Mentorship: Past, Present and Future

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Aim
The aim of this chapter will be to provide a review of mentorship within a United Kingdom context.

Learning outcomes
After reading this chapter you will be able to:
- outline the history of mentorship;
- identify the Nursing and Midwifery Council’s requirements for practitioners undertaking the role as a mentor;
- discuss how ongoing competence is necessary for practitioners to remain on the live mentor register.

This chapter will begin by briefly outlining the history of mentorship and will then focus more specifically on the literature within nursing in the United Kingdom. In doing this we will consider some of the ambiguities that have arisen in the usage of such a term and present the current definition and role of the mentor in accordance with the NMC’s standards. However, it is not the intention to give a full history of mentorship here and readers are advised to use the relevant references for further detail.
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The key elements of the NMC standards will be summarized. From this you will be able to identify the knowledge and skills which you as a mentor need to apply in practice to support and assess students and what is required to demonstrate your ongoing competence to continue fulfilling this important professional role.

The history of mentorship

Where did the concept of ‘mentorship’ originate from?
The concept of mentorship is said to have its origins in Homer’s Odyssey in the form of Mentor, who brought up Odysseus’s son Telemachus when he was absent (Bracken and Davis 1989; Donovan 1990; Barlow 1991). A mentor in this context is portrayed as a trusted and older wise friend who takes on the responsibility for the learning and development of a younger man in the absence of a parent (Maggs 1994: Andrews 1999). Modern ‘genesis’ of the mentorship term can, however, be related to North American businesses and the feminist movement of the 1960s (Maggs 1994: 24). Clutterbuck (1985) and Morris et al. (1988) also suggest that mentorship has an alliance with the guilds master–apprenticeship model of instruction and mastery (WNB 1992) and Myrick (1988) pointed out an association to Florence Nightingale (Maggs 1994).

Whilst the term mentorship has traditionally been associated with the medical, law and business professions, early literature on the idea began to appear in the nursing and midwifery literature in the 1960s and was generally of North American origin (Maggs 1994). Literature in the UK then began to identify ambiguities in the term and perception of ‘mentorship’, and the lack of empirical evidence for the success of such a role (Shamian and Lemieux 1984; Shamian and Inhaber 1985; Myrick 1988; Foy and Waltho 1989). Literature in the 1990s was concerned with the definition of the concept, determining what the role entailed and highlighting the lack of agreement as to what mentorship actually was (Donovan 1990; Morle 1990; Armitage and Burnard 1991; Anforth 1992; Jinks and Williams 1994; Neary et al. 1994; Andrews 1999).

When was mentorship incorporated into pre-registration programmes?
Clinical learning in nurse training programmes has been customarily associated with the model of apprenticeship where students learnt but, more importantly, also provided a service in clinical practice. In this respect student learning in practice was given less attention than the service aspect of ‘getting the work done’ (Melia 1987). The introduction of Project 2000 programmes was revolutionary in changing this as students’ learning needs took precedence
over service contribution. Students gained supernumerary status for a large proportion of their programme and it seemed logical therefore that some formal recognition for the supervision of these supernumerary students be introduced.

Informal mentoring took place before Project 2000 to a certain degree but with the introduction of Project 2000, formal mentorship programmes became integral to pre-registration education in the late 1990s (Andrews 1999). Consequently, since 1997 all nursing students in training should have experienced some form of formal mentoring.

Confusion about the actual role of the mentor

It is important to acknowledge and be aware that whilst these changes were occurring there was a continuing debate concerning the elusive definition of the role and function of a mentor in nursing, as this has caused some conflict in practice. Whilst the English National Board (ENB 1987) initially made reference to mentors as ‘wise reliable counsellors’ and ‘trusted advisers’ which mirrored traditional thinking, other facets of the expected role of a mentor in nursing were incompatible with this position, such as undertaking a role involving ‘supervision and assessment’ (ENB 1988). This caused confusion and a lack of clarity for mentors and nurse educators. Neary et al. (1994) clearly identified the interchangeable uses of the terms depicting the mentor role as co-ordinator, practice facilitator and preceptor whilst Wilson-Barnett et al. (1995) added those of mentor, assessor and supervisor.

