

Successful Mentoring in Nursing

Second Edition

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Chapter 1

The development of mentorship

NMC mentor domains and the KSF

This chapter maps to the following NMC mentor domains from the *Standards to Support Learning and Assessment in Practice* (NMC, 2008b) and to the following NHS Knowledge and Skills Framework elements.

NMC mentor domains

6. Context of practice

Support learning with a context of practice that reflects healthcare and educational policies, managing change to ensure that particular professional needs are met within a learning environment that also supports practice development.

NHS Knowledge and Skills Framework

- Communication level 4
- Personal and people development level 4
- Health, safety and security level 3
- Service improvement level 2
- Quality level 2
- Learning and development level 3

Chapter aims

By the end of this chapter you will be able to:

- define mentorship;
- give a brief overview of the stages of mentorship;
- outline the qualities that contribute to effective mentorship;
- describe how the changing healthcare context impacts upon mentorship ;
- briefly outline how mentoring can be used to aid the personal and professional development of the mentor.

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Introduction

There are many definitions of mentorship in nursing literature, and several different terms used to describe people who facilitate and assess student learning. This can be extremely confusing, which is why it is important for you to understand what the current expectations are of the mentoring role.

The NMC, in its *Standards to Support Learning and Assessment in Practice* (NMC, 2008b), has outlined quite clearly its view of the different stages of mentorship and what is expected from a mentor today.

You will have been mentored as a student yourself, and will probably remember really excellent mentors who have influenced the way you developed as a student and how you practise as a nurse. Unfortunately, most students have also experienced working with mentors, or other registered nurses, who have not been interested in their development. This is why it is important to explore what can enhance and detract from student learning, so that you can make sure that the environment and your approach to mentoring will facilitate and enhance student learning.

The constant change experienced by staff working in healthcare today can also be quite daunting and can impact on the learning environment. Changes to the way healthcare is delivered are likely to continue, and these changes will influence the way you are likely to be mentoring students.

Mentoring is a complex role and, like any skill, it takes practice to develop proficiency in mentoring skills. In this chapter we will focus on defining what mentorship is, exploring the key qualities that contribute to successful mentorship. In addition, the chapter will address recent changes to nursing programmes and how this will affect facilitation of learning and assessment of student competency.

What is a mentor?

Since mentoring was introduced in the UK from the USA there has been a lot of debate about what a mentor actually is, or should be. The term mentor literally means a wise and trusted friend (Barlow, 1991). However, there has been a lack of agreement over what the role is, with many terms being used interchangeably to describe a mentor. These terms include supervisor, mentor, preceptor, coordinator, facilitator and assessor. Haggerty (1986) refers to this lack of agreement regarding a definition as a definition quagmire.

Activity 1.1**Critical thinking**

Give the meaning of the following terms:

- supervisor;
- mentor;
- preceptor;
- coordinator;
- facilitator;
- assessor.

Suggested definitions are included at the end of the chapter.

Using lots of different terms interchangeably has led to confusion over what a mentor should be. In fact, if you look at your explanation of what terms mean from Activity 1.1, there are not always clear-cut explanations that separate one activity from another. Effective mentoring will incorporate, to varying degrees, some or all of these activities at some point. What mentoring does, in essence, is to provide students with opportunities to allow them to apply theory to nursing practice and to assist students in developing a professional identity (Ali and Panther, 2008).

Although many practice-based professions have traditionally relied on clinical staff to support, supervise and teach students in practice settings (Andrews and Wallis, 1999), mentoring has not been seen as a priority in nursing (Miller, 2006).

The English National Board (ENB) in 1989 defined a mentor as someone selected by a student to assist, befriend, guide, advise and counsel. It also stated that the mentor would not normally be involved in formal supervision and **assessment** of the student. This definition was later revised and added to by the ENB and Department of Health (DH and ENB, 2001) to mean someone who facilitates learning, supervises students and, in addition, also assesses students.

More recently, the Nursing and Midwifery Council (NMC) published *Standards to Support Learning and Assessment in Practice (SLAIP)* in 2006 with an amended version in 2008. These standards set out very clearly for the first time what is expected at each stage of mentoring, including the requirement that a **new registrant** must be qualified for a minimum of 12 months before commencing the mentor's course.

The NMC also defines four stages of mentoring and clearly states outcomes for mentoring that are required for each stage under specific domains. This has clarified what is expected of the mentor's role and also emphasises the professional roles of a mentor, which the next section will now examine.

