Facilitation of learning: part 2

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Abstract
The previous article in this series of 11, Facilitation of learning: part 1, reviewed learning theories and how they relate to clinical practice. Developing an understanding of these theories is essential for mentors and practice teachers to enable them to deliver evidence-based learning support. This is important given that effective learning support is dependent on an educator who possesses knowledge of their specialist area as well as the relevant tools and methods to support learning. The second domain of the Nursing and Midwifery Council’s Standards to Support Learning and Assessment in Practice relates to the facilitation of learning. To fulfil this domain, mentors and practice teachers are required to demonstrate their ability to recognise the needs of learners and provide appropriate support to meet those needs. This article expands on some of the discussions from part 1 of this article and considers these from a practical perspective, in addition to introducing some of the tools that can be used to support learning.

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PART 1 OF THIS ARTICLE examined the main theories of learning and the epistemological assumptions on which they are based (Warburton et al 2016). To some, the chronology of educational theory is regarded as a linear progression from an era of teacher-led instruction to the present day, when student-led facilitation of learning is prevalent (Gopee 2011). Although this may be how people conceive teaching and learning, the reality is less well defined. Instead, these theories represent different theoretical standpoints with which to explore the concept of teaching and learning. The focus of these strategies has moved from that of the teacher and teaching to that of the learner and learning.

The Standards to Support Learning and Assessment in Practice (SSLAP) (Nursing and Midwifery Council (NMC) 2008) use the word ‘facilitate’ when discussing the mentor’s role in the learning process. Learners have a responsibility to explore and question rather than passively accept and model. Students need to develop confidence in their knowledge and skills to translate these into effective practices. This ethos is further supported by the competencies of the NMC domains – professional values, communication and interpersonal skills, nursing practice and decision making, leadership, management and team working, and the essential skills clusters and progression points of year one and year two (NMC 2010) – which emphasise the need to understand the learner’s stage of learning so that appropriate strategies can be used.

Student-centred learning
The focus of the NMC’s (2008) SSLAP on the use of facilitative rather than instructional techniques to support learning could be defined as a student-centred approach. This approach emphasises the experience of the learner and their individual needs compared with the traditional teacher-centred approaches to learning. The fact that a student-centred approach to learning is identified in NMC (2008) standards should not be the only reason why this type of individualised learning support is adopted by mentors and practice teachers; student-centred approaches promote increased engagement, commitment and motivation.
(Bailey-McHale and Hart 2013). Engaging the existing knowledge base of the learner, and the standards of practice to be attained, ensures that the learner understands the relevance of what is being learned and how it relates to their practice and development (Cobb and Bowers 1999). Knowles (1990) conceptualised the idea that there are distinct differences in the way that adults and children learn (Knowles 1990). Until this point, the term ‘pedagogy’ had been used as an overarching term to describe any type of learning or teaching. Knowles (1990) regarded pedagogy as a teacher-centred style of instruction that was used for educating children, and that these teaching techniques did not work for adults. He coined the term ‘andragogy’ to describe how adults approach learning.

In andragogy, adults are regarded as self-governing individuals with an existing repertoire of skills and knowledge; they should appreciate a subject’s relevance to be motivated to learn it. This emphasises the learning process as a partnership between the teacher and learner, in which they mutually identify learning opportunities and objectives. However, the concept of andragogy and pedagogy as defined in this way has received criticism (Blondy 2007). This criticism is mostly directed at the bifurcation of the ideologies of how people learn into different explanations for children and adults (Hartree 1984). Subsequent revisions of this theory clarified that the concept of andragogy and pedagogy was not one of two mutually exclusive ideologies, but rather a continuum (Knowles 1990, Blondy 2007).

The terms andragogy and pedagogy are a description of the nature of the activities and relationships in an episode of learning, which separates the concept of student-centredness from Knowles’ (1990) definition of andragogy. Learning could remain student-centred, even if pedagogical approaches are used, because it is the learner’s participation in the process of what and how things are learned that signifies student-centredness. In practice, learners move around on the continuum of pedagogy and andragogy based on their needs, whether they have identified these needs themselves or they have been defined by the requirements of their course. A mentor or practice teacher may, for example, use a pedagogical format to introduce a new topic or concept to the learner, which prompts a degree of enthusiasm and engagement. In recognition of this, the mentor could use that motivation to develop that area of practice and understanding using andragogical methods. It is this two-way process in the discovery of knowledge and skills that exemplifies student-centred learning (Box 1).

