The synthesised 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 come from a London-based sample but are likely to find resonance elsewhere.

3. Mentorship capacity: roles, resources and organisations

The hinterland to delivering mentorship includes higher education institutions and healthcare providers and the project revealed the diversity of posts, roles, relationships, responsibilities, resources and activities that it encompassed.

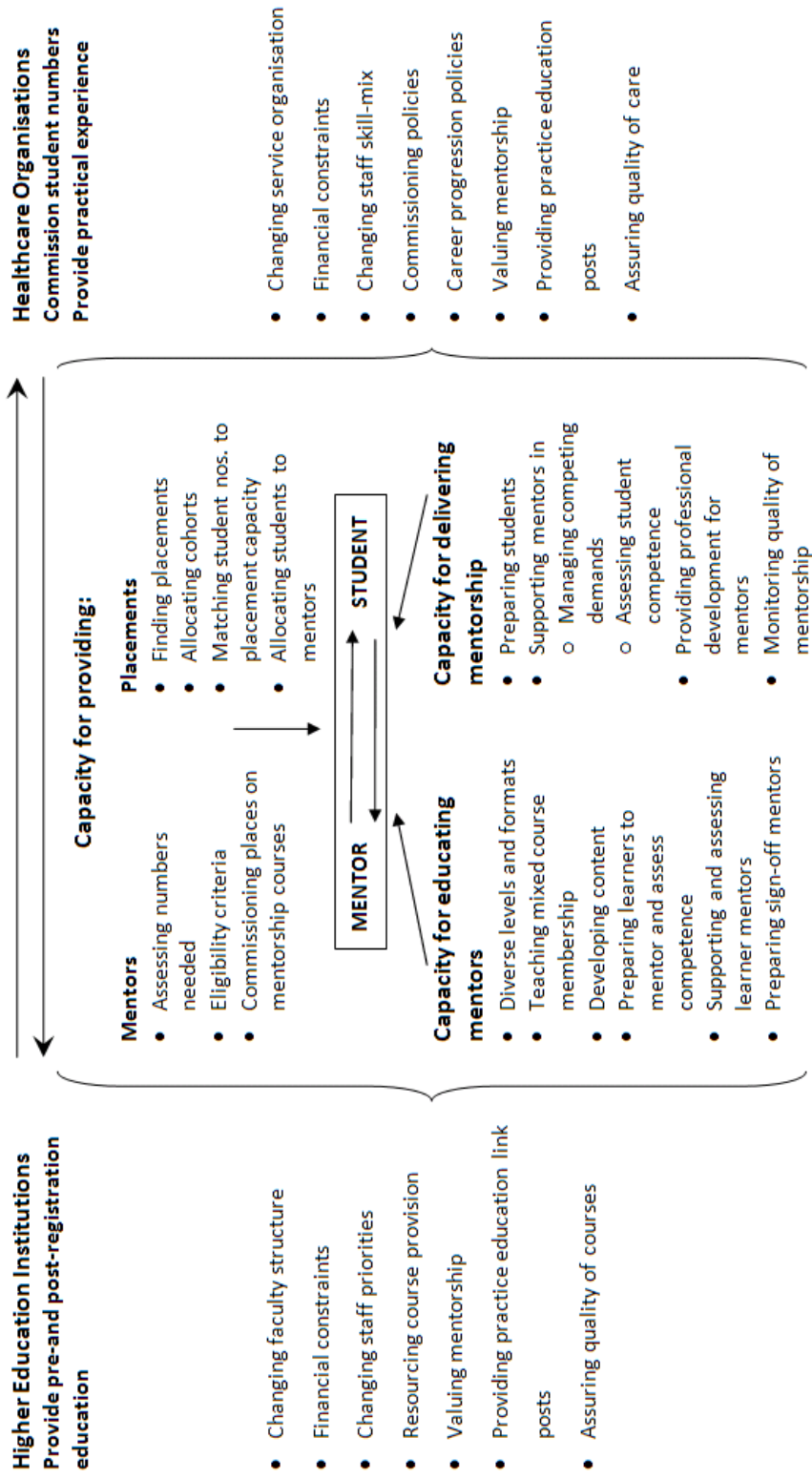
Trust post holders and roles

Trust post holders whose remit involved mentorship included:

Senior educationalists with diverse briefs but all with a remit for:

- Ensuring that there were enough mentors by commissioning places on the HEI mentorship course with which the trust linked.
- Having a strategic overview of placement and mentor provision through ongoing assessment of trust circumstances, regular liaison with PEFs and with senior HEI staff.
- Having overall responsibility for the quality assurance of mentorship.

