N100
Royal College of Nursing

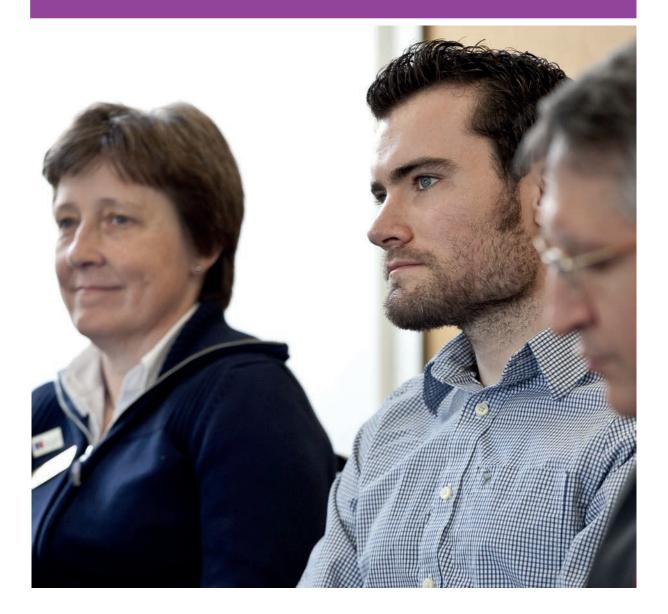# RCN Mentorship Project 2015

From Today's Support in Practice to Tomorrow's Vision for Excellence

Acknowledgements

Contents:

Foreword

The Royal College of Nursing (RCN) is aware of, and shares, the concerns identified around the facilitation of pre-registration education in practice. We believe the skills, education and training of a mentor are important in ensuring that the practice placement of our nursing students supports high quality learning.

Pre-registration students spend 50% of their education in practice, and the role of their mentors in ensuring they develop the appropriate attitudes, behaviours and skills is vital. Every nurse, in line with the NMC *Code*, is required to *"support students' and colleagues' learning to help them develop their professional competence and confidence"* (NMC, 2015, 9.4). However, not every nurse will have the required aptitude and ability to ensure that learning outcomes conducive to the education of a student nurse have been met.

The RCN, along with its membership, has researched and debated what constitutes good mentorship. This report brings together output from this work and is designed to provide all stakeholders with an insight into how mentorship is valued, and demonstrate the need for further investment in this important role.

We need to explore new models for mentorship, addressing how to identify who should undertake this role; the preparation of future mentors to support practice learning; and the development of an integrated career pathway for those nurses who wish to support education in practice. We will also need to reflect current and future ways of working, exploring how we address interprofessional working, alongside the regulatory framework to support high quality learning environments.

If the nursing profession is supported by well-trained and motivated mentors, nurses will be developed with the necessary skills in practice to deliver high quality, competent and compassionate care. This report makes a number of recommendations which offer a springboard for the RCN to influence and inform the future support for practice-based education.

Professor Dame Donna Kinnair
RCN Director of Nursing, Policy and Practice

Executive summary

Introduction and context

As a profession, nurses accept the responsibility for assuring the competence of its workforce to protect public safety, and the mentor plays a central role as a gatekeeper in this process. Nursing students spend 50% of their programme learning in practice settings and it is therefore vital that they are appropriately supported.

The Nursing Midwifery Council (NMC) stipulates the requirements for mentors for pre-registration nursing within their *Standards to Support Learning and Assessment in Practice* (SLAiP) (NMC, 2008). However, while we have visibly articulated mandatory standards for mentorship within the UK, there continues to be concerns around the effectiveness of mentoring in practice settings. This is evidenced in the report from the Willis Commission (Willis, 2012), research from the National Nursing Research Unit (2012), and most recently in the *Shape of Caring* report (Willis, 2015) which acknowledges the work undertaken by the RCN around mentorship and includes a recommendation that the:

> *'NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the Collaborative Learning in Practice model, and amend the standards relating to the requirement for one-to-one mentor support.'* (Willis, 2015, p.49)

This report contains recommendations arising from the findings of the RCN Mentorship Project and outlines our views to all stakeholders. The project was commissioned across all four UK countries and, as a consequence, all recommendations are applicable across the UK.

The NMC definition of a mentor is a person who *'facilitates learning, and supervises and assesses students in a practice setting'* (NMC, 2008, p.45). This definition was used to inform our work on this project, which focused on mentorship for pre-registration nursing education programmes.

Aim and objectives of the RCN Mentorship Project

The aim of the RCN Mentorship Project was to enable the RCN to develop an informed, evidence-based contribution to the current debates around mentorship and practice for nurses and provide recommendations for future work to support nursing education in the practice setting.

The project objectives were to:

- learn from, and build upon, previous work undertaken for the Willis Commission (2012), with a particular focus on UK and worldwide nursing and the mentorship models of other professions

- work with members and stakeholders across a range of settings to discuss and identify actual or potential solutions for mentorship and practice-based education

- explore factors that may enhance effective mentorship with members and stakeholders

- gain a better understanding of how practice-based nurse education is viewed corporately by boards of trusts and health care organisations

- identify how the RCN can support members and stakeholders to provide high quality learning environments that meet the future needs of patients, the profession and which protect the public.

Findings

Data was collected through a series of seven workshop events held across the UK, a pre-workshop questionnaire, and interviews with trust board nurses (England only). In addition, we commissioned a rapid review of the literature on mentoring models for pre-registration nursing students outside the UK, and the models used at similar career stages by other professions.

Five overarching themes emerged following analysis of the data:

1. the importance of good mentorship

2. investment in mentorship and mentors

3. relationships to enable and support mentorship

4. the context within which mentorship occurs

5. different approaches to mentorship.

Recommendations

The RCN has compiled a series of recommendations for consideration across all four UK countries, prior to the development of an action plan for implementation.

- The RCN will host a summit to discuss strengthening system leadership and organisational culture to support practice-based education. The summit will be comprised of representatives from the NMC, four country commissioning and funding bodies for nurse education, the Council of Deans of Health, RCN education and student members, the executive nurses group, and public/patient groups.

- The RCN will support and promote new models of mentorship. This will involve developing the mechanisms to enable sharing of best practice and education approaches, the dissemination of innovative practice, and the impact evaluation of new emerging models for mentorship. This might include:

  ▸ building and hosting an online resource centre which will offer contemporary information and tools to support practice-based education (such as an RCN subject guide on mentorship)

  ▸ developing tools to support the local application of impact evaluation and to collate the intelligence gained on initiatives

  ▸ exploring the role and potential contribution of RCN Education Forum members in addressing this agenda

  ▸ building on the contribution of the annual RCN Education Forum conference to become a more sustained source of knowledge around practice-based education

  ▸ facilitating local mentor networks through the development of a community of practice using online and social networking

  ▸ supporting the building of a robust evidence base to demonstrate the relationship between mentorship and patient outcomes from both uni-professional and interprofessional perspectives

  ▸ exploring the use of nomenclature for roles which support practice-based learning.