Practice placements offer an ideal arena for learning given the readily available and diverse array of learning opportunities. As beneficial as such a diverse array of learning opportunities may be, careful negotiation between the learner and the mentor or practice teacher is required. The mentor may take on the role of ‘experience broker’, in which they discuss the level of knowledge the student has and what aspects need to be developed or consolidated. The mentor can then assist the student to identify which learning opportunities would best fit their stage of learning. From the mentor’s perspective, this requires an understanding of the student’s ability, the clinical environment in which they work and the methods they can use to support the student. Mentors and practice teachers need to be mindful that effective teachers who have extensive knowledge of their specialist area and have an understanding of educational theory are central to effective learning (Coe et al 2014).

Learning domains

A common way to plan learning is to break down what is being learned into learning domains. The most common way of doing this is to use the domains proposed by Bloom (1956):

- Cognitive – knowledge and mental reasoning.
- Psychomotor – physical skills.
- Affective – feelings, values and beliefs.

Breaking down what needs to be learned in this way can be helpful when planning learning or assessments, but care needs to be taken not to over-fragment what is being learned, particularly in the way it is taught (Bereiter and Scardamalia 2005). For example, a nurse dressing a wound (psychomotor) has to consider the patient’s feelings (affective) when they identify signs of necrosis. Over-fragmenting can reduce the perceived relevance of the topic to the learner because learning cannot be applied to practice in this way. Practice is a complex endeavour that cannot be easily broken down. Fragmenting can be helpful when explaining to students what needs to be learned for a particular topic. This is helpful in

***BOX 1***

**Learning activity 1**

Reflect on situations in which you have been learning about health care. To what extent did you feel confident to enquire for yourself and to see a mentor as someone you checked ideas with (andragogy)? To what extent did you find yourself needing the mentor to act as a teacher (pedagogy)? What influenced your perceived needs?
clinical practice because intricacies and expertise used by a practitioner may not always be obvious to the observer (Box 2).

Although it is not always the case that each of the three domains is present in all practices that a student may be required to master, mentors and practice teachers should give each domain careful consideration. The affective domain is the most likely to be missed, given that it can be subjective and less tangible. The 6Cs of nursing demonstrate the need to maintain an emphasis on the affective domain, citing compassion and courage as the main attributes of effective care (Department of Health 2012). The affective domain has significance in healthcare settings because of the interpersonal nature of the nurse’s role (Kilgallon and Thompson 2012); a student can demonstrate both knowledge and skill in performing a clinical task, but leave the patient feeling that their care has been suboptimal. This is not an acceptable level of performance and demonstrates a need to improve on the application of affective domain skills.

Bloom (1956) recognised that learning occurred in different domains, and that it was important to distinguish progress through levels in each of those domains (taxonomy). It is these progressive achievements that describe the growing competence of the learner. The scale starts with lower-order thinking skills and progresses towards higher-order thinking skills (Box 3), and can be used when planning learning to articulate the level at which individuals should be performing in a given domain (Kinnell and Hughes 2010). In general, the lower-order thinking skills relate to rote learning and recall of facts or passive interpersonal engagement, such as listening. Higher-order thinking skills involve more analysis and evaluation, such as adapting practices, interpreting data or active engagement with the patient (Box 4).

Taxonomic scales often use different verbs for each category to help guide the language used when articulating the performance required. This is particularly helpful when working with students to plan episodes of learning. When selecting the level of performance required, mentors and practice teachers should consider which stage of the course the student is on, as well as the topic or subject that is in focus. Although it may be reasonable to expect that a student in their third year should be working towards a higher level, this level will not be universal to all topics covered. For example, a third-year nursing student would be expected to adapt their practice to accommodate unexpected developments as they change a dressing, but they would only be expected to describe the procedure for administering intravenous medication.