Figure 1: Project framework: The mentorship hinterland – capacity, context and quality assurance



Practice education facilitators (PEFs) whose role was central to many aspects of mentorship had a remit that included:

- Ensuring placement availability and assessing its quality.
- Regularly assessing that placements had sufficient mentors and sign-off mentors.
- Supporting learner mentors, professionally updating them and preparing sign-off mentors.
- Supporting mentorship in practice through advice and guidance for mentors and students.
- Developing materials/websites and contributing to developing mentorship course content.
- PEFs' detailed knowledge of their practice settings was regarded by the trust senior educationalists and PEFs themselves as the key to deploying their responsibilities.

HEI post-holders and roles

HEI post-holders whose remit involved mentorship included:

Senior educationalists with diverse briefs but all with a remit for:

- Strategic responsibility for mentorship that included some or all of: chairing key strategy meetings; managing HEI personnel with direct responsibility for mentorship; liaison with senior trust personnel about practice education matters.
- Having overall responsibility for the quality of mentorship.
- In some instances, holding a specific remit for the quality of practice education that entailed more direct involvement in aspects of provision.

Placement allocation officers with a remit for:

- Planning placement allocation for students in all years of the pre-registration programme.
- Liaising with personnel in HEI and healthcare providers over managing circumstances that necessitated changes to planned allocations.

Mentorship programme leaders with a remit for:

- Leading curriculum development and managing module administration.
- Teaching module sessions and supporting the teaching team.

Personnel with responsibilities relating to specific programmes and/or practice areas

- This group included programme leaders/directors, lecturers and senior lecturers and learning community education advisers (referred to in this summary as programme directors and link lecturers).
- Various aspects of mentorship were included within their remit but with varying degrees of centrality: ensuring placement and mentor capacity; teaching on the mentorship course; professional updating of mentors; sign-off mentor preparation; supporting delivery in practice; developing materials and systems; and monitoring and assessing placement quality.

Resourcing mentorship

Resourcing mentorship included meetings, materials, websites, course fees and time.

Meeting colleagues

- Diverse meetings were held to discuss, plan and make decisions about providing mentorship and ensuring its quality.
- The main meetings identified were: formal committees of all those from HEI and healthcare providers involved in mentorship; specific groups (PEFs, post-holders with a strategic remit, mentorship programme teams); and meetings for personnel involved with a specific practice area.

Developing websites and materials

- Working groups of HEI and trust post-holders developed materials to inform delivery of mentorship and streamline the complex array of documentation required.
- Electronic portals were established to support access to materials and information.
- Many aspects of materials and websites were cited as examples of good practice in supporting mentorship and had been commended by the NMC as such.

Funding, study leave and time

- Knowledge of fees for the mentorship course and costs to healthcare providers was, in the main, uncertain and inconsistent. Figures that were 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.
- Time to deliver mentorship and to prepare and support mentors; much of this was perceived as not having been built into healthcare provider budgets.

Links between organisations

- A complex and changing picture emerged from accounts of links between HEIs and healthcare provider organisations. HEI and trust participants had varying degrees of certainty about current links and proposed changes.
- Current and forthcoming changes, such as trust mergers and the loss or gain of contracts to provide student nurse education offered new opportunities but also had the potential to disrupt long established and productive relationships.

4. Mentorship capacity: 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. The project explored qualities regarded as desirable for both roles, the various processes entailed in ensuring sufficient numbers were available and the involvement of the post-holders in these processes, and participants' views about continuing the present system in which most staff take on the role of mentor at some point.

Mentors

Qualities regarded as desirable for mentors

- Qualities required for the role of mentor included: commitment to student nurse education; skills to facilitate learning and give constructive feedback; personal characteristics and behaviours such as confidence in professional identity and reflecting on practice; knowledge of the pre-registration programme and styles of learning; clinical competence; positive attitudes toward students; and the same qualities as a nurse.
- Qualities concerned with facilitating learning featured more prominently than those concerned with assessment of competence.
- The range of qualities regarded as desirable highlighted the importance of the support mentors may need when first assuming the role.

Eligibility to become a mentor

- Participants held differing views about the length of time nurses should practise after qualification before becoming a mentor: some agreed with the NMC standard of one year; others thought that this was too soon, and others that six months was sufficient.
- There were some reports that pressures on trusts to have staff taking on the role of mentor as soon as possible after qualification led to attempts to reduce the one-year period.

Motivation for taking the mentorship course and requirement for promotion

- Diverse sources of motivation were attributed to staff for taking the mentorship course and varied by group of post-holder.
- Trust participants were most likely to focus on enjoying teaching and personal and professional benefits. Promotion was mentioned but not seen as the main driver.
- HEI participants involved with the mentorship course were most likely to focus on gaining promotion and being sent by a manager to meet organisational needs for mentors.
- HEI participants with practice links attributed a more diverse range of sources of motivation.
- The mentorship qualification was stipulated as necessary for promotion in some but not all trusts.
- In the independent sector, motivation included prestige of links with the HEI and opportunities to keep up to date.

