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**Mentoring student nurses – an update on the role and responsibilities of  
the mentor**

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**Deborah C. Casey**

**Liz Clark**

**Senior Lecturers**

**Faculty of Health**

**Leeds Metropolitan University**

**For correspondence:**

**Debbie Casey**

**Senior Lecturer**

**Faculty of Health**

**Queen Square House**

**Leeds Metropolitan University**

**Leeds LS28NU**

**[d.e.casey@leedsmet.ac.uk](mailto:d.e.casey@leedsmet.ac.uk)**

**0113 8124483**

**07710 349556**

## **Abstract**

Facilitating the learning of student nurses in the work place is an integral role of the registered nurse. This article aims to provide an overview of the role and responsibilities of the mentor in supporting pre – registration nursing students in clinical practice. The professional obligations for the mentor to meet the Nursing and Midwifery Council (NMC) standards (NMC, 2008a.) will be explored, including the on going requirements to keep up to date in mentoring practices. Some of the challenges within the role will be identified, including the importance of recognising and supporting the failing student. Recent changes to the preparation requirements for sign-off mentors will be discussed. The article concludes by presenting the potential benefits to both the individual, and to the practice placement provider.

## **Key words:**

Mentor, roles and responsibilities, nursing students, practice placements, sign off mentors, the failing student

## **Key phrases:**

- Defining the role of the mentor
- NMC framework for supporting learning and assessment in practice
- Responsibilities of mentors
- Sign off mentors
- The failing student
- Benefits of mentoring

## **Mentoring student nurses – an update on the role and responsibilities of the mentor**

### **Introduction**

The supervision and support of student practitioners remains an important part of the work of registered nurses, midwives and specialist community practitioners. The Nursing and Midwifery (NMC) Code of Conduct reminds registered practitioners of their obligations:

“You must facilitate students and others to develop their competence.”(NMC, 2008b p. 5)

However, the challenges inherent in supporting learning and meeting the needs of student nurses in the practice setting continues to be reported (Gainsbury, 2010.) Indeed a study by Mayall et al (2008) looking at the experiences of student nurses and practice mentors found that 10% of student nurses in their study indicated that in some placements they had ‘never’ been allocated a mentor, and of those who had had a mentor allocated, 24% would have liked to spend more time with them. This article will therefore, summarise the professional obligations of NMC mentors as laid down by the NMC in their Standards to Support Learning and Assessment in Practice (NMC, 2008a.) It will also attempt to provide some guidance on the support available to mentors to promote quality learning experiences in the practice setting.

### **Defining the role of the mentor**

To mentor someone has been defined as:

“To support and encourage individuals to manage their own learning in order that they may maximise their potential, develop their skills, improve their performance and become the person they want to be” (Parsloe, 2009.)

General definitions of mentoring in the wider literature may be associated with words such as guide, supporter, friend or adviser (Gopee, 2008.) However professional definitions may be more structured and the NMC definition of a mentor provides some very specific criteria that a mentor must meet:

“An NMC mentor is a NMC registrant who, following successful completion of an NMC approved mentor preparation programme, or comparable preparation that has been accredited an by an approved education institute as meeting the NMC mentor requirements, has achieved the knowledge, skills and competence required to meet the defined outcomes.” (NMC, 2008a. p.19)

In addition, the NMC have stated that mentors are responsible and accountable for

“Assessing total performance – including skills, attitudes and behaviours.”  
(NMC, 2008a.p 19)

An important distinction can therefore be seen between the professional definition of a mentor by the NMC and the more generic definitions - the notion of a NMC mentor having responsibility for judging the quality of the student’s practice through assessment processes. The significance of this is in the mentor – student relationship. It is vital that it remains a professional partnership with clear boundaries that differentiate the role from that of a

friend, to enable the mentor to balance the need to provide both supportive guidance with the requirement to make objective, unbiased assessment decisions on their progress.