**Learning styles**

Learning styles are often used to aid the planning and development of learning, particularly when the educator is attempting to personalise learning. There are various tools available for analysing the learning style of students, and one of the most popular is based on the experiential learning cycle of Kolb (1984), which was discussed in

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**BOX 2**

**Learning activity 2**

Select an element of care that you assist students with on clinical placement, for example taking a patient history or preparing a patient for theatre. Identify which elements of learning are cognitive, psychomotor and affective, as described by Bloom (1956). What do you emphasise in your facilitation of learning? Do students find it easy to appreciate how these domains of learning are combined?

**BOX 3**

**Domains of learning and taxonomy scale**

**Psychomotor**

- Naturalisation – mastery of a skill that enables seamless adaptation to changing requirements.
- Articulation – proficient application and manipulation of a skill to achieve a goal.
- Precision – consistent application of a skill without the need for support or assistance.
- Manipulation – completion of a task by following instructions or guidance.
- Imitation – replication of the actions of others.

**Cognitive**

- Evaluation – make judgements on the application of different theories and concepts and the associations between them.
- Synthesis – generate new ideas and concepts from existing ones.
- Analysis – discuss the merits and limitations of different concepts, both in relation to each other and in practice.
- Application – implement knowledge and ideas into practice, albeit rigidly.
- Comprehension – convey an understanding of concepts and ideas.

**Affective**

- Characterising – possesses a rich value system that is used to guide actions and behaviours.
- Organising – prioritises competing values and behaviours according to the environment in which learning is taking place.
- Valuing – espouses adherence to and preference for a particular set of values or behaviours.
- Responding – adjusts behaviour based on perceived emotions or attitudes of others.
- Receiving – awareness of different attitudes and beliefs.

(Adapted from Bloom 1956)
part 1 of this article (Warburton et al 2016). Honey and Mumford (1992) developed a questionnaire-based tool, based on Kolb’s (1984) learning cycle, that presents a series of statements for the responder to indicate whether they agree with them or not. Based on the questions that the responder agreed with, the tool indicates their preference for learning in a particular way (Honey and Mumford 1992).

The possible outcomes of the tool are activist, reflector, pragmatist and theorist. Activists learn by being actively involved and immersing themselves in the learning experience; they learn by doing. Reflectors learn by standing back and observing. Pragmatists learn by trying new ideas, engaging in problem solving and applying learning to practice. Theorists consider problems; they learn through logic and seeking to understand the theory behind what they observe. However, it should be noted that Honey and Mumford’s (1992) questionnaire has not been scientifically tested (Coffield et al 2004) and use of tools such as this can incur a charge.

The idea behind learning styles is to enable educators to adapt their methods of delivery to present material in ways that the learner has an affinity for. For example, a reflector could be given additional time to think about issues or events, whereas an activist would need to be engaged in activities. In addition, educators can identify the styles of learning that an individual is weaker in so that they can develop those areas (Honey and Mumford 1992).

There is an inherent danger in the use of learning styles, however. Learning styles are an easy way to categorise and sort learners into different groups so that learning can be tailored accordingly. This in turn can be used to diagnose and describe issues a student may be experiencing or provide an explanation for failed learning when the methods of teaching are at odds with the learning style (Kilgallon and Thompson 2012). This strict and unmovable adherence to these learning styles was not the intention of the theorists who introduced them (Coffield et al 2004).

Strict adherence to the results of measurement tools risks narrowing the mentor’s focus when planning learning. A flexible and accommodating approach enables mentors to use the results of such tools to inform and guide their practice, while also allowing scope for other influences (Bailey-McHale and Hart 2013).

Opening up a dialogue with the learner about the results of a tool and encouraging their interpretation provides a discussion point about their learning. One of the most valuable roles of the mentor is to support learners to understand how they learn (Gopee 2011) because there is no way to prepare them for everything they will need. The use of such tools can provide the learner with a level of insight that they can use to reflect on their learning and identify ways to improve their learning strategies (Coffield et al 2004). In such instances, mentors have a responsibility to ensure that students understand fully the scope and limitations of the tools they are using. It would be unhelpful, for example, to inform a learner they are a reflector and that is how they learn. However, by informing someone that they have a preference for learning via reflection yields greater insight. Furthermore, exploring how their learning style may affect their learning when they have little time to reflect can result in the development of improved learning strategies.