- In response to the Shape of Caring recommendation, the RCN proposes to work in partnership with the NMC to review the SLAiP standards (NMC, 2008) within the context of the findings of this report.

  This should include:

  ▸ An initial exploratory meeting to explore the implications for the current SLAiP standards, the rationale and need for change, and to begin to scope an action plan to ensure a robust quality assurance framework is developed to meet future requirements.

This will need to address:

- the concerns around the current expectations that nurses become mentors, rather than recruiting for ability to undertake the role

- the gatekeeping role in mentorship (reflecting concerns about the role of the sign off mentor and identification of who should mentor nurses)

- the continued evidence around 'failing to fail'

- exploring how mentorship for nursing can become better integrated within interprofessional working (and the value of current field specific guidance in relation to mentorship)

- consideration of the implementation of a framework across a wide and diverse range of practice settings

- identification of appropriate learning, teaching and assessment strategies to achieve required outcomes

- clear communication of requirements to ensure these are easy to understand and can be consistently applied

The RCN will promote the value of the mentorship role in the development of the future workforce. This will include:

- lobbying for all mentors to have allocated protected time to enable them to be developed for, and deliver in, this important role

- develop and sponsor a national RCN award to highlight good practice in organisational approaches to practice-based education and mentorship

- consider how the RCN can better support nurse directors to promote discussion at their boards, and adopt strategic approaches that recognise the importance of the mentor and practice-based education in the delivery of safe and effective care.

The RCN will ensure that opportunities for career progression for the future mentorship role are mapped against the career framework, which is currently under development by the RCN.

The RCN will explore its role as a professional body in the recognition and ongoing assurance around new models of mentorship.

Introduction and context

As a profession, nurses accept the responsibility for assuring the competence of its workforce to protect public safety: the mentor has a central role as a gatekeeper in this process. The NMC stipulates the requirements for mentors for pre-registration nursing within their *Standards to support learning and assessment in practice* (NMC, 2008):

> *'Students on NMC approved pre-registration nursing education programmes, leading to registration on the nurses' part of the register, must be supported and assessed by mentors.*
>
> *From September 2007 a sign-off mentor, who has met additional criteria (paragraph 2.1.3), must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved.'* (NMC, 2008, p.3)

However, whilst we have visibly articulated mandatory standards for mentorship within the UK, there continues to be concerns around the effectiveness of mentoring in practice settings.

The Willis report *Quality With Compassion: The Future of Nursing Education* was commissioned by the RCN and published in 2012. The report identified the need for improvement in the provision for practice-based education in pre-registration nursing education, specifically focusing on the role and variable quality of mentorship within this.

The issue of student support has also been raised at RCN Congress, where there have been calls for the role of the mentor to be given its rightful, prominent place within the scope of the nurse education process and concerns have been voiced around the releasing of time for mentorship. Nursing students spend 50% of their programme learning in a practice setting and it is therefore vital that they are appropriately supported.

The National Nursing Research Unit (NNRU) recently undertook a research project which explored the 'hinterland' required for nurse mentorship (NNRU, 2012). Its report highlights the complexities that relate to mentorship, including the challenges around maintaining mentoring partnerships, resourcing mentorship, and the need to debate mentorship in a cohesive and collaborative way to address the most appropriate means to develop this role in the future.

In response, and in consultation with our members and stakeholders, the RCN has considered how best to investigate and promote a futures-based paradigm for pre-registration nurse mentorship.

The RCN Mentorship Project was developed to begin to address this issue. Its aim was to enable the RCN to develop an informed, evidence-based contribution to current debates around mentorship and practice education for nurses, leading to recommendations for future work to support nursing education in the practice setting.

The project objectives were to:

- learn from, and build upon, previous work undertaken for the Willis Commission (2012), with a particular focus on UK and worldwide nursing and the mentorship models of other professions

- work with members and stakeholders across a range of settings to discuss and identify actual or potential solutions for mentorship and practice-based education

- explore factors that may enhance effective mentorship with members and stakeholders

- gain a better understanding of how practice-based nurse education is viewed corporately by boards of trusts and health care organisations

- identify how the RCN can support members and stakeholders to provide high quality learning environments that meet the future needs of patients, the profession, and which protect the public.

Following the project's conception and commencement, the focus on practice-based education and mentorship has become even more significant. The NMC commenced an evaluation of the pre-registration nursing and midwifery education standards, which includes consideration of the *Standards to Support Learning and Assessment in Practice* (2008). At the time of writing, the findings of this review were scheduled to be reported to the NMC Council in November 2015.

In May 2014 the *Shape of Caring* review began. Commissioned by Health Education England in partnership with the NMC, and chaired by Lord Willis of Knaresborough, the review's aim was to ensure that throughout their careers nurses and care assistants receive consistent, high quality education and training which supports high

quality care over the next 15 years. The fifth theme of the review report (Willis, 2015) addresses the need to assure a high quality learning environment for pre-registration nurses, and the role of mentors to achieve this. The contribution of the RCN Mentorship Project is identified within the recommendations for this theme:

The 'NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the Collaborative Learning in Practice model, and amend the standards relating to the requirement for one-to-one mentor support.' (Willis, 2015, p.49)

The Shape of Caring report also emphasises the importance of interprofessional working in the delivery of safe and effective care. This may require a shift from a uni-professional to a multi-professional approach to mentorship. However, the regulatory requirements for practice-based education vary across the professions. For example, the Health and Care Professions Council (HCPC) is much less prescriptive than the NMC in its requirements for support for practice-based education, only identifying that practice placement educators and peer-observation and mentoring schemes may contribute to evidencing the standards required for education and training (HCPC, 2012).

Of note is the decision of the Chartered Society for Physiotherapy (CSP) in February 2015 to suspend its Accreditation of Practice Educators Scheme, as it believes that practice education can be embedded more effectively in ways other than through a recognition scheme. The CSP also recognises the importance of collaboration with other professions in order to achieve high quality practice education, which has implications for nursing going forward.

Health Education South London (HESL) has developed a set of standards for assuring and monitoring the quality of placements, including a stipulation that that learners should receive a high quality learning experience which is applicable to a range of settings (HESL, 2014).

These standards have been adopted more widely by Health Education England, as noted in the final report from the Task and Finish Group on Health Visitor Practice Education (Health Education England, 2014). Standard three of this report explicitly addresses the need to have staff in place to effectively support education, and recognises the importance of valuing staff "that mentor, supervise and educate". Work is currently ongoing to evaluate and embed these standards, for example, Health Education Kent, Surrey and Sussex was trialling the standards, with the addition of a standard on patient safety as a multi-professional quality improvement tool.

The RCN Mentorship Project has encapsulated its findings in a number of UK-wide recommendations and this report outlines our views to all stakeholders.

What is meant by mentorship?