To help clarify the situation the ENB (1989: 17) issued a further definition of a mentor as ‘a person who would be selected by the student to assist, befriend, guide, advise and counsel’ and it was noticeable that the assessment and supervision aspects of the role were not referred to in later documents (ENB 1994). Despite this professional body guidance, mentors were expected to continue to undertake duties as supervisors, assessors and preceptors (Anforth 1992; Andrews 1993; Wilson-Barnett et al. 1995), reinforcing the confusion and ambiguities of the role.

What is the current definition of mentorship?

The Nursing and Midwifery Council have addressed the lack of clear definition of preceptorship, supervision and mentorship by releasing a number of explanatory documents (NMC 2002a, 2002b, 2003, 2006, 2008a).

The NMC introduced Standards to Support Learning and Assessment in Practice in 2006 (updated in 2008a) for mentors, practice teachers and teachers, which became effective from September 2007, and these have now replaced all previously published standards (NMC 2006, 2008a). There is a single development framework which defines the knowledge and skills to be applied in practice to support and assess students undertaking programmes of study
leading to initial registration or a recordable qualification on the professional register.

The current definition of a NMC-recognized mentor is:

a registrant who, following successful completion of an NMC approved mentor preparation programme – or comparable preparation that has been accredited by an Approved Educational Institute (AEI) as meeting the NMC mentor requirements – has achieved the knowledge, skills and competence required to meet the defined outcomes.

(NMC 2008a:19)

Specifically, mentors must demonstrate their knowledge, skills and competence on an ongoing basis to fulfil this important professional role and to remain on the live mentor register.

The standards will be outlined later but it is important to mention that the NMC include assessment as part of a mentor’s role. The mentor is accountable for confirming that students have met, or not met, the NMC competencies for continuation on the programme of study or the NMC proficiencies for entry onto the professional nurse register (NMC 2008a). The rest of this chapter will outline what you have to do to meet these standards.

What is the role of the NMC and their requirements for mentors?

The NMC exist to safeguard the health and well-being of the public. This is achieved by:

• ensuring all nurses and midwives are proficient to work;
• the maintenance of a live professional register;
• setting standards for education, training and ongoing professional development;
• producing a Code of Conduct on how nurses and midwives should perform in their professional role and processes for investigating those who do not.

The requirements for mentors and mentorship are articulated in the Nursing and Midwifery Council (NMC) Standards to Support Learning and Assessment in Practice document (NMC 2008a) and should be referred to as the main source for all practitioners. The above elements emerge in these standards as they identify the preparation requirements to become a mentor, the role activities of a mentor and how ongoing competence/development is a necessity in fulfilling this important professional role. For the purpose of this book a
A summary of the key requirements for mentors will be outlined. These are as follows:

1. Preparation in becoming a mentor
2. Role requirements and responsibilities
3. The role of the sign-off mentor
4. Maintenance of ongoing competence as a mentor

**How do you prepare to become a mentor?**

All mentors are required to undertake an approved mentor preparation programme. In the past preparatory programmes such as Teaching and Assessing in Clinical Practice (Number 998) would have been approved by local professional bodies such as the English National Board on behalf of the defunct United Kingdom Central Council (replaced by the NMC). However, since 2006 there has been a single developmental framework to support learning and assessment in practice (NMC 2008a). Preparatory programmes must encompass these standards, or if a practitioner has undertaken a comparable programme this must have been accredited by an institution of higher education and meet the defined outcomes of the NMC standards.

The developmental framework is ‘significant’ as it provides a description of the knowledge and skills that are needed to be applied in practice when supporting, teaching and assessing students on NMC programmes. However, it has a second important function for qualified mentors: The framework can act as a tool to facilitate an ongoing assessment and future development plan to mentors who must maintain and enhance their ongoing competence in fulfilling this important professional role. It is this latter point which underpins the focus and purpose of this book.