Other potential tensions within the role that the mentor must consider include:

- The requirement to advocate for both the learner and for the patient/service users needs
- The importance of encouraging independence and development in the learner balanced against the need to also carefully control and manage any risk to patients/service users
- The need to consider the appropriateness of any specific individual student's personal learning needs whilst being aware of the NMC pre registration outcomes and competencies that must be achieved for progression at that point within the programme
- The university ethos of independent thought/ self direction versus the need for compliance/ reliance on direction from others in practice

Opportunities for exploring some of these issues should be provided during the NMC approved mentor preparation programme that NMC mentors must undertake. Mentors should also have the opportunity to discuss these issues with University lecturers who have a link or liaison role with practice placement areas.

### **NMC Framework for supporting learning and assessment in practice**

In 2006, the NMC published new standards for supporting learning and assessment in practice which included standards for mentors. These were subsequently updated and re issued 2 years later (NMC, 2008a.) All existing NMC approved mentor preparation programmes had therefore to be re designed and validated against the new standards. Existing mentors who had undertaken previously approved courses, such as ENB 998 (Teaching and Assessing in Practice) had to ensure that they were both conversant with, and meeting the new mentor standards.

The NMC framework defines the knowledge and skills the nurses and midwives need to apply when supporting learners in the work place. These learning outcomes are described under 8 domains (see Box 1) with each domain having a range of individual learning outcomes. These provide clear and explicit standards that mentors should be demonstrating.

- Establishing effective working relationships
- Facilitation of learning
- Assessment and accountability
- Evaluation of learning
- Create an environment for learning
- Context of practice
- Evidence based practice
- Leadership

(NMC, 2008a.)

**Box 1. NMC Domains for Standards to support learning and basement in practice**

On successful completion of a NMC approved mentor programme, all the outcomes within each of the 8 domains should have been achieved, and registered practitioners can then have their name entered onto the locally held mentor register. Since 2007, the responsibility for holding accurate registers of NMC approved mentors now falls upon the placement providers (i.e. NHS Trusts, Private or voluntary health care organisations providing placements for NMC students) rather than the university as happened in the past. Mentors should be aware of who maintains the register for their work place.

### **Responsibilities of the mentor**

Jones et al (2001) have suggested that the purpose of providing clinical placements for student nurses is:

- The acquisition of skills and knowledge
- Application of theory to practice
- Professional identity formation and “enculturation”

However, these can only be achieved with structured support which is why the NMC mandates that 40% of student’s time in practice should be spent being supervised either directly or indirectly by a mentor (NMC, 2008a. p31)

There is a wealth of literature on supporting the learning student nurses in practice, and exploring the role and responsibility of the mentor. Some of the key findings are summarised below:

- The skills, qualities and attitudes of individual mentors is more important than the learning environment (Wilkes, 2006)
- Students look for role models in their mentors who exemplify best practice (Price and Price, 2009)
- Mentors need to enable students to problem solve (Kilcullen, 2007)
- Students want to receive feedback on a regular basis – including constructive criticism (Gray and Smith, 2000)
- Self concept, confidence, motivation and self efficacy are influenced by the extent to which students experience a sense of 'belonging' within the team they are placed with (Levett – Jones et al, 2009)
- Supportive mentors play a pivotal role in the empowerment of student nurses, including having positive feelings towards nursing as a career (Bradbury-Jones et al (2007)

The Royal College of Nursing (RCN) has produced a useful, downloadable guide with practical tips on supporting student nurses' learning in the practice setting (RCN, 2007.) This contains a useful check list for the mentor to use prior and during the student's placement, providing a quick reminder of mentor responsibilities such as ensuring any induction pack is available. The guide also provides a section discussing some of the issues to consider when supporting students with disabilities, including the legal obligations of placement providers and mentors to make 'reasonable adjustments' for disabled learners in the clinical environment.