This is another example of the need to exercise caution when applying educational theory to practice. As discussed in part 1 of this article the practitioner should exercise caution when using such theories because, as representative as they may at times appear, they are conceptual models to aid thinking and analysis (Warburton et al 2016). When applying theories to practice, the mentor or practice teacher needs to progress towards a fusion of the different aspects of the prevailing theories that are likely to support student learning in the given context.

Planning versus opportunistic learning

Supporting learning in practice presents certain challenges to all practitioners in a learning environment, and this is especially true for mentors and practice teachers. The planning of learning can be challenging and mentors need to be flexible in their approach (Omansky 2010, Bailey-McHale and Hart 2013). Students may report aspects of practice that they wish to revisit from a previous placement and express enthusiasm to develop a particular skill. Placements are often set with specific objectives to be met. The various learning theories and ideologies presented so far offer a broad basis on which to develop; they also

**BOX 4**

**Learning activity 3**

Return to the care element you selected in learning activity 2 (Box 2) and consider what may represent higher and lower levels of attainment in the cognitive, psychomotor and affective domains. In which domain do you think it is most difficult to determine improvement? The visual representation of Bloom’s taxonomy at: tinyurl.com/yh7gn3y may help you with this activity.
provide theoretical tools and models that can be used to diagnose individual learning needs and plan interventions and experiences. For example, a taxonomic scale may assist a mentor in identifying the level at which a student needs to be able to perform a particular aspect of practice. The mentor could consider the student’s learning preferences to plan the methods that will be used to develop the student to reach that level.

One challenge for mentors is choosing how much to plan and how much can involve taking advantage of learning opportunities as they present themselves (Box 5). The amount that can be planned varies substantially between placement areas. One of the first considerations should be what skills, knowledge and experience students should have gained by the end of the placement (Gopee 2011). This is different for different students, and it should be informed by their programme of study, their stage in the programme and the perceived relevance to future clinical practice. The placement should support the learning of professional skills required for the student’s career. That career may or may not be in the current area of practice, thus transferable skills and knowledge are essential (Wilson 2014), as is the need to develop emotional intelligence (the ability to perceive, understand and use emotion effectively) and lifelong learning skills.

Planned learning opportunities add an element of structure to placements and give students a clear understanding of what is required of them (Gopee 2011). For practice placements that have a high throughput of learners, students could be offered structured and repeatable programmes of instruction and study, such as introductory weeks with seminars and resources. For other clinical areas, it may be appropriate to have some prepared materials ready to be used as required. An advantage of having planned learning sessions is their enhancement of the learner’s experience of the placement. This is relevant when the learner is likely to encounter that which they have little or no previous experience of; planned learning can provide a sense-making framework with which the learner can interpret their experiences. This fits with many of the learning theories, such as the social learning theory discussed by Warburton et al (2016), in which learners need to be able to make sense of learning as well as see its relevance (Fosnot 2005).

Planned learning does not need to be a sit-down session with a flipchart or presentation (Bailey-McHale and Hart 2013). Techniques such as small group work, case studies, workbooks, e-learning materials, videos, demonstrations, and question and answer sessions can be used (Gopee 2011). The most important consideration is how the planned learning fits with the content of what is being delivered. The chosen strategy should be selected to give the learner the opportunity to engage with what they are required to learn and to learn by doing (Race 2010). That does not mean that the learner has to be actively undertaking skills to learn. Sometimes, the learner becomes acquainted with principles that can guide how best to proceed. An example of this is when students learn to search for clusters of patient signs and symptoms that suggest a deteriorating condition using scenarios and/or documentation.

When planning learning opportunities in practice, mentors and practice teachers should take advantage of the intimacy of the mentor-mentee relationship. Unlike classroom learning, mentors have small groups or single students only to support at any given time (Butts and Rich 2014). This means that the mentor can explore individual learning needs and existing knowledge of their student(s) in detail; this information can be used to plan learning opportunities of maximum relevance.