The developmental framework has eight domains which are broad role functions. Each role function is then broken down into specific identified outcomes. For you as a qualified mentor, these domains and outcomes can provide the framework for assessing, developing and demonstrating your ongoing competence and takes account of the NHS *Knowledge and Skills Framework* (DH 2004) upon which many practitioners’ job roles are designed. The domains and outcomes are as follows:

**Domain 1: Establishing Effective Working Relationships**

**Outcomes**

- Demonstrate an understanding of factors that influence how students integrate into practice settings.
- Provide ongoing and constructive support to facilitate transition from one learning environment to another.
- Have effective professional and inter-professional working relationships to support learning for entry to the register.
Domain 2: Facilitation of Learning

Outcomes

• Use knowledge of the student’s stage of learning to select appropriate learning opportunities to meet individual needs.
• Facilitate the selection of appropriate learning strategies to integrate learning from practice and academic experiences.
• Support students in critically reflecting upon their learning experiences in order to enhance future learning.

Domain 3: Assessment and Accountability

Outcomes

• Foster professional growth, personal development and accountability through support of students in practice.
• Demonstrate a breadth of understanding of assessment strategies and the ability to contribute to the total assessment process as part of the teaching team.
• Provide constructive feedback to students and assist them in identifying future learning needs and actions. Manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future.
• Be accountable for confirming that students have met, or not met, the NMC competencies in practice. As a sign-off mentor confirm that students have met, or not met, the NMC standards of proficiency in practice and are capable of safe and effective practice.

Domain 4: Evaluation of Learning

Outcomes

• Contribute to evaluation of student learning and assessment experiences – proposing aspects for change resulting from such evaluation.
• Participate in self-evaluation and peer evaluation to facilitate personal development, and contribute to the development of others.

Domain 5: Creating an Environment for Learning

Outcomes

• Support students to identify both learning needs and experiences that are appropriate to their level of learning.
• Use a range of learning experiences, involving patients, clients, carers and the professional team, to meet defined learning needs.
• Identify aspects of the learning environment which could be enhanced – negotiating with others to make appropriate changes.
• Act as a resource to facilitate personal and professional development of others.

Domain 6: Context of Practice

Outcomes
• Contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated.
• Set and maintain professional boundaries that are sufficiently flexible for providing inter-professional care.
• Initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained.

Domain 7: Evidence-based Practice

Outcomes
• Identify and apply research and evidence-based practice to their area of practice.
• Contribute to strategies to increase or review the evidence base used to support practice.
• Support students in applying an evidence base to their own practice.

Domain 8: Leadership

Outcomes
• Plan a series of learning experiences that will meet students’ defined learning needs.
• Be an advocate for students to support them in accessing learning opportunities that meet their individual needs involving a range of other professionals, patients, clients and carers.
• Prioritize work to accommodate support of students within their practice roles.
• Provide feedback about the effectiveness of learning and assessment in practice.

(NMC 2008a: Section 2.1.2: 20–21)

What are the role requirements and responsibilities?

As a nurse mentor you must be in the same part or sub-part of the register as the student whom you are teaching, supporting and assessing. This will help to maintain standards in the specific part of the register and ensure students
are supported by mentors working and practising at this professional level. You must also practise in the field to which the student is seeking entry, such as adult, child, mental health or learning disability. In the past you may have had personal experience of being supported and assessed by others from a different specialism, which could have resulted in a fragmented learning and assessment experience. The NMC in pursuit of maintaining professional standards and public protection are keen to prevent this in the future so that students seeking registration or a recordable qualification are taught and assessed as proficient by mentors working in the same specialist field of practice. Further guidance on this can be located in the NMC Circular 26/2007, accessible from the NMC website at http://www.nmc-uk.org/.

You will find that numerous sources can provide this information such as:

- discussions with other mentors;
- discussions with the local university;
- reviewing other documents such as the Royal College of Nursing Guidance for Mentors of Nursing Students and Midwives (RCN 2007) and the NMC Standards to Support Learning and Assessment in Practice (NMC 2008a).