### **Sign - Off mentors**

All student nurses who commenced on to NMC approved programmes from September 2007 onwards have been required to be mentored and have their assessment documentation completed by a sign - off mentor when on their final placement. This is an acknowledgement by the NMC that mentors who are signing off a final placement student need to recognise the additional accountability for ensuring the student is capable of safe and efficient practice and is fit to be on the professional register. This has emerged in response to a general strengthening of health professional regulation and in particular, concerns about student nurses fitness to practice at the point of registration. (Hurst, 2003.)

A sign - off mentor is a mentor who meets all the current standards for being a mentor, including having clinical currency, capability and knowledge of the student practice assessment requirements, but they must also meet some additional criteria (see Box 2)

- Be registered on the same part of the register as the student and work in the same field of practice
- Understand his/her accountability to the NMC for their decisions (to pass or fail a student)
- Be identified by the placement provider on the mentor register as sign-off mentor
- Been supervised on at least 3 occasions for signing off proficiency at the end of a final placement by an existing sign off mentor or Practice Teacher

- Have allocated one hour per final placement student per week to reflect, give feedback and keep records of students achievement during final placement

**Box 2. Additional criteria to be met by Sign off Mentors (NMC, 2008a. p21)**

The NMC gave universities and placement providers a period of time to identify and prepare existing mentors to take on the role of sign off mentor when it was first initiated. This first “wave” of sign off mentors were not required to be supervised on 3 occasions. This period of time has now passed and all new sign - off mentors must be supervised on at least 3 occasions by practitioner with existing sign off mentor status. However, additional guidance from the NMC issued in April 2010 has stated that the first two of these events may be achieved using a range of methods including simulation, role play, objective structured clinical examination (OSCE) and use of electronic resource (NMC, 2010). These methods will be determined locally by universities and placement providers.

### **Supporting the failing student**

Student assessment is clearly a key mentorship responsibility. However, this complex area of mentorship practice clearly remains an issue for mentors and concerns persist in relation to mentors who are passing students when there is some doubt about their clinical competence. A recent survey conducted by Nursing Times (Gainsbury 2010a) highlights that nursing students often pass

placements despite there being serious concerns from mentors. This is despite the same issue being identified by Duffy (2003) whereby,

‘Participants confirmed that students are passing assessments when there is in fact some doubt about their clinical competence and that some students achieve registration despite these misgivings.’ (Duffy, 2003 p. 78)

The following key issues also emerged from Duffy’s study:

- Some mentors were reluctant to commit anxieties to paper
- Mentors were influenced by students personal circumstances
- Mentors felt tension between failing a student and being a caring person
- Mentors identified the high emotional cost of failing students
- Mentors did not always get enough support from teaching staff
- Staff shortages, increasing work pressures and lack of time contributed to failures to fail
- Failure to fail was more associated with novice and unconfident mentors
- Inadequate supporting documentation of student problems sometimes led to failure to fail
- The threat of the university appeal’s system provided an additional pressure on mentors to pass students
- Failure early on nurse education programmes was unusual - idea that problems will resolve with time – but failing 3<sup>rd</sup> year students

was perceived as a problem by mentors – ending a career so late in programme

- Borderline students were particularly problematic for mentors

These issues are clearly worrying – as Duffy identified:

“Failing to tell students that they have not reached the required standards does not protect the interests of the public or professions and puts the patients who will be under their care at risk”

(Duffy 2003)

Since Duffy’s work was published, the NMC have recognised within the mentor standards (NMC, 2008b p.31- 33) the difficulties associated with failing students and the requirements outlined within the standards emphasise this in a number of ways with clear sources of support being identified (see Box 3.)