In a traditional, non-clinical setting, learning is usually planned by use of a lesson plan or equivalent tool. The purpose of these plans is to provide structure and flow to the lesson as well as to identify what materials may be required (Billings and Halstead 2016). Lesson plans ensure that essential aspects are not forgotten during the session. The use of lesson plans is not exclusive to classroom-based learning, and they should be used in the planning of dedicated learning sessions irrespective of location. The teaching of set skills, such as injection techniques, lends itself to being delivered using a lesson plan, which

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**BOX 5**

**Learning activity 4**

Consider your placement area and the opportunities on offer to students. Compile two lists of learning opportunities for the students visiting your area. One list should include learning opportunities that occur with a high enough regularity that they could almost be guaranteed. The second list should include learning opportunities that might occur, but are infrequent or unpredictable. Consider the items on the first list. Are they any activities or materials that could be provided for students to help them maximise their learning opportunities? Consider the items on the second list. Which items represent opportunities to develop essential transferable knowledge or skills? Are you able to provide any resources and/or activities with which students might engage if these opportunities did not arise?
ensures consistency of how learning is delivered between different mentors and practice teachers. The exact nature or format of the plan is a matter of personal preference or local standard. Some plans are organised as tables to indicate how the session should progress through the different topics. Other mentors favour a list or bullet-point model. Of importance is the content of the plan and how it details what will unfold during the planned activities.

There are many ways of organising how a learning session will be delivered. Gopee (2011) advocated the use of the Herbartian rule, named after its proponent Johann Herbart, which provides a sequence of how a topic should be broken down and presented. Previous knowledge should be linked to new concepts, simple explanations provided for more complex areas of the topic, and specific examples used to illustrate general theories and how things are done and why. The use of such a tool is helpful since it prompts the mentor to think about how concepts and ideas are presented to the learner (Quinn and Hughes 2007). Mentors may be able to identify what needs to be learned easily, but understanding how to translate this to the student may not be straightforward. This aspect of delivery is often neglected and is compounded if there is no shared understanding of the terminology used between the mentor and student. Using the Herbartian rule ensures that mentors think carefully about how to relate the new concepts to those the student already has an understanding of (Fosnot 2005).

Opportunistic learning occurs when mentors take advantage of events or opportunities that occur spontaneously. This is not to be confused with a learner being present in a clinical environment and being expected to learn by observing. An individual will learn something by being present and observing the work of others, and a degree of participation would enhance this, but it is not optimal learning. Opportunistic learning is purposeful, with the mentor being mindful of what the experience can teach, and attentive to what the student has already indicated that they do, and do not, understand. Opportunistic learning is a matter of taking advantage of those events and occurrences that present themselves to provide meaningful developmental opportunities (Bailey-McHale and Hart 2013). As demonstrated by constructivist and humanistic theories, there should be some input and feedback to stimulate an in-depth level of learning.

In many respects, the principles that apply to planned learning also apply to opportunistic learning. Mentors need to be available to help the student make sense of what they are experiencing (Cobb and Bowers 1999). The use of the Herbartian rule is relevant here, so too is the need to have a plan of what is to be covered and discussed; in this instance, however, it is more likely to be a mental plan than a written one. Opportunistic learning is often made possible by unexpected events that unfold rapidly during a shift. This leaves little time for the mentor or practice teacher to plan what or how learning will be covered. In high pressure situations, it may be appropriate to provide the student with some indication of what points to look out for, so that they can be discussed in detail later. For example, in the event of a patient who has become acutely unwell, the student could be encouraged to participate and the mentor could instruct them to pay attention to how the team communicate during the episode. This aspect could then be discussed after the event to gain more from the learning.

Irrespective of the level of planning in an episode of learning, it is important to negotiate clear learning objectives with the student. As with lesson plans, sometimes these objectives are written down, and sometimes they are verbalised; it is important that they are discussed and preferably agreed by both parties (Billings and Halstead 2016). Students focus their attention on the aspects of learning they think they will be assessed (Biggs and Tang 2011).

Learning objectives often serve as the first indication to a student of what will be assessed, so this influences what they focus on, or choose to learn. These objectives, particularly if planned, should be made clear in terms of what needs to be learned and at what level. Taxonomic scales can be helpful since there are verbs associated with the different levels that give a clear indication of what is required. It is worth remembering that the learning outcomes to be achieved in practice are usually preset and not open for negotiation. Mentors and practice teachers should pay attention to the verbs used in these preset learning outcomes since that will indicate the level at which they need to be performed.

