

MENTORSHIP TEACHING IN CLINICAL TEACHING OF NURSING

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Abstract

A clinical learning environment forms an integral part of student nurses' learning experiences, both personally and professionally, enabling them to move towards achieving a high level of competence during their professional career. Nurse educators aim to assist student nurses to integrate the theories learnt in the classroom to relevant clinical situations, in order to enhance the quality of health care delivery results (Ahren, 2000). Even if technology advances beyond current imagination in the years to come (which may happen with simulation teaching methods) the authenticity and benefits derived from clinical teaching will still be valued (Cant & Cooper, 2010). While students learn important nursing skills in this process, teachers/educators gain knowledge and skills as a result of extensive research on particular subjects. Another aspect of the important role of the clinical teacher is the students' perception of clinical educators as role models. In order to fulfill these roles, that is, to provide higher education and to guide students regarding the implementation of theory in clinical environments, clinical teachers also need assistance and education. Within the nursing context, there remains a gap between the knowledge gained and its application. So it is crucial for clinical teachers to learn effective skills that will facilitate the learning of students in ways that are then converted skillfully in the clinical setting (Brykczynski, 2012). This requires the use of effective methods of teaching. Such knowledge will help clinical teachers evaluate how effectively students are taught, recognize their own teaching weaknesses, and rectify or improve their teaching, based on different theories of clinical teaching (Hallas, 2012).

This paper aims to highlight mentorship through a literature review, and a discussion of teaching theories which are utilized in this important role. In addition, this paper examines the literature associated with the supervision of student nurses and focuses on the nature and practice of mentorship in practice settings. Also, a brief literature review regarding clinical teachers as mentors in nursing is included along with a discussion of the advantages and disadvantages of this. The clinical teaching method will be related to behavioral theory and will be evaluated from a mentor's perspective. In the second part of this assignment, the gap between clinical teaching and clinical practice will be identified.

Key words: Clinical Teaching; Mentorship teaching; Nurse; Nursing Students; Knowledge; Learning.

Literature Review

Description of Situation

In their article, Price & Price (2009) discussed practical ways in which the exploration of role model practice is conducted with clinical nurses. In this case, although an attempt is made to increase the knowledge and skills of clinical nurses in dealing with patients through the use of role modelling practice, the results indicate that the practice hasn't been effective. Here the opportunity to learn was not taken advantage of because the strategy doesn't consider the enhancement of the learning process for clinical nurses.

Guided clinical learning experiences are very important in relation to nursing students and their education. The main aim of clinical learning experiences is to prepare student nurses for their contribution towards better health care delivery and outcomes. In this situation, the clinical teacher's/mentor's role is crucial. One cannot define mentoring in one line or in one definition; it is a wide term that includes coaching, teaching and analyzing the work of the person who is under mentorship (Ali & Panther, 2008). The wide range of benefits that it provides makes it popular and in high demand. A mentorship is a kind of relationship between two people where one person is experienced and knowledgeable and the other person is learning. The experienced person helps the learner to understand his role and the responsibilities associated with it. In mentorship, the purpose is made clear and then the procedure is designed to achieve it both in formal and informal ways (Borren et al, 2000).

Advantages

Price & Price (2009) discuss the advantages relating to clinical placements. One key advantage is that the student can work with a professional while investigating the practice. Burns and Paterson (2005) discussed how practical application provides an opportunity for students to learn reasoning and judgment in the

area of clinical nursing. Andrews (1999) conducted a review suggesting that the opportunities for practice development are highly valued by student nurses.

Recently, the focus for mentorship has switched from students to professional nurses. Block et al. (2005) emphasized the advantage of mentorship in increasing the retention rates of nurses in hospitals. Hospitals face many challenges when it comes to retaining nurses because many nurses are dissatisfied with their jobs. Improving nurse retention rates, would, in turn, increase patient outcomes. Research has shown that the implementation of mentorship programs has been proven to be effective in the retention of nurses.