Maintaining sufficient numbers of mentors

Ensuring that sufficient numbers of mentors were in place entailed several processes, diverse sources of information, and a range of personnel with separate and interlinked responsibilities.

- Assessment of numbers needed drew on: the register of mentors held in each practice area; educational audits of placements; and local knowledge of practice areas by PEFs and link lecturers.
- 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.

- Appraisals formed the basis of deciding which staff attended the course; there was some concern that staff were selected before having had time to consolidate their skills after qualification.
- Trust participants saw responsibility for ensuring there were enough mentors as lying with the trust whereas HEI participants' views varied, with some citing the trust, some the HEI and others regarding this as a joint responsibility.

Mentorship: a generic or specialist role

- Considerable diversity of view existed over whether all nurses should be mentors (the generic position) or rather that mentorship should be developed as a specialist career pathway.
- Senior educationalists in trusts favoured the generic position, HEI senior educationalists and mentorship team members favoured the specialist route. Of those closest to practice, most PEFs thought that mentorship should be a specialist role while diversity of view was apparent among the other groups of HEI participants.
- Those favouring the generic position saw mentoring as an integral part of being a nurse, others maintained that it was not and that staff could be excellent nurses without the aptitude or desire to be mentors.
- The generic position was seen as the only way of providing sufficient mentors to meet student numbers. The specialist position was linked with a different approach to mentorship in which all nurses had a responsibility to facilitate learning and would be linked with senior mentors who took responsibility for assessing student competence.

Sign-off mentors

Perceptions of the role of sign-off mentor and clarity of NMC requirements

- There was recognition that introduction of the sign-off mentor role raised awareness of professional accountability for making judgements about student competence and located such decisions with experienced practitioners.
- Diverse views were held as to whether sign-off mentorship was the best way to increase such accountability and linked with participants' views about generic or specialist pathways for mentors.
- Most trust participants thought the NMC requirements for sign-off mentorship were clear; perceptions were more mixed among HEI participants. Both groups reported considerable uncertainty about the requirements among staff in practice.
- Qualities regarded as desirable were: clinical and mentoring experience; understanding of professional standards and governance principles; confidence to make judgements; willingness to support junior mentors; and readiness to accept accountability for stating that students were fit for practice.

Implementing the policy of sign-off mentorship

- Introducing the sign-off mentorship policy was a resource intensive undertaking and PEFs and link lecturers had a pivotal role in the activities required for its achievement.
- Initially HEI and trust personnel had been involved in informing staff about the policy and explaining its requirements. Both groups were involved in deciding who should become sign-off mentors and in developing materials for sign-off mentor preparation.
- Sign-off mentor training took the form of study days/workshops and three assessments of the trainee sign-off mentor making an assessment of a student and the experienced sign-off mentor ensuring that the trainee had conducted the process correctly. Most trusts had implemented the NMC policy that one or two of the observed assessments in practice could be replaced by a simulated assessment which was often included as part of a study day.
- HEI and trust personnel contributed to both aspects of the training; the degree and nature of respective participation varied between trusts. Several PEFs found that the training workload was too great and wanted greater input from the HEI with which their trust linked.
- The NMC move to having one or two of these assessments as simulations was welcomed in light of difficulties in achieving three observed assessments in practice that necessitated the student, the trainee sign-off mentor and the sign-off mentor making the assessment being available at the same time.
- There were debates about the level of experience required to assess trainee sign-off mentors and the appropriateness of including HEI staff in this process in the long-term.
- Most trust participants regarded responsibility for ensuring that there were enough sign-off mentors as lying with the trust; most HEI participants regarded it as a joint responsibility. Both groups were most likely to regard sign-off mentor preparation as a trust responsibility in the long-term but with HEI input into getting the initial tranches of sign-off mentors established.

Should all mentors be sign-off mentors?

- Views differed over whether all mentors should also be sign-off mentors: some thought they should, some thought not, others favoured mentors having a choice and others that the question should be approached through a different model for mentorship of teams of mentors linked to key/senior mentors.
- Challenges were identified with both the 'all mentors' and 'some mentors' positions. Sign-off mentorship requires a level of experience that not all mentors would have had time to gain. If mentors are not sign-off mentors, there were concerns that problems with students might be left to sign-off mentors to address and so not be identified and managed early in the course.