Learning clinical skills

Learning clinical skills is often focused on during practice placements, since these skills can only be learned either in practice or in a skills suite (Myall et al 2008). Additionally, clinical skills are the highly visible aspects of a healthcare practitioner’s role and are prone to being regarded as the activities that define a particular
profession (Burford 2012). Much of what has been discussed in this article can be applied to the support of skill development in the practice setting, but there are further considerations that need to be accounted for. From a patient safety perspective, clinical skills have the potential to cause the patient harm. As a result, mentors are sometimes reluctant to permit the student to practice particular skills for fear of mistakes. There is potentially a risk in such situations of the student developing a degree of learned helplessness because they are always being observed by a senior practitioner.

Compounding the risk-averse nature of some mentors and practice teachers, there may be confusion in clinical practice regarding what a student is permitted to do. This usually results from different healthcare organisations having their own local protocols, and mentors concluding that these are legal statutes rather than local policy only. From a legal perspective, a student is permitted to perform any task for which they have been appropriately trained and assessed (Mulryan 2009, Scrivener et al 2011). The exact nature of what constitutes ‘trained and assessed’ is not clearly specified and is decided on an individual basis. For many tasks, it will be up to the mentor to decide whether the student has the appropriate knowledge and skill to undertake it. As with all aspects of clinical practice, mentors should adhere to local policies that are likely to be stringent and offer appropriate guidance.

Several models may be used for structuring clinical skills, and the Peyton model is one of the most widely adopted (Krautter et al 2011). This model is straightforward and fits well with a wide range of skills and complexities. The Peyton model is a four-stage approach in which the skill is initially demonstrated without explanation (stage 1). For complex skills, it may be necessary to undertake this stage several times or to focus on a particular aspect of the skill. In the second stage, the skill is demonstrated again but with detailed explanation and the encouragement of questions. Repetition or fragmentation may be required. In the third stage, the mentor undertakes the skill but they follow the prompts and explanations of the observing student. Finally, the student undertakes the skill under the supervision of the mentor and the mentor asks questions and seeks explanations (Box 6).

The Peyton model was designed to support the development of skills in a simulated environment. This does not negate its use in practice, but the mentor and student should be mindful that it is time consuming. The advantage of such an approach, however, is that the student has had exposure to the skill before practising it (Krautter et al 2011). In addition, the mentor has had the opportunity to ensure the student understands the stages and rationale for the skill. This is important in this model because the student should demonstrate an appropriate level of understanding before they get the opportunity to develop any physical skills.

**Portfolio development**

Completion of the learning activities in this article enables mentors and practice teachers to develop an understanding of commonly used tools and methods to support learning. These activities could be used to develop learning resources that could be used to support students in your practice area. Collaborating with other mentors and practice teachers in your practice area to create shared resources would enhance their usefulness. As with all aspects of learning and assessment, care should be taken to evaluate the effectiveness of these resources.

**BOX 6**

**Learning activity 5**

Reflect on the skills or activities you frequently teach students or would be likely to teach in the future. How would you deliver teaching around these skills with regard to Peyton’s model? Consider and make notes on the following points:

- The steps you would break the skill into.
- The explanations you would give for these steps.
- The questions you might ask students when they are undertaking the skill to ensure they have knowledge of the practice.

**BOX 7**

**Domain 2 of the Standards to Support Learning and Assessment in Practice: facilitation of learning**

**Stage 2: mentor**

- 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 experience.
- Support students in critically reflecting on their learning experiences in order to enhance future learning.

**Stage 3: practice teacher**

- Enable students to relate theory to practice while developing critically reflective skills.
- Foster professional growth and personal development by use of effective communication and facilitation skills.
- Facilitate and develop the ethos of interprofessional learning and working.

(Nursing and Midwifery Council 2008)
Conclusion

The process of supporting learning in practice is complex and challenging, which means that mentors have to be both vigilant and astute. Knowledge of learning theories and their application is fundamental to the effective support of learning, but this alone is not enough. Such knowledge should form the theoretical foundation on which a mentor develops a wide range of practical and emotional skills to support students in a range of scenarios. The most important of these mentoring skills is the ability to communicate clearly, with both compassion and empathy for the student’s needs and apprehensions.

Mentors should remain mindful that they are preparing students for a professional role and as part of that role they will need to engage in lifelong learning. Understanding how one learns and how learning can be maximised, equips practitioners of the future with the flexibility to meet the needs of their future patients.

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