The advantages and the role of mentorship in modern practice related to nursing in the United Kingdom was discussed by Myall et al. (2008), who aimed to identify the impact of nursing education based on locality in the United Kingdom. Their study also took into account the academic staff and examined similar situations in Australia. The study concludes with a discussion of the perceptions of mentors and student nurses. For nursing students, mentorship is essential and has attracted the interest of a great number of researchers. Although a great deal of research has been conducted on mentorship in the clinical nursing area, very little attention has been paid to mentorship rules and regulating bodies. The study aims to expand knowledge on the regulatory bodies for clinical nursing mentorship programs. The method used in this study is an online survey and a questionnaire for clinical prequalifying learners and for mentors in practice. The findings of this research highlighted the need to provide mentors who are adequately prepared and who can support the mentorship process. Finally, the research concludes with ways by which the gap between reality and theory on mentorship can be bridged, such as identifying the responsibilities and roles relating to the mentor. This would also benefit the development of standards for mentorship for clinical nursing, supporting students in countries which run on similar systems.

The literature review suggests that dealing with problems in rural areas regarding clinical nursing presents many challenges for both managers and policy makers. Hence, the use of programs, including mentorships, perceptoring and clinical supervision are all helpful in dealing with problems in these areas, and may also help in nursing recruitment and increasing retention rates. Furthermore, these programs are also helpful in supporting relationships within organizations. Mentoring, perceptoring and clinical supervision have all been proven to be important for management in meeting the challenges offered in clinical nursing practice and are also vital tools for the future workforce planning process.

The success of mentorship is highly dependent upon the interaction and level of comfort between

the person and the environment of the organization where the mentorship is taking place. A mentor has far more responsibility than the mentee. A mentor has to undertake a dual duty, that is provide proper care to the patient as well as proper guidance to the mentee (Clinard & Ariav, 1998). This helps students learn the practice standards in an individualized way (Ali & Panther, 2008) and provides them with the opportunity to build on their knowledge by putting theory into practice, while planning the management of patient problems. In a typical clinical setting, teaching by clinical teachers/mentors occurs by the following process. The student nurse carries out the assessment of a patient and plans interventions after the diagnosis is established. The assessment is presented to the mentor who validates the assessment and plan. Then, it is implemented by the student with support from the mentor. Later, the mentor reflects on the particular case and discusses any future implications.

The mentor, being a teacher, provides constant feedback and evaluates his/her student. The student refines their practice on the basis of knowledge, skills and practice by gaining assistance and support (Li et al., 2011). The mentor/clinical teacher plays an important role in the development of a qualified nurse. Clinical teachers impart knowledge and skills to a whole class, but the scenario differs when they teach and assist one single student. The behavioral theory of learning can be implemented by teachers/mentors and they can change the learning environment for the student in either a positive or negative way (Quinns & Hughes, 2007).

Due to varying degrees of responsibilities, a shortage of time and increasing demand, it is very difficult for mentors to address the individual needs of a student (McCloughen, O' Brien & Jackson, 2011). Mentors may not be able to coordinate with the students due to a lack of time. Also, it is essential that the mentor understands the learning styles of the students and the leadership style they most respect (Cleary et al., 2013). When a student's preferred learning style is catered for, students learn quickly. This is often in contrast to classroom teaching where most of the time, it is assumed that the students have understood the topic well (Pastston et al., 2010).

Nurse-leaders use mentorship to grow and develop leadership potential in other nurses. Formal preparation to be a mentor is not fundamental to all mentorship. Some nurse-leaders who mentor others for leadership grow into being mentors as a result of lifelong subjective experiences.

Improved teaching learning recommendations

Price and Price (2009) described how role modelling can be more effective using a set of techniques to add both fun and efficiency in the process of clinical nursing mentorship and also discuss the principles regarding role modelling, as part of mentorship. They state that in

order to improve the process, a proper understanding of role modelling principles, the planning of clinical teaching is an effective session for role modelling, revealing clinical reasoning, discovering the understanding by the student and the formation of practice template are essential. The definition of the role modelling process, in relation to healthcare, is the development of expertise and competence (McGurk 2008). Bandura (1997) observed that humans mostly learn from emulation and observations of the individuals around them. The author also describes the conditions which are essential for the role modelling process to be successful. These include sufficient attention of the learner towards the role model, the learner's retention of key information, the ability of the learner to reproduce or effectively model the behaviour of the role model and reward and recognition from others regarding the learner's behaviour in order to motivate the learner. It might provide a measure by which to determine whether modelling has been properly adapted by the student.