5. Mentorship capacity: providing placements and allocating students

Ensuring that suitable learning environments are available within which students could gain the requisite practical experience for their course is a major component of mentorship capacity. As such, the project explored: the processes entailed in accessing placements and allocating students; the roles of particular post-holders; the linked responsibilities of higher education institutions and

healthcare providers; aspects of resourcing and maintaining quality; and aspects of provision that are the subject of debate.

Finding and developing placements

- 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 in their trust could offer practical experience for students. Responsibility was thus diffused among HEI and trust personnel and not located within one group.
- Auditing the suitability of new areas as appropriate for the placement circuit entailed a substantial amount of work and lack of capacity to do so could limit the number of new areas that could be included.

Planning placements and allocating students

- The two HEIs and the trusts with which they linked, differed over the extent to which allocating cohorts of students across the range of practical experience was centralised at the HEI and disseminated to personnel in trusts. Diverse views existed over the benefits or otherwise of both approaches.
- Information about capacity of practice settings provided by the PEFs was acknowledged by trust and HEI participants as essential to successful planning of allocations.
- Good working relationships between and within the groups of HEI and trust personnel, emerged as crucial in successful negotiations over numbers of students who could be supported in practice settings.
- Good working relationships between staff in practice areas and the PEFs and link lecturers who liaised with them were the cornerstone of enabling the flexibility needed to manage changing circumstances on both sides, such as students needing additional experience at short notice and staff requesting a temporary reduction in student numbers to accommodate for example, several mentors leaving at the same time.
- There was general agreement that service staff were best placed to decide how many students each setting could support at any given time. Some irritation was expressed by both trust and HEI participants on occasions when they thought that service staff could be more accommodating.
- As a rule, decisions about which student should be allocated to which mentor were made by the manager of the practice setting, but the decision could be informed by the link lecturer and/or PEF if student circumstances indicated suitability for a particular mentor.

Sustaining and enhancing placement capacity

A wide range of factors were perceived as affecting placement capacity and various strategies were in evidence to sustain and enhance this capacity.

- **Changes in service organisation** such as reconfiguration of services, trust mergers and changes in staff skill-mix could adversely affect capacity; for example when wards moved and team profiles changed with the effect that staff felt unable to support students until the

situation was more settled. Less frequently, changes were perceived as facilitating provision such as development of new services that could be used as placements.

- **The increasing focus on providing care nearer to home** was reflected in the pre-registration curriculum but providing accompanying practical experience could be challenging as the number of mentors in community settings was perceived as not having increased sufficiently to accommodate the extra demand for student places. Innovative strategies to bring a much wider range of community settings into the placement circuit than hitherto were being developed by PEFs and link lecturers.
- **Educational changes** also affected placement planning and allocation through: changes in contracts between HEIs and trusts; moving from dual to single intakes of students which made it harder to spread placements evenly across the year, and curriculum changes in defining experience required that sometimes proved difficult to realise in practice.
- **Specialist areas** were seen as offering excellent experience for students, but could prove hard to access due to staff preferring third-year students only and specialist staff not fulfilling NMC standards for number of students mentored in a given period. Some participants felt that this standard sometimes prevented experienced staff from acting as mentors.
- **Individual willingness to mentor** could affect placement capacity and was attributed to diverse factors such as: feeling unable to accommodate mentoring alongside current workload or responsibilities of a new post; regarding oneself as not having an aptitude for mentoring, and loss of confidence through not having been allocated a student for some time. Participants reported encouraging staff to become mentors, finding places on the course at short notice, and urging practice managers to ensure even distribution of students to mentors in the setting.
- **Branches differences** were evident over the ease of being able to place students generally and in the community in particular, with paediatric placements appearing to be the hardest to access and mental health the least difficult.
- **The independent sector** was playing an increasing role in affording students practical experience and while this required much support from HEI staff, it was seen as a positive move for both the sector itself and for student nurse education.
- **Preserving existing placements** was seen as a priority and when audits revealed problems, HEI and trust staff expended considerable effort in trying to rectify the situation to avoid the area being removed from the circuit thereby reducing overall capacity. This could not be achieved however, if concerns remained about the quality of the learning environment for students.
- **New models of placement provision** were being introduced in some trusts and included: client attachment (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 and then spending
- time in spokes which are 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 student and mentors in the spokes reported to the senior mentor on the students' progress. Participants described their experience of implementing

these new approaches and emphasised the importance of engaging staff in the process of introduction.

Matching student numbers to placement capacity

- The number of commissioned student places resulted from a complex flow of information between the Strategic Health Authority, HEIs and healthcare providers.
- Some senior educationalists in HEIs and trusts expressed concern that the information upon which the commissioning was based did not always reflect actual capacity on the ground for providing academic content and practical experience.
- The match between student numbers and capacity appeared to be less of a problem in mental health trusts than in those providing services for adults and children in which the eventual placement of all students often occasioned considerable difficulty and time to resolve.
- Looking ahead, participants' recommendations included commissioning based on realistic assessment of capacity and better monitoring of capacity by senior staff in HEIs and trusts.