**Box 3.**

<b>NMC Requirements for support</b>	<b>Advice and Guidelines</b>
The mentor should have access to a network of support and supervision to enable them to fulfil their mentoring responsibilities, assist them in making complex judgements regarding competence such as failing a student and to support their professional development.	Support and supervision may be provided by, for example, other mentors, practice facilitators, practice teachers or link tutors, with due regard to the part of the register and field of practice. Where necessary, inexperienced mentors should seek support from a sign off mentor who has met the additional criteria for

	assessing proficiency
Mentors should seek advice and guidance from a sign - off mentor or a practice teacher when dealing with failing students	Inexperienced mentors may require support from a sign-off mentor or practice teacher when faced with a failing students to help them to communicate concerns, identify action and evaluate progress.

In response to the concerns raised in the recent research the NMC has stated that “immediate action” (Gainsbury, 2010b) will be taken to address the issues raised. This included contacting nursing deans and nursing education commissioners to reiterate their responsibilities in terms of meeting the NMC standards for approved programmes of nursing education.

Mentors must therefore be aware of the actions that they need to undertake and the support available to them in the even of identifying a student who is failing to achieve the required standard in their practice placement. These actions are outlined in Box 4.

**What should a mentor do if a student is failing to meet the required standard?**

- Contact the university - this may be via the Clinical Liaison Tutor/Link Lecturer or Personal tutor process. What is crucial is that an action plan can be put in place and the student offered the support required to facilitate achievement.

- This is called the tripartite partnership, and the University should provide support for the mentor and the student in the development of an action plan and overseeing the process of support throughout the rest of the placement.
- Should the student not achieve the required level and the student fails the placement, each university will have a mechanism by which the student has the opportunity to redeem that fail within the next placement.

**Box 4.**

**On going obligations of mentors**

The NMC requires mentors to demonstrate their knowledge, skills and competence on an on-going basis and states that to continue to be maintained on the local mentor register, mentors must have evidence of:

- Having mentored at least 2 students within a 3 year period
- Participated in annual updating
- Explored as a group activity the validation and reliability of judgements made when assessing practice in challenging circumstances
- Mapped on going development in the role against the current NMC mentor standards

(NMC, 2008a. p.11)

In practice, this means that mentors need to keep records of students that they have mentored and learning activities that they have undertaken to keep themselves up to date in mentoring practice. Updating may include a range of development activities such as attending formal mentor updates provided by university staff, updating using on line materials, engaging in group discussions with other mentors, or writing up reflections of interventions undertaken that support learning in practice. The on-going process of collecting evidence of meeting the mentor standards should be viewed as part of the continuing professional development requirements as part of the PREP standards (NMC, 2008c.)

The NMC also stipulate that the Mentor registers should be subject to a 3 yearly review whereby placement providers must ensure that only those mentors who continue to meet the NMC mentor requirements remain on the local mentor register. This is known as triennial review and local processes for capturing information on how and when mentors have updated will vary, but may be linked to appraisal and personal development planning processes.

### **The benefits of mentoring students from the mentor perspective**

Although mentoring does increase the work load and pressure on registered practitioners, there are clearly a range of personal benefits that have the potential to arise from the experience of mentoring students. These include:

- Personal satisfaction from aiding and abetting the development and learning of another
- Self-development through reflective practice
- Expansion of a repertoire of professional skills including teaching, facilitation, assessment and feedback
- Career enhancement

In addition, it is likely that the presence of learners in the work places also brings wider benefits to an organisation. Partnership working between practitioners, academics and health care communities can only be beneficial in terms of promoting best practice. This was demonstrated by Manley et al (2009) who reported on the fact that the presence of students in the healthcare setting led to a culture that values reflection and interrogation of practice thus promoting evidence based approaches to care, and a spirit of creativity in overcoming barriers to improving practice.

## **Conclusion**

Mentoring of student nurses can be challenging at a time when the economic climate is leading to increasing work load pressures. However the NMC standards provide useful guidance for mentors and their employers, ensuring that the role and responsibilities for supporting pre registration nurses in practice is explicit. Mentoring students has benefits to both organisation and the individual - not least because it provides a unique opportunity for nurses to influence and develop the practitioners of the future.

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