To date, there is no international consensus on the definition of mentorship and the term can be used interchangeably with 'supervising', 'preceptoring' or 'facilitating' (Chandan and Watts, 2012). These authors identify that, in the UK, mentoring is established as the work of a clinical nurse mentor whose role is to supervise, teach and assess nursing students in a practice setting. This is reflected in the NMC (2008) SLAiP standards, where a mentor is defined as someone who 'facilitates learning, and supervises and assesses students in a practice setting.' (NMC, 2008, p.45)

This is the definition used to inform our work on this project, which is focused on mentorship for pre-registration nursing education programmes.

Approach to the RCN mentorship project

To promote engagement and inclusivity, a variety of approaches for data collection were used to investigate current mentorship practice and potential innovation for the future in this field. This involved a wide call for evidence, experience and interest across all four countries of the UK between December 2014 and April 2015.

The project commenced with a rapid evidence review on nurse mentoring, commissioned externally from Bazian Ltd. The remit was to build on the knowledge base generated as a result of work undertaken by the Willis Commission (2012) and a previous literature review undertaken on mentorship (Chandon and Watts, 2012). A summary of the rapid evidence review is offered within the report and the completed evidence review can be found at: www.rcn.org.uk/publications

The methods used for data collection were:

Workshops - seven workshop events were arranged across the UK, involving 205 participants. Each workshop had attendees from a variety of backgrounds: invitees included participants from the RCN, higher education institutions (HEIs), nurse education commissioning organisations, NHS education leads, non-NHS education leads, the third sector, mentors and students.

Representation from all four countries included: England - South West (Exeter), West Midlands (Birmingham), North West (Manchester), Northern (Newcastle); Northern Ireland (Belfast); Wales (Cardiff); and Scotland (Edinburgh). All workshops were completed between February and April 2015.

Pre workshop questionnaire - a short questionnaire, designed to source individual perspectives on the role of the mentor, was circulated to workshop attendees and was completed by 103 participants prior to their nominated workshop event. A sample questionnaire can be viewed at Appendix One.

Interviews with trust board nurses - a small sample (three) of one-hour interviews was carried out with trust board nurses (from England). The purpose of the interviews was to scope (as an introduction), where practice-based nurse education is placed within the governance structure of corporate nursing leadership.

This was not intended to be a comprehensive review but to start to identify issues of relevance to inform our understanding of mentorship practice and practice-based education systems and processes within the context of formal governance structures. A sample interview schedule can be viewed at Appendix Two.

The sample does have limitations. Of those who completed the requested demographic data within the questionnaire (about 50% of participants), the representation of nursing students was limited and attendance by field of nursing was variable (with the adult field of nursing having the strongest presence). Participants included nurses in both academic and managerial roles. The attendance across health care settings was variable.

Outputs from each of the methods, which identified stakeholder's perceptions and evidence, were analysed and themed, firstly across findings from each method individually and then through identifying recurring ideas and issues across all the methods to identify common themes and achieve a sense of completeness from the data. This report presents the main findings that emerged.

Summary of the rapid evidence review

To familiarise ourselves with current debates about mentorship in order to inform our future work, we identified a need to think differently about how mentorship might be delivered, and to explore if we could identify transferrable ideas or initiatives in international nursing and other professions to help stimulate our thinking.

Consequently, we commissioned a rapid review of mentoring models for pre-registration nursing students outside the UK, and models used at similar career stages by other professions; until now, the literature for other professions has never been examined to inform student nurse mentoring.

The rapid review question that was set was:

"What mentoring models exist for nurses in countries other than the UK and for non-nursing professions (focusing on the UK), and what has been the impact of these models?"

The findings of the review support the observation of other studies and the *Shape of Caring* review (Willis, 2015) that there is a lack of research addressing the theoretical base for mentorship and the evaluation of impact of mentorship models on practice learning. The UK emerged as appearing to have the most detailed, prescriptive policy and guidance documents on student nurse mentoring.

Across all professions, few studies were found which explicitly named mentoring models; most were brief descriptions of what is being done in practice, rather than formal models or frameworks. The best described system-level named models of nurse mentoring identified in the literature that are used internationally are:

• real life learning wards (Amsterdam model)

This is already being piloted in the UK (with some modification) as Collaborative Learning in Practice (referenced in the *Shape of Caring* review report). The model uses team-based mentoring and learning, early student responsibility for patient care, and strategic support between education and practice organisations. Publication of the evaluation report from the UK pilot of this model is awaited.

The identified potential key opportunities this model offers the UK are:

▸ to increase student and mentor capacity through a high student-to-coach ratio and tiered mentoring between students in different years

▸ to increase the quality of learning through team collaboration and effective communication, such as team discussion about learning in progress and process improvement.

• dedicated education units in USA and Australia

Featuring a similar focus on team involvement and links to higher education organisations, this model also places emphasis on the importance of creating a positive learning environment for students, with staff nurses acting as mentors.

The identified potential key opportunities this model offers the UK are:

▸ to reinforce and improve existing HEI – health service partnerships; for example, through the creation of new shared co-ordination roles

▸ to make learning more student-centred through measures such as including student training within job profiles when recruiting ward staff, and protecting that training time accordingly.

• clinical facilitation models in Australia

In this model, the facilitator carries out assessments, and possibly group supervision, but students are usually 'buddied' or supervised by a registered nurse.

Identified potential key opportunities this model offers the UK:

▸ the potential to increase the number of students per mentor by having a larger ratio of students per dedicated mentor, in tandem with using associate ('buddy') mentors

▸ the qualified mentor could be remunerated and have protected time for mentoring.

All these models differ from UK 1:1 mentoring practice, offering an increased ratio of students to mentor, tiers of mentorship (for example, through associate mentors or peer mentoring), and different intensities of mentoring input. The key components of the models are summarised in Table 1 and compared with the current UK model. The outcomes and costs of these three models are compared with the UK model in Table 2.

Apart from named models, a range of approaches and tools are also being used in diverse ways in nursing. These were included in the review for their potential to inform components of mentoring models. Examples include various peer learning approaches, a variety of arrangements of student to mentor ratios, and tiered systems (involving students from different levels).

The review also highlighted the importance of the organisational culture in supporting mentorship, and that this was more significant in achieving positive outcomes than the model of mentorship employed. Common recommendations for organisations include the need for:

- stronger co-ordination between education and practice agencies
- strategic sponsorship of mentoring programmes
- secure funding for mentorship.

The review identified five themes which emerged from the literature related to variations in mentoring programmes and models. These are:

- the type of mentor, their skills and qualifications
- the mentor/student allocation
- the relationship between mentoring partners
- how the mentoring is delivered
- the organisational context and resourcing of mentorship.

These themes have been integrated into the themes identified from the data collection methods to inform the findings and discussion.