Price (2007) emphasised the importance of experienced professionals in planning the role modeling session. The author explained the process of analysis of the nurses to practice their skills in appreciation of the strengths and abilities. This is an advantage because the nurses can explain and share their knowledge and have an impact on the learner. In a role modeling session, the difference between learning from advice and learning from the role model must be clearly defined.

Price (2009) also stated the importance of the ability of the practitioner to show understanding regarding the clinical reasoning of role models. This process is directly relative to the methods and techniques demonstrated by the role models. Price further explains three ways to plan responses in advance to the patient's questions. These include reasoning which can be shared by the patient in an ethical way, can be better considered once the event has passed and which helps in the exemplification of the best practice and is shown in an exploratory way. Some healthcare decisions and patient care activities should not be discussed when the patient is within earshot. This is because the patient might feel uncomfortable listening to the conversation, which can't be explained in depth to the patient due to its complexities. Weaver (2007) explains how sometimes the need for reflection is felt after the event has occurred. So the complexity of clinical reasoning can be reduced if questions regarding ethical, professional, effective and efficient clinical reasoning are considered.

Gobet and Chassy (2008) suggest templates as ways of representing situations which are helpful in carrying out decisions. Adapting the use of templates also increases the chance that a particular mentoring session will be effective, helping, understood in greater depth, and give an idea of what action to take next.

Practitioners are expected to formulate ideas for templates to deliver when they practice nursing in the future.

The success of the e-mentorship program for clinical nurses is discussed by Faiman et al. (2012) who used a survey which showed that, according to the post- and pre-test scores, the nurse educators who had taken part in the e-mentorship program demonstrated improved knowledge. In addition, more than half of the nurses in the sample population reported improvement in assessment, education relating to patients and a better understanding and communication with the patients. The research also concluded that the outcomes of management were also improved after using the e-mentorship program.

Gap Between Clinical Teaching and Clinical Practice

Clinical practice is as important as clinical teaching. Theories acquire value only when they find application in a real scenario. Clinical practice has much relevance for students who learn to apply clinical theories and, simultaneously, practice their skills. Clinical practice acts as an evaluation tool for the clinical teacher to determine how much positive effect their teaching has had to support better quality nurses.

Research suggests that, irrespective of the numerous teaching models devised, in order to improve the standard of teachers, as well as students, there are substantial gaps between clinical practice and teaching. One reason for this is the setting. While a classroom setting doesn't have the pressure of performance with time constraints and risk to life, students may fail to cope with the real, stressful situations of the clinical setting. This can give rise to anxiety and clinical errors. The real environment of the clinical setting must be imitated in the classroom, or bedside teaching must be implemented in teaching models in order to prepare students for their future role. A second gap is due to the imparting of theory-oriented teaching rather than practice-oriented teaching. Theory which originates from practice is very different from theory which is taught in the classroom. Since every human being is different from another, it is very difficult to predict how individuals will react, physically and mentally, to different interventions. This gap could be bridged by incorporating sufficient practical teaching. Students must be provided proper clinical supervision which helps in enhancing self-esteem as well as assisting them in the learning of practical skills. The bridge between teaching and practice is not very wide; by careful analysis and formulation of strategies, it can be addressed.

Conclusion

In a study conducted by Myall, Levett-Jones and Lathlean (2008), it was stated that "the results provide new evidence of a narrowing of the gap between the

theory and practice of mentoring and for the continuing implementation of standards to clarify the roles and responsibilities of the mentor". They also suggest that there are many benefits to developing such standards in countries with similar systems of support for nursing students. Students frequently perceive their mentors as role models, both professionally and personally. It is the duty of clinical teachers, who are placed as mentors, to have specified strategies to use in these contrasting settings. It is the clinical teacher/mentor's role and responsibility to nurture future nurses whose potential aids the delivery of better health care. This then implies that the selected teaching methods must be effective, specific to each learner's needs, and must incorporate every aspect of the student nurse's development.

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