CONTINUED

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

Visitng 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.
Some hospitals already have well-established services, such as the child outreach assessment and support team in Portsmouth, set up in 2008. During its first 5 years, the 7-day-a-week service kept more than 3,600 children out of hospital.

**Care in comfort**
The Evelina London Children’s Hospital, part of Guy’s and St Thomas’ NHS Foundation Trust, started a hospital at home service for Lambeth and Southwark in February. With a team of five nurses, it also runs 7 days a week, from 8am-10pm.

Matron of the service Sue Donald says that the nurses care for children for between 3-5 days, and visit several times a day if necessary. The team covers a range of acute care, including providing intravenous antibiotics and monitoring children who are acutely unwell due to diarrhoea and vomiting, have a high temperature or are wheezing.

Ms Donald says in the 3-month period from April to June an estimated 198 bed days and more than £100,000 were saved.

‘Research shows that children get better quicker in the family environment,’ she says. ‘It is better for emotional well-being and avoiding hospital-acquired infections.’

For children’s nurses who want to work in these services, 3 years’ experience in acute care is helpful, Ms Donald says. Assessment skills are also important.

‘Nurses need to be able to work autonomously in the community, challenge doctors, and be willing to undertake further learning,’ she says.

**60-SECOND INTERVIEW**

‘Shout it from the rooftops’

Nurses need to be more vocal about their good work, says learning disability nursing lecturer **Stacey Atkinson**

Former Nursing Standard Nurse of the Year Stacey Atkinson trained in Leeds at a school of nursing attached to a hospital for people with learning disabilities. She qualified in 1990 and worked in residential care and as a community learning disability nurse for children and adults before moving into education. Married with two children, she is now a senior lecturer at the University of Huddersfield. In 2003 she was awarded an MBE for services to children with learning disabilities.

**What are your main work responsibilities?**

As well as teaching learning disability nursing, I ensure that other health professionals are aware of the needs of people with learning disabilities.

**How did you get your job?**

I used to teach at the University of Leeds when I was a community nurse. I love teaching, so I applied when a post came up.

**What do you love about your job?**

Shaping the future workforce. It is vital that our client group has a workforce who are passionate, knowledgeable and compassionate.

**What do you find most difficult?**

Learning disability nurses train for 3 years, looking solely at the needs of this client group. It is frustrating when people underestimate what we do.

**What is your top work priority?**

Keeping the needs of people with learning disabilities very much on the map and training excellent nurses.

**What has been your most formative career experience?**

I was Nursing Standard’s Nurse of the Year in 2002, and was given an MBE for my work enabling young people with learning disabilities to express their sexuality. This made me realise how nurses need to be more vocal and shout from the rooftops about what we do, so others can learn from us.

**What career advice would you give your younger self?**

Soak it up and enjoy it. You’re going to have the time of your life.

Erin Dean is a freelance health writer

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‘It is recognised that mentors sometimes behave badly towards students. However, my study shows some students can behave in similar ways towards their mentors’

Louise Hunt

senior lecturer in adult nursing, Birmingham City University

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