Table 1
Framework summarising components of key models identified

Model	Real life learning ward	Dedicated education unit	Clinical facilitation	UK practice
Person being mentored	Students in all years	Students in all years	First and second year students	Students in all years
Match to mentor specialty	Yes (implicit)	NR	Not required	Yes
Primary mentor	RN	RN (staff nurses)	Clinical facilitator (RN or HEI nursing lecturer)	RNs
Formal sign-off mentor?	NR	NR	NR	Yes (RN in same specialty)
Secondary/informal mentors	Senior nursing students	Senior nursing students	RN (ward nurse) 'buddies'	None specified
Mentor's qualifications and skills	No specific qualifications needed	Workshop training, mentors linked to HEI	Clinical facilitators: brief 'Buddies' not specially trained	Mentors are qualified, undergo CPD and triennial assessment
Mentor supported by	Clinical nurse educator	Academic facilitator (from HEI)	NR	Practice educators (variable practice across providers)
Mentor function	Training and assessment	Training and assessment	Training and assessment	Training and assessment
Mentor's dedicated time for mentoring	100%	Mentor workload 'adjusted'	Clinical facilitator: 100% 'Buddies': NR	Mentor: 0% Practice Educator: NR
Mentor : student ratio	Mentor: 1:4 Clinical nurse educator: 1 per 2 to 4 wards	1:1 or 1:2	Clinical facilitator: 1:6 or 1:8 'Buddies': NR (possibly 1:1)	Mentor: 1:1 or 1:2 Practice educator: 1:30 to 1:50
Mode of delivery of mentoring (group or individual sessions)	Group/team	'Supportive village' model – student centred unit	Group	1:1 (some variation in interpretation, up to 1:3)
Clinical placement duration	NR	6 week rotation	10 days – 7 weeks	Longer term clinical placement
Duration and frequency of mentoring	Every shift (different mentors)	NR (likely to be every shift, can be same or different mentors)	NR (implied intensive during rotation, single facilitator)	40% of student time (depends on mentor availability) 1 hour per week with sign-off mentor
Quality assurance of the mentoring process	NR (team feedback to mentor)	NR	Placement is not audited	Mentor formally trained and assessed, but not outcomes

Table 2
Outcomes and impact of nurse mentoring models

Model	Real life learning wards (Amsterdam model)	Dedicated education unit	Clinical facilitation	UK practice
Outcomes	• Increased capacity to support students on placement • Enhanced teamwork • Employers reported students are more 'job ready' UK evaluation showed positive: • student experience of work role and of patient care • student leadership • student practical skill enhancement • student support for weaker peers • assessment accountability	• Increased student support capacity and enrolment • Assessment accountability • Positive learning experience • Increased student enrolment	• Increased student support capacity relative to UK • Potential resource savings • Impact of resource constraints on the model's viability • Novice students appreciated the 1:1 support • More experienced students preferred the preceptor model	• Formal mentor training, qualification, assessment and revalidation • Concerns about sustainability of the model
Costs	Not stated	Relatively costly in set up and administration Greater cost benefits from increased student numbers (in a competitive market for students)	Clinical facilitators receive remuneration and protected time. Academic clinical facilitators are not seen as time or cost efficient	Mentors do not receive remuneration or protected time, but model is not sustainable due to lack of mentor and placement availability

The findings

The data was collated and themed following identification of commonalities, but key differences have also been noted. The voice of respondents is reflected in the discussion points and also in the use of direct quotations (taken from the pre-workshop questionnaires) to support ideas.

Five overarching themes emerged from the data collected through the rapid literature review, the workshops, the pre-workshop questionnaires, the individual interviews, and from experts in the field. The themes are:

1. the importance of good mentorship

2. investment in mentorship and mentors

3. relationships to enable and support mentorship

4. the context within which mentorship occurs

5. different approaches to mentorship

Within these five themes, the identified sub-themes emerged:

1. The importance of good mentorship

It was perceived that mentorship was a vital part of pre-registration nurse training, as it could help to establish a positive environment for learning and that nurturing from mentors encourages personal and professional development.

> *"Good mentorship is important because it instills confidence in the student."*

(Registered nurse, mental health)

1.1 Bridging gaps

Mentorship was seen as bridging the gap between theory and evidence, and theory and practice; mentors assume the responsibility for supporting the student's learning and progression in this regard. Mentors provide individual support and guidance in the clinical area and this leads to increased clinical knowledge and skill development for the student.

1.2 Role modelling

The importance of the mentor as a role model was emphasised. When mentors demonstrate appropriate skills, values and behaviours, this supports the student learning process and a positive role model can be inspirational.

> *"In areas where there are excellent mentors, we have excellent student development."*

(Practice education facilitator)

Mentorship also demonstrates collegiality, which is an important aspect of nursing practice. In order to be a positive role model, however, respondents believed that mentors should be motivated about nursing, their education role, and be up to date with NMC requirements. This was linked to the belief that mentors and their work should be values based, and that this can be demonstrated through:

*   showing respect for students

*   enabling students to think critically/ independently

*   acting in the interest of patients and students

*   acting professionally

*   inclusivity in working with students.

1.3 Enhancing patient care and professional standards

The significance of mentorship in maintaining patient care/safety and professional standards was repeatedly emphasised. In their role of ensuring that students are 'fit for practice', mentors were thought to have a gatekeeping role for both the profession, and safeguarding of the public. It was perceived that good mentorship enables the strengthening of the profession and the protection of the public.

Conducting robust, fair, honest and accurate assessments was seen as being key to the promotion of high quality patient care and safety. It was believed that mentors should have the skills and knowledge to challenge and give constructive critical feedback to students whose work does not meet the required standard to qualify. If further learning opportunities do not result in sufficient improvement, then mentorship gives the framework for that student not to progress to the next year, or to qualify, although this can be problematic in practice, as evidenced by mentors 'failing to fail' (Duffy, 2003).

The importance of ensuring that students are exposed to safe and effective practice was emphasised, as this leads to good quality patient care being delivered by the next generation of nurses. The motivation for many to be a mentor was to ensure a high standard of nursing care for tomorrow's health care. There was insight into the importance of good standards in nurse

education and the clear link to good patient care outcomes. Good mentorship was perceived to lead to keen, enthusiastic staff delivering high standards of care.

"In a valued workforce, productive, energised staff leads to improved patient care."

(Registered nurse, adult)

The premise was that the provision of highly competent nursing staff for the future, with appropriate values, skills, knowledge and behaviours, would enhance the credibility of the profession.

In addition, it was perceived that engagement with students leads to the development and improvement of practice by staff already in post. This was noted to occur through two-way feedback, questioning of practice by students, and the contribution of new ideas. Observing the student's development, and the benefits for patients during the mentorship process, can lead to the *"motivation of staff if they feel they have effectively mentored someone"* (Registered nurse, adult).

Positive learning environments were seen to encourage critical thinking and promote mutual learning between novices and experts.

Participants perceived that mentorship introduces students to the required standards of nursing as set by the NMC; it exposes them to good practice and inspires them to work to those standards for the future. Mentorship is perceived to include *'passing on the craft of nursing.'*

2. Investment in mentorship and mentors

To ensure that those nurses who will make excellent mentors see the mentorship role in a positive light, and are therefore motivated to become and remain mentors, several aspects of the current situation need to be improved. These are outlined in the following sections.