6. Mentorship capacity: educating mentors to facilitate learning and assess competence

In addition to having suitable learning environments for students to gain practical experience and having sufficient numbers of mentors and sign-off mentors available in each, capacity to deliver high quality mentorship is also seen as depending on the educational preparation of mentors. The project explored various aspects of course provision, the challenges that some of these raised, perceptions of adequacy of the course and views about mentorship teaching as a specialist role.

Course profile

- Both HEIs had a mentorship programme leader but had different models for the teaching team; in one the course was taught by team of a lecturers who also held other teaching responsibilities in the faculty as well as linking with practice; in the other HEI, the course was taught by a team appointed to an education unit within which the mentorship modules were located. Trust personnel did not teach on the course but were involved in the development of its content and the monitoring of its progress. Course membership was drawn from all branches, one HEI contributed to an all mental health course that was trust based.
- Course content was based on the 8 NMC domains relating to facilitating learning and assessing competence; there was little flexibility over content covered but emphases on each study day were tailored to members' learning needs. Both HEIs offered courses at different levels. One HEI offered a blended learning course with a 50/50% split between face-to-face and on-line study days, the other a face-to-face course with about 10% on-line provision. Both HEIs also provided a sole on-line course which had less take-up than the other formats.
- Between the course study days, learners' mentoring activities in practice were supervised by a mentor buddy who signed a verification document of what the learner mentor had achieved. Course assessment was through a series of written assignments.

Face-to-face versus online course provision

- The main driver for increased on-line provision was perceived to be decreased costs for trusts as staff did not have to be released for off-site attendance. HEIs were also favouring more on-line provision but the view that this was cheaper was contested on grounds of set up and maintenance costs and staff time required for supporting on-line learning.
- On-line courses were valuable for some groups of learners: they were less costly than the face-to-face courses for those who were self-funded; some found them easier to combine with other commitments, and places were available at shorter notice for those who needed to qualify as soon as possible. Learners were perceived as often overestimating their on-line skills and many needed supporting.
- On-line provision was regarded an effective means of providing information and accessing comments but was a much harder format within which to support critical discussion of, for example, critiquing assessment scenarios, than face-to-face sessions.

Supporting learner mentors

- Trusts varied in their adherence to the standard of five full days of study leave for the course. Some trust senior educationalists said that they ensured that managers gave staff the requisite study leave. Other trust participants said that the amount of study leave granted depended on the perceived need for mentors in the practice setting.
- Concern was expressed about lack of study leave in some trusts for learner mentors for on-line sessions in blended courses and for those taking sole on-line courses.
- Additional support for learner mentors, particularly those who required assistance having not studied for some time, was provided by HEI course staff through a variety of means including one-to-one sessions held at the HEI or in the learner's working environment.
- Quality of support by mentor buddies was considered as variable by both HEI and trust participants and seen as depending on whether leadership in the practice setting created a conducive learning environment.

Teaching a diverse course membership

- Meeting needs of course members with very diverse educational backgrounds required time and sensitivity in ensuring that everyone's learning needs were met and raised questions about the appropriate levels at which the course was offered.
- There was concern that meeting criteria required by the HEI might exclude clinically competent nurses who were able to facilitate learning but who did not have the requisite academic background to take the course.
- Mentorship course teachers had to be able to respond to the way in which learner mentors' approach to the course might be influenced by: motivation for taking the course; poor experience of their own nurse education, and pressured working circumstances.

Course content and assessment

- Course teachers aimed to create a balance between making learner mentors aware that they are accountable for their actions and decisions and not undermining their confidence to assume the role.
- Assessment of student competence was the part of mentorship with which learner mentors felt least comfortable; course teachers encouraged them to 'embed' assessment throughout the placement and not defer this until the end and to focus on the principles of assessment and not just on how to complete the documentation.
- Questions were raised about the practical component of the course over: variation in the quality of supervising mentors and the need for this role to be assigned to mentors with substantial experience; and the robustness of procedures used to verify learner mentors' achievements; the latter had led to the development of a competency portfolio to standardise approaches and which was cited as an example of good practice.

Adequacy of course as preparation for the role of mentor

- Most regarded the course as a good or adequate preparation overall; a view based on observing mentors in practice, learner mentors' evaluation of the course, and rising pass rates. Some held the view that an assessment of the course's adequacy could not be made without a formal evaluation.
- The extent to which learners benefitted from the course was regarded as depending on the effort and commitment that they were willing to put into it and on the qualities of the course teacher.
- Adequacy in relation to translation into practice was related to: having a greater focus on this during the HEI-based study days, the quality of supervision of learner mentors in practice, and the desirability of a supported period of practice after the course.