Some key responsibilities may include the need to:

- familiarize yourself with the student’s programme of study, the stage of their training/education, the student’s record of achievement to date and the practice assessment documentation;
- identify, select, support and assess a range of learning opportunities in the placement area which are congruent with what the student has to achieve;
- organize, co-ordinate and observe students’ learning activities and nursing practical skills (note that a minimum 40 per cent of a student’s time on placement must be spent being supervised (directly or indirectly) by a mentor);
- supervise students in learning situations, provide constructive feedback and suggest how improvements could be made;
- communicate with others (such as mentors, practice facilitators, practice teachers or personal tutors) who have a vested interest in a student’s performance and record this accordingly;
- analyse evidence from a variety of sources for making judgements about the competence/proficiency of students (including knowledge, skills and attitudes) and be accountable for such decisions;
- record all meetings, discussions, progress and untoward incidents or concerns about students’ achievements and provide evidence as required of this;
- maintain your ongoing competence as a mentor and ensure these details are maintained on the local mentor register (the register is now held by the practice placement provider, not the higher education institution).
This list can be endless! An effective way for you as a mentor to continue assessing and judging, if you are meeting your professional responsibilities, is by using the NMC domains and learning outcomes from the NMC standards (2008a) outlined earlier as a framework to guide you.

**What is the role of the sign-off mentor?**

The NMC (2008a) require the final assessment of a student’s performance to gain entry to the register or achieve a recordable qualification to be completed by mentors who are designated as **sign-off mentors**. If you are a qualified mentor but not a sign-off mentor you can assess students on programmes of study up to the final placement; the final assessment of practice can involve your input but must be completed by those who are registered as a sign-off mentor. Sign-off mentors must be on the same part or sub-part of the register that the student is intending to join.

If you wish to become a sign-off mentor the NMC have identified criteria for the role (NMC standards 2008a: Section 2.1.3). These criteria incorporate the role requirements/responsibilities outlined above with the addition that mentors have:

- clinical currency and capability in the field of practice;
- been supervised on at least three occasions for signing off proficiency by a recognized sign-off mentor;
- an in-depth knowledge of their accountability to the NMC when making decisions about students’ proficiency levels at the end of their programme for entry to the register or a recordable qualification;
- their details as a sign-off mentor recorded on the local mentor register.

**How do you maintain your ongoing competence as a mentor?**

The NMC are very specific in the regulatory standards set out for mentors to demonstrate their own ongoing competence. There are two **mandatory** elements to this:

**Annual updating**

After qualifying as a mentor you must maintain your knowledge, skills and competence through regular updating (which is in fact annual updating) in relation to these outcomes (NMC 2008a: Section 3.2.2). The NMC (2008a: 30) indicate that the purpose of annual updating is to ensure mentors:

- a) Have current knowledge of NMC approved programmes
- b) Are able to discuss the implications of changes to NMC programmes
- c) Have an opportunity to discuss issues relating to mentoring, assessment of competence and fitness for safe and effective practice.
There are many ways you can update annually, which we will explore later in the book. For instance, we provide case studies for you to analyse and use for updating. They can be analysed in relation to the eight NMC domains and outcomes for mentors (NMC 2008a). Further on in the book there are more activities and sources of evidence that you can use for your own updates and to demonstrate your ongoing competence.

Triennial review

The NMC (2008a) have indicated that every mentor will be subject to a triennial review which may be part of an employer-led appraisal system if they wish (or are required by their employer as part of their job role) to remain on the local register.

At this triennial review, each mentor must have evidence of having:

- Mentored at least two students with due regard (extenuating circumstances permitting) within a three-year period.
- Participated in annual updating – to include an opportunity to meet and explore assessment and supervision issues with other mentors/practice teachers.
- Explored as a group activity the validity and reliability of judgements made when assessing practice in challenging circumstances.
- Mapped ongoing development in their role against the current NMC mentor standards.
- Been deemed to have met all requirements needed to be maintained on the local register as a mentor or sign-off mentor.