2.1 Protected time for mentors

When asked how the role of the mentor could be optimised, the top issue that emerged was a repeated response for protected time to enable mentors to deliver their role to the standard they wished.

"Knowing that a mentor has time/effort invested makes the student feel valued and supported and provides good role modeling."

(Registered nurse, mental health)

Sufficient time should be allocated for the role, which includes time to meet the mentee regularly, to attend mentor meetings and for continuing professional development (CPD). It was felt that time to fulfill the mentor role was not being addressed by 'the system', or by organisations and individuals who had the power to influence.

There was discussion of the one hour a week allocation for sign-off mentor duties, but few had this time. Those who did indicated it was not long enough, necessitating completion of paperwork at home or meeting with students in their own time (on days off or annual leave or off site in the evening). Protected time for mentors was seen as essential to fulfil their roles in the way they wished, and to fulfil professional expectations.

The strength of this message should not be ignored. It is perceived as the key issue as to why mentors cannot fulfil their duties, and why there is a reluctance to become a mentor when other registrants see the extra demands required of this role.

Places where this issue was less problematic were where practice education facilitators, or clinical facilitators, intervened and supported mentors, or there was strong corporate leadership at the board for nurse education that was disseminated to the practice setting.

2.2 Valuing the role

There was agreement that the mentor has an important role in acting as a gatekeeper for the profession, but this was often not explicitly acknowledged by more senior staff within the practice-based setting or by universities. The responsibility and accountability associated with the role was felt to be undervalued, not only in the lack of protected time to undertake the role but also in the deficiency of education and development for the role.

Ongoing support and training for mentors should be widely available, with time to fulfill continuing professional development (CPD) requirements. It was suggested that workshops on person-centered education, advanced communication skills and facilitation skills would enhance support for, and delivery of, the mentoring role.

Suggestions for valuing the role included establishing local mentor networks, recognition awards and remuneration uplifts to positively reinforce the value of this role and activity. It was also agreed that mentorship should be part of a career framework.

2.3 Recruitment and selection of mentors

There was a wide debate relating to who should become mentors. It was suggested that mentors should actively seek the role, and not be pressurised or coerced into the role (particularly where it is a requirement for progression through role bandings). Many participants advocated a recruitment process for mentors that ensured individuals demonstrated the skill set required to fulfil the role appropriately.

3. Relationships and partnerships between organisations

Improving relationships between Health Education England (England only), universities, nurse leadership at health boards/trusts/other practice education providers and clinical practice was identified as being fundamental to high quality nurse education. The system for education of nurses was recognised as complex, with associated challenges across all stakeholder partnerships.

The relationships between the various stakeholders must be productive and open to truly support mentors. Where relationships were deemed to be productive, future thinking and accommodating in response to changing environments, policy or professional requirements, there was a greater sense of success and support. Where relationships were less productive, this led to awareness of difficulty and isolation for mentors and staff. Furthermore, the more established the relationship with all stakeholders of the education system with the board nurse, the more robust and positive the outcomes were for mentors and their associated practice education/clinical facilitators.

Where there had been minimal disruption to relationships and the opportunity to build a mature, open and respectful relationship with all stakeholders involved in the education cycle for nursing, there were perceived better outcomes for practice-based education. The need to invest in developing these relationships was emphasised and board nurses offered insight into the length

of time and nurturing of that relationship with all stakeholders, which had been essential to improve outcomes for student nurse education.

Good practice was demonstrated by contemporaneous policies and procedures for practice-based education, agreed between the trust and the HEI. One director of nursing, who had been in post for ten years, indicated in their interview that there was a key presence and voice for nurse education at the board level, but that this had taken time and investment. However, this was less evident where the director of nursing had been in post for a shorter period of time. This suggests that a nursing presence and board relationships are key in establishing nursing education on the board agenda.

The findings of the report into the National Nursing and Midwifery Practice Education Facilitator Network in Scotland (NHS Education Scotland, 2013b) indicate that this model has contributed to the development and maintenance of relationships across organisations and at board level. Further investigation of the relationship between nursing, practice-based education and the corporate agenda of provider organisations in a four country context would offer insight into the level and impact of nursing influence.

Good quality mentorship, leading to a positive placement experience, was viewed as an important factor in retention of current students and supporting their transition into the registered workforce.

4. Wider context of mentorship

It was suggested that the RCN, NMC, Council of Deans of Health, Department of Health (DH), educational commissioning organisations, chief nursing officers and trust board nurse leaders should set a refreshed tone around the education agenda that was supportive and supported throughout the UK. The RCN was seen as being trusted and well positioned to facilitate these cultural discussions by participants, who wished to see the RCN step forward to facilitate this essential piece of work.

There was debate around the applicability of the current NMC *Standards to support learning and assessment in practice* (NMC, 2008). There was variable knowledge and understanding demonstrated relating to the specific detail of the standards and the associated quality assurance framework. However, the overarching outcome of

discussions was the view that while the provision of a regulatory framework was valuable, there is a need to review the standards to reflect the changes in contemporary approaches to mentorship.

5. Different approaches to mentorship

The rapid literature review identified that there are a variety of models for nurse mentors currently in use, but the best described system-level named models of nurse mentoring identified in the literature that are used internationally are:

- real life learning wards (Amsterdam model) – currently being piloted in the UK as the Collaborative Learning in Practice (CLIP) model.

- dedicated education units in USA and Australia.

- clinical facilitation models in Australia.

Within our activities around data collection, further examples of both useful and alternative approaches to nurse mentor preparation and mentorship in the UK were highlighted. These included:

- peer mentoring (including 'tiered' mentoring, where senior students mentor junior students), which was highlighted in the rapid evidence review. This has shown positive learning outcomes and can improve service outcomes, such as staff retention. It should be noted, however, that peer mentoring alone was not deemed sufficient, and qualified, experienced mentors remain crucial

- University of Essex and Anglia Ruskin University have undertaken an Enhanced Practice Support Framework pilot project. This project supports a framework underpinned by the view that the facilitation of learners is every registered nurse's responsibility and not the sole remit of the registered mentor. There are three roles: lead mentor (credible and experienced sign-off mentor), the mentor (facilitates and directs the student's learning) and coach (responsible for teaching, supporting and giving feedback to the student, but is not responsible for the assessment of a student or completing/signing any aspect of the practice assessment document)

- Wessex and Thames Valley Region use a values based toolkit for the selection of mentors. The overall aim of the toolkit is a quality mechanism that selects prospective

mentors with the right values, skill and behaviours to deliver high quality learning environments for students, resulting in a future workforce that are fit for practice and purpose. The toolkit is available online at www.valuesbasedmentorship.co.uk