Teaching mentorship: choice, specialism and support

- There was unanimity that those involved in teaching mentorship should want to do so but anxiety that reduction in faculty numbers could make this difficult to achieve in future.
- Diverse views were held over whether all those teaching mentorship courses should be nurses with a link to clinical practice or whether inclusion in the teaching team of people with other expertise would be beneficial.
- The role was perceived as challenging and importance was attached to support through induction programmes for new team members, ongoing support for the whole team, and support for the mentorship programme leaders.

7. Mentorship capacity: delivery in practice and evaluation

Having considered the various elements required for mentorship to be delivered; namely sufficient numbers of appropriately prepared mentors and sign-off mentors in practice settings regarded as suitable learning environments for students, attention turned to capacity for delivery in practice (induction programmes for students, mentors and sign-off mentors meeting NMC standards,

support for mentors, annual updates and triennial reviews) and then to evaluations of mentorship quality.

Induction programmes for students

- To facilitate students gaining maximum benefit from their practical experience, trust and HEI participants provided induction programmes for students prior to initial and subsequent placements.
- The induction focused on: expectations of professional behaviour; the mentor-mentee relationship; the type of practical experience likely to be encountered, and informing staff if mentoring arrangements were not in place.

Meeting NMC standards for time to be spent with students

- The majority of participants perceived that the NMC standard of students spending 40% of time working with their mentor (or other appropriate staff) was met for all or 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 aspects of their mentoring role.
- There was recognition that mentors saw patient care as a priority over student nurse education; at an individual level, part of the skill of being a mentor was to be able to combine the two and at an organisational level, good leadership entailed ensuring that resources in practice settings were effectively deployed in relation to mentoring students.
- Students could hinder achievement of the target being met through making sudden changes to the off-duty rota to meet their childcare needs and having unrealistic expectations of the time mentors required to complete their portfolios. Part of the role of PEFs and link lecturers was managing student expectations.
- Trust participants found meeting the NMC standard for one hour a week protected time to be spent by sign-off mentors with final destination placement students to be more challenging than the 40% standard and that this could entail sign-off mentors doing the work in their own time. Concerns were expressed by senior educationalists and PEFs that this time had not been costed into trust budgets and that there had been insufficient liaison between the NMC and healthcare providers over the feasibility of realising this standard.

Supporting mentors in practice

- PEFs and HEI post-holders with a practice link supported mentors and students through a range of means. Minor queries, usually concerning completion of documents, tended to be dealt with by phone or email. Face-to-face meetings were sought for more complex matters, usually in relation to student performance or difficult relationships between mentors and mentees. Such meetings took place at drop-in mentor/student fora, during the course of a regular visit to the area by a PEF or HEI link lecturer, or as a pre-arranged meeting on site.
- High visibility of PEFs and link lecturers in practice settings were perceived as facilitating the ease with which mentors felt able to raise problems and mentors were encouraged to seek advice as soon as a problem arose. Ready access to advice and speed of response was emphasised as important by both HEI and trust participants.

- Some concerns were evident about the amount of time that could be spent in face-to-face encounters. Thus there were occasions when mentors could not obtain time away from practice to attend a drop-in forum and the time that link lecturers could spend in practice areas was under pressure. The latter was a matter of regret for link lecturers themselves and their trust colleagues. The current system of HEI support through link lecturers was however, regarded as unsustainable by several of the HEI senior educationalists and some initiatives were underway to make their input more focused.
- The HEI participants who held learning community education advisor posts did not appear to be as affected by having to reduce the time spent in practice areas as this was very much the essence of their remit. There was however, uncertainty about the long-term sustainability of this role, as there was over the role of PEFs.

Annual updates and triennial reviews

- 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.
- Annual updates were provided in all face-to-face, all on-line and mixed formats. There was agreement among participants that face-to-face provision better enabled discussion about mentoring challenges but that on-line delivery was appropriate for providing information. There was lack of consensus among participants as to whether the NMC required some face-to-face provision in every annual update or that this should occur at least once in every three updates.
- Updates were provided by PEFs alone, by link lecturers alone, and jointly (either giving joint sessions or alternate sessions). The balance of relative participation differed by trust. The time invested in providing annual updates was perceived as considerable with some participants reporting undertaking several every week. Mentors could also encounter difficulties in finding the requisite time for attendance and trusts differed over whether the update should take place in work or personal time.
- Annual updates were regarded as a valuable form of professional development, although some observed that there was no evidence to this effect and others that they could become a 'tick box' exercise rather than a learning experience.
- Triennial reviews were at an early stage of implementation at the time of fieldwork (December 2011); preliminary observations were that these were both a valuable means of professional development and a measure of mentorship capacity since they revealed if the NMC standard of mentoring two students within three years had been met.
- Reviews were usually undertaken in the course of an appraisal; caveats of this policy were that appraisal did not have a 100% annual completion rate and the quality of the review would depend on the ability and commitment of the person undertaking it.

