

Partnership working in delivering student nurse mentorship: facilitators and constraints

A complex network of partnerships between HEI and healthcare personnel ensures that nursing students are placed with appropriately qualified mentors in approved clinical learning environments during the practical component of the course. These partnerships then support mentors in guiding and assessing students and hence are central to assuring that students are fit for practice at the point of registration. Drawing on NNRU research [1, 2], this Policy Plus focuses on partnership working in delivering student nurse mentorship and considers the implications of factors that facilitate and constrain its operation.

Partnerships between higher education and service providers

Partnership working between higher education institutions and their partner healthcare providers became the lynchpin of mentorship delivery when nursing education moved into higher education [3]. Aiming to provide a greater focus on practice-based learning and help integrate theory and practice [4, 5]; partnership working has been facilitated by various posts, most recently HEI lecturers linked with practice areas and service based practice education facilitators [6, 7]. The partnership is accountable for ensuring compliance with a framework of standards for mentorship set by the Nursing and Midwifery Council (NMC) [8].

An NNRU project on capacity for mentorship provision explored partnership working from the perspective of HEI and trust staff with a remit for mentorship. Senior educationalists, mentorship programme leaders, pre-registration course leads and link lecturers in two purposively selected London-based HEIs were interviewed (n=22) as were senior educationalists and practice education facilitators (Pefs) in seven of the trusts that linked with the two HEIs for purposes of nurse education (n=15).

Partnership working in providing practical experience for nursing students

*HEIs and trusts were jointly responsible for finding placements and auditing their suitability. All personnel were constantly seeking new settings and assessing whether new services might afford opportunities for student experience.

*Practice-based knowledge of local circumstances (e.g. availability of mentors, imminent service changes), enabled Pefs and link lecturers to inform pre-registration programme planning personnel about the continued suitability of each placement.

*Local knowledge was also vital in deciding how many students could be placed in each setting. Pefs, in particular, were crucial to negotiating numbers whom practice staff could support. A willingness to be flexible was essential: thus when managers felt temporarily unable to take students, the Pef and/or link lecturer would place them elsewhere and when the HEI was desperate for places, managers would 'squeeze a few more students in'.

*Pefs and HEI lecturers' knowledge about individual students informed managers' decisions about which student to place with which mentor; for example placing students struggling with the work with an experienced mentor.

Partnership working in preparing and supporting mentors

*Ensuring sufficient numbers of mentors in each placement entailed regular assessment of current capacity. Usually undertaken by Pefs; it drew on records (educational audit, mentor register) and on knowledge of staff intentions (e.g. leaving post, taking maternity leave). Places on the HEI-based mentorship course were commissioned to meet any deficits.

*The course curriculum was developed by the HEI mentorship programme team with input from trust staff. During the practical component learner mentors were supervised by trust-based mentor 'buddies'.

*A high profile in practice settings by Pefs and link lecturers enabled mentors' concerns to be addressed as they arose. Annual updating of mentors was delivered jointly by Pefs and link lecturers in some trusts and by Pefs or link lecturers alone in others.

*Trusts were responsible for preparing and supervising new sign-off mentors in final destination placements; the preparation workshops were provided jointly by Pefs and link lecturers in some trusts and by Pefs alone in others.

*Increasingly, the independent sector was providing valuable practical experience for students. This required considerable investment of time by HEI personnel in preparing and supporting mentors and sign-off mentors in scattered settings.

Partnership working in planning mentorship and developing resources

*All levels of staff in HEIs and their partner trusts participated in a variety of HEI-based or healthcare provider-based practice education committees, each of which addressed aspects of mentorship. Feedback between personnel involved in these committees and meetings enabled all the multi-stranded aspects of mentorship to be drawn together.

*HEI and trust personnel jointly developed websites that housed administrative databases (e.g. mentor updates, placement audits) and documents, all of which could be readily accessed. Likewise, cross-organisation working groups developed materials such as guidance leaflets and portfolios for mentors and standardised formats for annual updates and student assessment portfolios. The strength of websites and materials was attributed to their joint development and this had received positive endorsement in recent NMC validation visits.

Partnership working: Challenges, conclusions and implications

*Committed and flexible partnership working between HEI and healthcare provider organisations was 'the glue' that held together the system for providing mentorship and meeting the NMC standards. These partnerships were however under challenge in that established placement agreements and long-standing working relationships were being disrupted by trust mergers and changes to nurse education contracts.

*The trust Pefs and HEI link lecturers were central to successful partnerships by providing locally-based knowledge to inform decisions and support for mentors and students. Conflicting demands on link lecturers' priorities however, were reducing the time they could spend in practice. This placed a greater onus on Pefs who themselves, as others have also shown [7], faced challenging workloads. Continued funding for Pefs' posts and innovative HEI practice-linked posts was uncertain.

*Aspects of the NMC accountability framework challenged both parties: HEI personnel by being held accountable for aspects of mentorship which they perceived as under trust control; and trust personnel by the feasibility of meeting certain standards in the current financial climate.

*Response to these challenges included: senior HEI staff investing time in developing links with new organisations; more focused approaches to time spent in practice settings, more sophisticated means of keeping in touch electronically, and debates about the future shape of mentorship.

Key points for policy

- Recognition is needed by policy makers and managers that partnership working between healthcare and HEI personnel enables all the diverse procedures and activities entailed in mentorship to be delivered.
- Partnership working requires continuing support if confidence is to be maintained in sign-off mentors' decisions that nursing students are fit for practice; in turn, an important contributor to the quality of patient care [9].
- Innovative approaches to meet financial constraints and changes in service organisation are welcome, but should not undermine support for practice-based education posts or the time and commitment required for building and sustaining partnership working.

References and information

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