- work in the North West of England identified a practice placement allocation model: this describes a partnership approach to placement allocation and effective partnership working between Salford University, practice education facilitators, health care organisations and the North West Practice Development Network. Following on from this work, a group at Salford University is developing interactive materials to support mentors mentoring students in busy environments

- Northern Ireland has developed a collaborative approach, creating a Regional Education Practice Partnership Forum (REPPF) with representatives from all stakeholders, including the independent sector. A regional mentor preparation programme for nurses and midwives has been established to create greater consistency of outcomes, providing increased inter-rater reliability for mentor assessment. This work-based preparation programme is delivered within health and social care trust (HSCT) environments by HSCT practice education facilitators and partner universities. The result has been an increased ownership of mentor preparation and ongoing CPD activities within HSCTs. This was the only mentor programme repeatedly mentioned that was inclusive of non-NHS staff (although this does not mean that other parts of the UK are not providing this)

- Napier University's *Mentorship Handbook* was recommended at the Scottish workshop as best practice. Also in Scotland, the NHS Education for Scotland National Approach to Mentor Preparation for Nurses and Midwives (NHS Education Scotland, 2013a) was recommended, with guidance on using ePortfolio and eKSF technology to demonstrate mentors' CPD achievements in relation to their mentorship roles

- in Abertawe Bro Morgannwg University Health Board (ABMU HB) in Wales, the practice education facilitator team has recently re-examined the role of link mentor and developed this into a lead mentor role. Lead mentors

undergo additional development to build their leadership skills and confidence to effectively support mentors in their teams. The RCN delivered sessions to promote mindfulness and build resilience as part of this programme

- Wales has bilingual resources for mentorship updates and mentor documentation

- Salford University offers a new postgraduate certificate 'Leading Education in Practice', NMC Practice Teacher Award. This uses the practice teacher to facilitate and lead practice-based education, including supporting mentors. This award can be brought into an 'MSC Leading Education for Health and Social Care Reform'

- in the South West (Plymouth University) the mentorship programme follows on after completion of the first post registration year; in many other places programmes are available from two years post registration. However, there was no consensus that this was a benefit for mentors, students or the profession, raising the question should all nurses be mentors

- there are many examples of mentors being rewarded for their work, through trust recognition events and some joint celebratory events with universities and local nurse education commissioning teams. It was unanimous across all four countries that celebration events should be integrated into partner and provider delivery of practice-based education.

Developing a future vision for mentorship

A further activity was undertaken with workshop participants to move the focus from the current to future potential for mentorship. In this, the participants were invited to consider what they would want to happen by 2025 in response to the challenges they had identified around mentorship.

Participants expressed a strong desire for the findings to be moved into meaningful action. They hoped that practice-based education of nursing students would be truly valued within the health care system. Nurse education should be positioned as the fundamental building block for quality care, professional standards and the best possible health outcomes for patients. This requires strong nursing leadership at all levels and would also require practice-based education to have a vibrant presence at board level and be central to quality outcome measures.

The role of the mentor would have been fully recognised as one of the most important roles in the educational system. There would be allocated time for the role, reflected in the rostered numbers in clinical practice (both within the NHS and within the social and private sector where many placements are now created for students). This would have been achieved through successful campaigning and lobbying, with the support of the RCN.

The mentor would be supported in their role by others in the health care team. Mentors would be trained as coaches and have an understanding of how to build an environment for learning in every clinical setting. In nursing, the education of nurses would become everyone's business.

By listening to the voice of the mentors and students, relationships between universities and practice providers would strengthen and resources would be better targeted and more responsive to educational needs.

By 2025, contributors to the RCN project also wanted the mentor role to be seen as a respectable and respected career pathway for experienced nurses: and that mentors would be appropriately supported and rewarded for their contribution. The establishment of local and national networks would enable the sharing of best practice and push the educational agenda forward, recognising the importance of the mentor voice in practice-based education.

In summary, while a number of concerns and challenges around the current framework for mentorship emerged from the findings, many indicated that innovation was required within the existing system rather than root and branch reform. Embedded within the themes is the need for strong nursing leadership to represent and articulate the value and importance of practice-based education, and mentorship in particular, at all levels across the system.

Discussion

The centrality of good mentorship to support practice-based education and the delivery of safe and effective care was clearly articulated throughout the data. It is seen as an important vehicle to support the transference of knowledge into practice and promote a learning culture within an organisation.

There was a clear will and determination from project participants to improve the experience of both mentors and students within practice-based settings and to work with new ideas and potential solutions. However, there was also a clear message that strong leadership is required at all levels of the profession and the health care system if mentorship is to overcome the current identified challenges.

The characteristics of a good mentor are related to the values base of an individual and demonstrated through identified behaviours; interestingly, these align with the values in the *RCN Principles of Nursing Practice* (2010). Those identified within this project also reflect the findings of the NNRU study, which are categorised as commitment to student nurse education, having the skills to facilitate learning, and possessing appropriate personal characteristics and behaviours (Robinson et al., 2012).

A good relationship between mentor and student was seen to have multifold benefits in the care system as a whole. Identified benefits included:

- raising standards of care for patients

- enhancing the credibility of the profession

- increasing motivation of staff who mentor

- supporting recruitment and retention in the workforce

- creating a more dynamic working environment.

The appropriateness of the current expectation for the majority of nurses to become mentors was discussed. The current regulatory requirement for one to one mentoring requires large numbers of registered nurses to become mentors; there are concerns around the sustainability and appropriateness of this model, which concurs with findings contained in the *Raising the Bar: Shape of Caring Review* (2015) and the NNRU research (Robinson et al., 2012).

Any future models of mentorship will also need to be easy to implement across a range of health and social care settings, in order to reflect the new health care landscape and ensure equity of provision of support for practice education for learners.

The findings of this project are supported by a recently published systematic review of nursing and midwifery students' perceptions and experiences of mentorship (Muleya, Marshall and Ashwin, 2015). While there is a lack of research in this area, those studies that have reported highlight the centrality of the mentor-mentee relationship in the student's learning experience. This changes as the student progresses; more junior students prefer continuity with their mentor while more senior students recognise the value in working with a range of staff, including their mentor, to gain experience. The limitations of the one-to-one relationship can lead to problems for the student, as it is commonplace that there is no arrangement in place to support the student when their designated mentor is off duty.

The role of the mentor as gatekeeper to the profession, and thus protecting the public, was acknowledged. However, there was less explicit discussion around the identified challenges of 'failing to fail', which is widely reported in the literature. Duffy (2014) identified that 10% to 40% of mentors are reluctant or under confident to fail students, and failure in theory outstrips failure in practice by a ratio of 5:1. While the development of the sign-off mentor role was considered to be a means to improve this situation, the role has been noted to be problematic on a number of levels (Rooke, 2014). These include:

- shortages in certain areas of sign-off mentors, which can limit pre-registration nursing management placement opportunities

- the process required to achieve the learning outcomes to become a sign-off mentor is overly complex and prescriptive

- the sign-off mentor role is considered to carry higher levels of accountability and responsibility than the mentorship role by many nurses, and as a result they are wary of undertaking the role

- some sign-off mentors feel that some mentors abdicate responsibility for failing students, as they rely on the sign-off mentor to take on this role.