(NMC 2008a:12)

Why is there a need for mentors to maintain their ongoing competence?

Several factors have arguably contributed to the introduction of this requirement. First, Duffy completed a study in 2003 which identified that mentors were ‘failing to fail’ students. Several reasons were presented including giving students the benefit of the doubt as they were at an early stage in their training and might resolve their problems as they continued in the programme; at the other end of the continuum some mentors indicated that they did not want to be responsible for ending a student’s career if they were at the end of their course, and consequently passed their assessment. The fear of the university’s appeal system was also expressed in the study as mentors felt ‘pressurized’ into passing a student, which may have been at odds with their professional judgement (Duffy 2003). The implications of such actions raise concerns about public protection as incompetent practitioners may enter the professional register; there is also a clear breach by mentors of the Code of Professional Conduct (NMC 2008b).

Secondly, concerns were also being expressed by employers about registrants’
fitness for practice (UKCC 1994, 1999; Hewison and Wildman 1996). There were overlapping issues around the quality and nature of the support students were receiving in practice and the judgements being made about students' fitness within practice to gain entry to the professional register. The NMC therefore decided to set up two projects on a new standard to support learning and assessment in practice (NMC 2004) and fitness for practice (NMC 2005) at the point of registration. Both reports produced significant changes to the activities required from mentors in assessing student competence and maintaining their own level of competence in order to remain on the professional register.

Thirdly, mentors have been required by the NMC to attend an educational update despite the lack of guidance on the content and nature of this updating activity. Pressures of work are often cited as a reason for poor attendance at these events but of greater significance is the lack of evidence that mentors’ practices change following attendance at an educational update event (Nolan et al. 2000).

What happens if a mentor does not update?

In the future this will no longer be acceptable as mentors will need to produce evidence of updating activities if they wish to remain on the local live mentor register and fulfil both their professional and contractual employment responsibilities. If mentors do not update and are removed from the live register it is conceivable that this could have implications for meeting the NHS Knowledge and Skills Gateways (DH 2003, 2004), their job descriptions and their role as an employee of the Trust.

Whilst NMC quality assurances processes have not analysed how mentor updating activities contribute to the ongoing development and practices of mentors in supporting students, this issue lies at the core of ongoing competence development (Bradshaw 1998; Andre 2000) and, potentially, of continuing employment as a nurse.

Summary

The aim of this chapter has been to provide a review of mentorship within a United Kingdom context.

Key points

• The history of mentorship reveals some difficulties within the UK on defining it as a concept and outlining its role functions.
• The requirements for mentors and mentorship are now articulated in the Nursing and Midwifery Council (NMC) Standards to Support Learning and Assessment in Practice document (NMC 2008a).
• The standards are written in the format of a developmental framework which provides a description of the knowledge and skills that are needed to
be applied in practice when supporting, teaching and assessing students on NMC programmes.

- The developmental framework can also act as a tool to facilitate an ongoing assessment and future development plan to mentors who must maintain and enhance their ongoing competence in fulfilling this important professional role.
- Mentors will have to demonstrate to the employers through a triennial review how they have maintained their ongoing competence through annual updating activities to remain on the live mentor register.
- Mentors who do not update will be removed from the live register and this may have implications for promotion and their ability to meet the requirements of their job role.
- Mentors must be in the same part or sub-part of the register as the student and also be practising in the field to which the student is seeking entry, such as adult, child, mental health or learning disability nursing.
- The NMC (2008a) require the final assessment of a student’s performance to gain entry to the register or achieve a recordable qualification to be completed by mentors who are designated as sign-off mentors.

The following chapter will explore in more detail the concept of competence that is essential to performance. It will explore the measurement of competence and the civil ‘standard of proof’ used by the NMC when judgements about competence and fitness to practise occur. The chapter will also outline how ongoing competence as a mentor could be linked to an employer-led appraisal system incorporating the National Health Service (NHS) Knowledge and Skills Framework (DH 2004).

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