How to thrive in a mentoring partnership

This important relationship should be rewarding for mentor and student, but it must be handled with care.

By Mandy Day-Calder

A recent study by Louise Hunt at Birmingham City University found that mentoring relationships that are based on unrealistic expectations can result in bullying and other manipulative behaviours from students.

To prevent such situations developing, it is important that you are clear about what your role as a mentor entails, as well as how to set the foundations for a productive relationship.

Students absorb good and bad practices from those around them. The Nursing and Midwifery Council requires all nurses to support students’ learning, but mentoring offers tailored support to develop effective skills.

By acting as role model and guide, demonstrating compassion and delivering high quality patient-centred care, you can have a powerful impact on the student’s experience. In turn, this can help the student to bridge the gap between classroom learning and becoming an accountable professional.

You may come across students who do not seem to have the necessary aptitude to become a nurse. And some will not learn from feedback and may even blame you for their failings. Remember that your ability as a mentor is not directly related to the number of students who successfully pass their placements.

Tips for a successful relationship

» Adopt a collaborative approach: Ask your student what they want from placements and explore their fears. Encourage the student to assess their behaviours and clinical acumen. Jointly agree any action points.

» Be clear and consistent: Roles, expectations, boundaries and time frames should be clear.

» Be open and honest: This means with yourself as well...
How to thrive as a mentor

» as your student. Be aware of any preconceived ideas or judgements you may hold that could affect your ability to remain impartial.

» Be constructive: Ensure feedback and action plans are factual and solution-focused. When pointing out anything negative, always back this up with advice or support and ask for your student’s reflections.

» Raise concerns as soon as possible: Consider all evidence and seek the views of other nurses. Ask your student to reflect back the nature of your concerns so that you are confident they understand.

» Keep robust documentation: This promotes clarity and can protect you if disagreements occur. As with any role you undertake, you need to ensure you have adequate support and commit to ongoing personal learning. Network with other mentors or practice facilitators and reflect on your role, and what you could have done differently, particularly in challenging situations.

Mandy Day-Calder is a freelance writer and life/health coach

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Visiting children at home and reducing admissions

The increase in hospital at home services for children is creating opportunities for nurses to have more autonomy

By Erin Dean

Nurse-led teams caring for children at home rather than in hospital are being introduced in many areas of the country.

Hospital at home services involve residential visits from experienced children’s nurses for a short period to either reduce a child’s hospital stay or prevent them being admitted from the emergency department.

New services have been launched this year by a number of trusts, including King’s College Hospital NHS Foundation Trust, Lewisham and Greenwich NHS Trust and Guy’s and St Thomas’ NHS Foundation Trust, in London.

This move is being driven by the need to reduce admissions to hospital and provide more care in the community. The Royal College of Paediatrics and Child Health last year published a report that called ‘Research shows that children get better quicker in the family environment’

Sue Donald – matron

for a reduction in the number of children’s inpatient sites, and big increases in the number of children’s nurses and paediatric consultants.