Future mentorship preparation will need to consider whether or not the sign-off mentor role is the best way to address the failure to fail

challenge. There is emerging work to indicate that failing a student in practice is impacted by issues wider than the mentor-mentee relationship. Hunt (2014) identifies multiple factors which impact on the decision to pass or fail a student on placement, including the challenges posed where students exhibit coercive behaviours and the perceived culture gap between universities and placement providers.

The importance of mentorship's contribution to safe and effective care was emphasised in many of the discussions and yet it is under resourced. A key message was the need for investment in sufficient time to enable mentors to perform well within the role. The current model of UK mentorship, developed in response to the SLAiP standards (NMC, 2008) is proving difficult to sustain in the light of current resources and capacity. It is interesting to note that, in a scoping exercise around mentorship undertaken by NHS Wales (2014), one of the recommendations is:

"The principle of protected time for sign-off mentors (NMC 2008) be extended for all mentors and supported at Health Board level. This should be considered within the broader context of clinical supervision, coaching and continuing professional development support." (NHS Wales, 2014, p.6)

From April 2013, a placement tariff was introduced in England. This is a pro-rata contribution paid to service providers to support the provision of high quality training placements for students on pre-registration programmes (including nursing). One of the eligibility criteria for a funded placement is to:

"…have the appropriate clinical and mentoring support as defined by the relevant regulatory body." (DH, 2015, p.8)

The Council of Deans of Health (2014) identify the funding from the placement tariff as a potential mechanism to support protected time for mentors. Further exploration and discussion is required, alongside evaluation of the impact of the placement tariff to date.

It is interesting to note that there was little explicit consideration of the current learning, teaching and assessment strategies in mentorship programmes. In the light of the growth of online learning packages to deliver mentorship, this would appear to be an area that requires further exploration.

In addition, further work on the relationship between assessment of practice and assessment of theory is needed. For example, nursing students spend 50% of their time in practice and yet this is commonly graded as pass or fail, and thus does not contribute to the degree classification.

There is an appetite for the development of new or adapted approaches to supporting learning in practice settings. For example, across all four countries there was backing for the concept of a team to support student nurse education in practice to meet future needs.

The move away from a one-to-one to a one-to-many model is supported in the literature on new emerging models for mentorship. All three models explored within the literature review offer approaches which increase capacity for mentoring and are more time efficient. Each advocates a process which is less about teaching, and more about using coaching techniques to support student nurse development and confidence in practice. The models also offer the capacity to strengthen partnership working and relationships around mentorship.

These claims require further investigation and evaluation, but the models appear to offer a promising means to initiate innovation and change. This will require a more permissive regulatory framework than the current NMC standards. Ideas for how the discussion could be taken forward include:

- disseminating innovative models that are being piloted
- sharing of practice around the UK, including local policies and guidance
- changes to the current NMC standards relating to mentorship.

Mentoring needs to be seen to be valued at a local, organisational and national level. Organisations should support mentoring by developing strong partnerships between education and the service provider, and embedding support for mentoring policy.

The contribution of the practice educator facilitator (PEF) role in Scotland offers a useful example of how support for mentoring and practice-based education has become embedded across health boards. 100 PEF posts were established in NHS boards in Scotland by 2004 to

"support mentors with complex decision-making to ensure the future nursing and midwifery workforce are fit for practice at the point of registration" (NHS Education Scotland, 2013b, p. 30).

This model of using the PEF role to support and influence the infrastructure for practice-based education is valued as important, contributing to positive outputs and outcomes. In Northern Ireland, an external evaluation of the infrastructure to support learning and assessment in practice has been undertaken and demonstrates the impact of the practice education team at organisational, directorate and practice placement level (NIPEC, 2014). The report concludes that the value of their infrastructure and the role of practice education teams *"must be maintained and safeguarded to ensure that the impact and benefits…are sustained"* (NIPEC, 2014, p. 31).

Recognition would be enhanced if the mentor role was embedded within a career framework, aligned with appropriate CPD and support for mentors through local and national networks. The PEF role in Scotland is offered as an example of a clinical education career pathway which reflects flexibility and options for personal and professional development for those supporting mentorship and practice learning (NHS Education Scotland, 2013b).

Celebration of achievement through organised events that recognise mentor contribution was felt to be a useful way of promoting this function. Other means to recognise the role should be explored, including the possibility of a national accreditation for the role.

Leadership in nursing is key in establishing and embedding the importance of practice-based education at all levels and across all settings. While findings from the semi-structured interviews with directors of nursing should be treated with caution due to sample size, they offer a useful insight into the importance of these leadership roles and the influence they can exert at board level. This would seem to warrant further investigation and consideration.

The interprofessional agenda, while not explicitly identified within the findings, is important in respect to decisions about future mentorship models. The requirement for a more flexible future workforce to meet transformational changes around services and future care delivery will require collaborative ways of working across professional groups. Howkins and Low (2015) argue that interprofessional learning in practice is crucial for collaborative working to improve the delivery of care.

A contemporary example of supporting students to work with, and learn from, other clinicians within the health care team is the use of the hub and spoke model. The student is allocated to a placement (hub) and additionally is formally supported by their mentor to work for a short period in other settings with different clinicians (spoke). Benefits of this model include students feeling more confident to work in an interprofessional context and enhanced insight into the patient journey (Harrison White and King, 2015). This model fits with descriptions of interprofessional mentoring as supporting understanding of what different professions do and how they interact with each other, while contextualising the student's own professional identity (Lait et al., 2011).

Further evidence is required to enhance understanding of interprofessional mentoring. In a review of interprofessional education in the UK (1997-2013), it materialised that there is a lack of understanding of work-based interprofessional education (Barr, Helme and D'Avary, 2014).

While not explicitly addressed in our findings, there is recognition that health care support workers also play a role in advising and coaching nursing students in clinical practice. Hasson et al., (2012) identify that this is happening in both formal and informal structures, recommending that any review of mentorship structures and roles recognises and values the contribution of this staff group, as well as ensuring that they are appropriately trained and supported within an identified remit. Further investigation into this recommendation is required.

A multi-faceted picture of the challenges facing mentorship emerged, which echoes the findings of the NNRU research which identified the complexity of mentorship (Robinson et al., 2012).

The key headlines which materialised from this project include:

- the centrality of mentorship in ensuring high quality pre-registration nurse education

- the need for investment in the role through appropriate resourcing and support at all levels of an organisation

- the importance of explicit activities to demonstrate how mentors' contribution is recognised and valued

- recognition that, while supporting practice-based education is every nurse's responsibility, the mentor role requires specific qualities and skills; as such, the mentor role should be a selective process targeting those with the appropriate attributes and skills for the role

- the need for a planned, strategic career framework for mentor progression

- further consideration of the new and emerging models of mentorship, including integration of interprofessional mentoring, is needed to ascertain the application and suitability of these across a range of settings

- the importance of nurse leadership to promote and embed the value and contribution of practice-based education across an organisation, and to lead on implementation of innovation to meet service and patient needs

- collaborative working across stakeholder groups in recognition of the complexity of delivering high quality mentorship and the need for reform (including the regulatory framework and the interprofessional learning agenda).