Monitoring quality of placement experience

- Placement quality was audited through ongoing feedback from PEFs and link lecturers, student evaluation, and the NMC required placement audits.
- Student evaluations were undertaken by the HEI and fed back to the trust; feedback was sometimes perceived to be insufficiently detailed to be of maximum usefulness to trust personnel and that there were often considerable delays in making the feedback available.
- There was considerable variation in reported involvement of trust and HEI staff in the placement audits but they were generally regarded as a shared responsibility. As well as providing an assessment of placement quality, the audit provided information about deployment of mentorship capacity in that it indicated whether all mentors on the register had mentored at least two students in each three-year period as required by the NMC.
- Every attempt was made to support placements perceived as failing due to concern over loss of an increasingly scarce resource.
- Participants had mixed views over whether the assessment instruments used measured the quality of the learning environment or provided a 'tick box' measure of required procedures having been completed.

Mentorship fulfilling its purpose

- Mentorship was viewed as making a positive contribution to student preparation and competence, with observations by some participants that there was no unequivocal evidence to this effect. By and large, mentors were perceived as 'doing a good job' often in challenging circumstances. As to whether mentors' and sign-off mentors' judgements about student competence were sound, participants observed that there was no unequivocal way of knowing but that the quality of newly qualified nurses would not suggest that there was a major problem in this respect.
- The view was held by most participants that as much as possible had been put in place to ensure that mentors and sign-off mentors were able to fulfil their remit. Many of the trust and HEI participants, however, identified factors that they perceived as potentially limiting the soundness of assessment of competence in practice, these included: difficulties in getting to know students well when placements were short; workloads that precluded sufficient time to make assessments; and less robust governance procedures for assessing competence in practice than for assessing the academic components of the course.

8. Conclusions and implications

Conclusions and implications arising from the aspects of mentorship capacity investigated in the project are drawn together as achievements, challenges, and debates.

Mentorship capacity: achievements

This project focused on aspects of capacity that comprised the hinterland to the relationship between the mentor and the pre-registration student. In the main, sufficient capacity appeared to be available: sufficient numbers of mentors and sign-off mentors were in place and the processes of finding placements, deciding how many each could support, and allocating students to mentors

were achieved. Mentors were provided with an educational preparation regarded as good or adequate and the needs of different groups were met by offering the course in diverse formats and additional assistance with study skills. Qualified mentors were professionally updated, and sign-off mentors had been selected, prepared and were operational. Support was in evidence for learners during the course and for the course teachers. Delivery in practice was, in the main, meeting the NMC standards and mentors were being supported in achieving this.

Most participants regarded mentorship as meeting its remit. This was the outcome of partnership working between HEIs and healthcare providers, the hallmark of which were multi-stranded working relationships between diverse personnel whose brief included a remit for mentorship and channels for regular communication between all parties. The working relationships between HEI personnel with a practice link and the trust-based PEFs and the relationships between these personnel and practice staff were regarded as crucial. Characteristics of the roles of these staff highlighted as central to the delivery of mentorship were: detailed knowledge of practice setting personnel and circumstances; flexibility in meeting changing circumstances; creativity in enhancing placement capacity, and developing materials to support mentors, supervising mentors, sign-off mentors and mentorship course teachers.

Mentorship capacity: challenges

The delivery of mentorship presented considerable challenges.

Time required: It was a highly resource intensive exercise in terms of the time that it entailed: finding and auditing placements; meeting to discuss progress and strategy; developing materials; providing and attending courses, updates, triennial reviews and sign-off mentor preparation; acquiring information; building and sustaining good working relationships; supporting mentors in practice, and supporting and assessing students. Participants raised the question of whether this time was costed and the feasibility or otherwise of doing so. Some costs were known and budgeted for such as course fees (albeit that there was uncertainty and inconsistency among participants themselves on this point).

Delivering the course: Challenges included: meeting the needs of people with diverse educational backgrounds; achieving a balance between learners having the confidence to assess student competence and recognising the level of responsibility and accountability that this entailed; and being able to support discussion of complex issues in on-line rather than face-to-face formats. Concerns were expressed that study leave might not be available for staff for their on-line learning sessions and that the level at which the course was offered might not be appropriate for staff in all settings in which practical experience was needed for students.

Changing environments: Remits for mentorship were being deployed in the context of a changing financial environment and changes in service delivery and organisation. Current and forthcoming changes in the links between HEIs and trusts offered both new opportunities but also the potential to disrupt long established and productive relationships. Some changes in service organisation were seen as disrupting and reducing the amount of time available to support mentors and students, others were seen as offering new opportunities for practical experience for students.

Meeting quality assurance standards: Ensuring the quality of mentorship provision ran through participants' accounts of their responsibilities and activities and these entailed multiple mechanisms and safeguards to ensure adherence to NMC standards. At the same time, there were some concerns about the feasibility of implementing and sustaining all the NMC requirements, given the direct and indirect costs that these entailed and in light of current financial, professional and organisational climates.

Role responsibilities: Trust and HEI post-holders with a remit for practice education described the often conflicting demands on their time. This was becoming increasingly acute for some of the link lecturers with competing demands of HEI and practice-based commitments and examples were given of aspects of the delivery of mentorship in practice for which trust staff were assuming increasing responsibility.

There was unanimity of view that posts with a defined practice education remit were essential to delivery; concerns were expressed about sustained funding for initiatives that led to the introduction of practice education facilitator posts and learning community education adviser posts.

Mentorship capacity: debating and deciding on future directions

Several aspects of mentorship delivery were the subject of debate; these were associated with how best to ensure the quality of student nurse education in the future and with resourcing. It was outwith the remit of this project to recommend one course of action rather than the other in these various debates but rather to explicate these in the context of participants' perceptions of the implications of different options.

- **A system of mentors and senior mentors:** There was a set of linked debates about who should be mentors and the future shape of placements. Diverse views were held about whether all nurses should be mentors or whether mentorship should be developed as a specialist career pathway and about the implications of each option for meeting demand for mentoring and the quality of student nurse education. There was recognition in the main that a split between facilitating learning and assessing competence was not desirable and a system was advocated by some whereby a group of mentors who facilitated student learning linked with a senior mentor who made assessment decisions that drew on mentors' feedback about students' progress. This would address concerns that assessment required substantial experience but consideration is needed as to how it might be deployed in different practice settings.
- **Practice education posts in trusts:** Given the centrality to mentorship delivery of posts with a link to practice in HEIs and trusts, debate and decision is needed on how best to resource this in the future. The key post-holder in the trusts is the PEF and findings have shown how integral this role is to so many aspects of mentorship delivery. The loss of these posts would remove a vital cog in the wheel and the question of sustained funding for PEF posts and by whom needs to be addressed.
- **Posts with a practice link in HEIs:** Likewise with HEIs, posts with a practice link had a vital role in their own right but also a role that worked in conjunction with that of the PEF over sharing information needed to make decisions and joint working in providing education and support for mentors. The link lecturers' role was under pressure in its current form and so

questions arise as to how it should develop in the future and whether HEI posts with a remit that is practice focused need to be resourced alongside a more limited role for link lecturers in practice settings.

- **Deciding where responsibilities lie:** Participants accepted the need for cost effective approaches to the delivery of mentorship alongside recognition that it is resource intensive in nature. The major resource is staff time and there were aspects of delivery for which some HEI participants thought that trust personnel should take greater responsibility and some trust participants thought likewise in relation to HEI personnel. Disparate views need debating and reconciling, especially at a time of increased financial pressures on both organisations.
- **Length of time after qualification before mentoring:** Diverse views were held over when nurses were perceived as having sufficient experience to be able to take on mentoring others. Debate is needed on whether the current one year is appropriate and, if so, strategies are needed to ensure there are enough mentors in place without the pressure of people assuming the role too soon after qualification.
- **Criteria for teaching mentorship:** Diverse approaches to the requisite background of those teaching mentorship were in evidence and diverse views held about whether all mentorship teachers should be nurses with a link to practice.
- **On-line versus face-to-face provision:** While it was accepted that providing courses in on-line formats either wholly or partly was cheaper for healthcare providers, there was debate about the cost effectiveness of this option for HEIs given the set-up and maintenance costs and the time taken for staff to support learners on-line, in particular facilitating discussions on the more challenging aspects of mentorship.

Conclusion

This project did not lead to a specific set of recommendations for practice or for further research. Rather the project identified the challenges that mentorship faces in terms of the capacity in the hinterland that supports it and the debates that need to be addressed in considering how it might best develop in the future. 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).

Willis Commission (2012) Quality with compassion: the future of nursing education. Report of the Willis Commission on Nurse Education. Royal College of Nursing, London. ISBN 978-1-908782-27-4