There was clear indication and insight into the requirements to meet the changing opportunities our health care system demands of our profession as it stands today. In doing so, as nurses we will ensure that future generations of nurses will be skilled, confident and able to care competently and compassionately for patients. In this way today's support in practice will become tomorrow's vision for excellence for patients, their families and carers.

Conclusion and recommendations

The RCN believes the findings of the project indicate that this investigation offers a strong foundation to direct our future work around support for practice-based education. Although we recognise that there are limitations in our sample, in relation to the range of nursing roles and practice settings represented, our findings align with (and build on) other studies. For example, the outcomes from the NNRU research (Robinson et al., 2012) focused on a London-based sample but these are reflected in our UK-wide investigation findings.

The project has achieved the aim it set out to achieve:

'To enable the RCN to develop an informed, evidence-based contribution to current debates around mentorship and practice learning for nurses, leading to recommendations for future work to support nursing education in the practice setting.'

This report is timely in reflecting the recommendation for the RCN, relating to assuring a high-quality learning environment in pre-registration nursing education in the *Shape of Caring* review report:

The *"NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the Collaborative Learning in Practice model, and amend the standards relating to the requirement for one-to-one mentor support."* (Willis, 2015, p.49)

We are positioned to 'raise the bar' by continuing to actively contribute to and shape the future support for practice-based education as we move the recommendations forward, in partnership with our members and stakeholders.

This report has been shared with Health Education England, to inform their priority setting and engagement in response to the *Raising the Bar* report. We have been in discussion with the NMC to agree partnership working related to this recommendation, and are now well placed to take this forward. We await the publication of the final evaluation of the Collaborative Learning in Practice model to further inform our discussions.

Recommendations

The RCN has compiled a series of recommendations for consideration across all four countries prior to developing these into an action plan for implementation.

- The RCN will host a summit, comprising of representatives from the NMC, four country commissioning and funding bodies for nurse education, Council of Deans of Health, RCN education and student members, the executive nurses group and public/patient groups to discuss strengthening system leadership and organisational culture to support practice-based education.

- The RCN will support and promote new models of mentorship. This will involve developing the mechanisms to enable the sharing of best practice and education approaches, dissemination of innovative practice, and impact evaluation of new emerging models for mentorship. This might include:

  ▸ building and hosting an online resource centre which will offer contemporary information and tools to support practice based education (such as RCN subject guide on mentorship)

  ▸ developing tools to support local application of impact evaluation and collate intelligence about initiatives using our tools

  ▸ exploring the role and potential contribution of the Education Forum members in addressing this agenda

  ▸ building on the contribution of the annual Education Forum conference to become a more sustained source of knowledge around practice based education

  ▸ facilitating local mentor networks through the development of a community of practice using online and social networking

  ▸ supporting the building of a robust evidence base to demonstrate the relationship between mentorship and patient outcomes from both uni-professional and interprofessional perspectives

  ▸ exploring the use of nomenclature for roles which support practice-based learning.

- In response to the *Shape of Caring* recommendation, the RCN proposes to work in partnership with the NMC to review the SLAiP standards (NMC, 2008) within the context of the findings of this report. This should include:

  ▸ An initial exploratory meeting to explore the implications for the current SLAiP standards, the rationale and need for change and to begin to scope an action plan to ensure a robust quality assurance framework is developed to meet future requirements. This will need to address:

    ○ the concerns around the current expectations that nurses become mentors, rather than recruiting for ability to undertake the role

    ○ the gatekeeping role in mentorship (reflecting concerns about the role of the sign off mentor and identification of who should mentor nurses)

    ○ the continued evidence around 'failing to fail'

    ○ exploring how mentorship for nursing can become better integrated within interprofessional working (and the value of current field specific guidance re mentorship)

    ○ consideration of the implementation of a framework across a wide and diverse range of practice settings

    ○ identification of appropriate learning, teaching and assessment strategies to achieve required outcomes

    ○ clear communication of requirements to ensure they are easy to understand and can be consistently applied.

- The RCN will promote the value of the mentorship role in the development of the future workforce. This will include:

  ▸ lobbying for all mentors to have allocated protected time to enable them to be developed for, and deliver in, this important role

  ▸ develop and sponsor a national RCN award to highlight good practice in organisational approaches to practice-based education and mentorship

- ▶ considering how the RCN can better support nurse directors to promote discussion at their boards and adopt strategic approaches that recognise the importance of the mentor and practice based education in the delivery of safe and effective care.

- The RCN will ensure that opportunities for career progression for the future mentorship role are mapped against the career framework, which is currently under development by the RCN.

- The RCN will explore its role as a professional body in the recognition and ongoing assurance around new models of mentorship.

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Appendix One

Royal College of Nursing Mentorship Project 2015

RCN pre workshop questionnaire:

This short questionnaire is just to get a flavour of your opinion before the workshop

1. Are you a registered nurse, HCP, student, academic, managerial, none of these? (please circle)

2. If you are a nurse, what is your field of practice? Adult, Child, Mental Health, Learning Disability (please circle)

3. How long have you worked in your professional role?

   (1-5) (6-10) (11-15) (16-20) more than 20 years (please circle)

In your opinion…

4. Why do you think good mentorship is important for students?

5. What are the benefits to

• the profession?

• patients' well being?

6. In your opinion, what are the qualities of a good mentor?

7. Describe how the ideal mentor would act

8. What would be the contributory factors from others to support and help the mentor be the best they can?

9. Are you aware of any innovative nursing models for mentorship in your local area, nationally or internationally that you would like to tell us about?

10. Are you aware of any innovative models for mentorship outside of nursing you would like to tell us about?

Thank you for taking part in this questionnaire. If you would be available for further contact then please supply your name and contact details (telephone and email) below.

Name:

Contact Number:

Email:

Many thanks

Professor Mandy Ashton Project Director

Please hand in on attendance at the workshop

Appendix Two

RCN questionnaire for board nurses

1. Tell me about the governance structures around education in practice within your trust?

2. How does the trust board hear about the experience of students within your trust?

3. What would students say about their experience within the trust?

4. What would mentors say about their experience within the trust?

5. What, in your opinion, would transform mentorship within your trust?

6. What would need to happen?

7. Who would be responsible for what?

8. Are you aware of any innovative practice relating to mentorship which you would be willing to share?

9. If you could have three wishes to promote nurse mentorship at your trust Board level, what would they be?

10. Is there anything else you would wish this project to include now or in the future?

Mandy Ashton (Professor)

January 2015

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Royal College of Nursing