Overview of mentoring

The role of a mentor has been demonstrated to be pivotal to the student's clinical learning experience (Myell et al., 2008) but mentors often feel inadequately prepared and equipped for

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their role (Andrews and Wallis, 1999). However, those who felt best prepared had undertaken a specific preparation course. The NMC (2008b) has provided clarity for mentor preparation programmes in terms of what must be achieved by the registrant, and what is expected of the mentor role at each stage that it has specified.

Stages of mentorship: a brief summary

Stage 1 – the new registrant role

This is the role that all registrants undertake while getting to grips with their roles and responsibilities as a nurse. While you are expected to facilitate students and develop others' competence, there is no role in terms of making summative assessment of a student. This role is undertaken during the first year as a new registrant.

Stage 2 – the mentor (including sign-off mentors)

The mentor has a specific remit to provide and facilitate learning opportunities for students and to assess the student's competence relevant to the stage of the course they are at. Mentors require a ten-day preparation programme consisting of five days' theoretical preparation and five days' **work-based learning** activities.

Mentors for first-year students can be a nurse from any field of practice, or a healthcare professional who has undertaken some form of preparation, has been updated annually, is on the mentor database and has undertaken a triennial review, as required. Mentors for second- and third-year students must be a registered nurse from any field of practice (unless it is the student's management practice learning experience).

As a result of the review of pre-registration education by the NMC (2010a), there have been changes that now allow all healthcare professionals to mentor and assess students in the first year of the programme in competencies that are relevant to their own profession. This allows further expansion of inter-professional experiences for students within the type of practice learning experiences they are undertaking.

Sign-off mentors are experienced mentors who have achieved specific additional criteria that are required for a student undergoing their management practice learning opportunity in their final year. They have additional responsibilities and accountability with regard to taking into account all previous mentors' judgements using the student's Ongoing Achievement Record in order to make a final summative judgement about a student's suitability to enter the professional register. However, the NMC does not require a further period of formal training for this role but the mentor must be registered in the same field of practice (previously known as branch of nursing) that the student is aiming to register in.

Stage 3 – the practice teacher

The **practice teacher** is a registrant who has normally been a mentor and then undertaken additional preparation of 30 days' duration. Practice teacher qualifications are

required for all students who are undertaking courses leading to registration as a specialist (e.g. Specialist Practitioner Qualifications).

Stage 4 – the teacher

Teachers are NMC registrants who have undertaken an NMC-approved teacher preparation programme, with responsibilities for organising and coordinating learning activities in both academic and practice environments. Teachers/lecturers are those responsible for pre-registration and/or post-registration programmes.

For all stages of mentorship there is a single framework to support learning and assessment in practice. This framework helps support how you help students to learn and how you assess students in practice.

Within this framework the domains identified by the NMC (2008b) include:

- establishing effective working relationships;
- facilitation of learning;
- assessment and accountability;
- evaluation of learning;
- creating an environment for learning;
- context of practice;
- evidence-based practice;
- leadership.

Each domain has a number of outcomes that must be achieved in order to function effectively in each element. Each domain has a set of outcomes that individuals need to demonstrate they have achieved for each stage of mentoring.

Activity 1.2

Reflection

Look at each domain and begin to familiarise yourself with what is expected for the mentor role. You will find these on the NMC website (www.nmc.uk.org; search on ‘Standards to support learning and assessment in practice’).

There is no sample answer at the end of the chapter but this activity will be developed further in Chapter 2.

You may have felt a little overwhelmed as a prospective mentor when you looked at the domains and outcomes that the NMC requires. Many mentors feel this way at the start of their mentorship programme. The mentorship programme is designed to help you focus on these domains to identify how you can facilitate and assess learning for students. During subsequent chapters we will cover all domains and outcomes using activities to explore how the mentor can achieve and demonstrate achievement of these.

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Many of the activities required from a mentor are ones which you also use within other aspects of your clinical practice. For example, consider the domain that pertains to the evaluation of learning. The NMC requires the mentor to evaluate student learning experiences and develop action plans for change in the light of the evaluation. As a registered nurse you already evaluate patient outcomes and develop action plans. In terms of mentorship you will transfer the skills you have in relation to evaluating client outcomes to a different context – that is, evaluating learning. Your transferable skills will be covered in detail in Chapter 2, but throughout this book we will show you how you can transfer the skills you have already acquired into the mentorship process. Using transferable skills to help you to develop as a mentor helps to highlight how you continue to develop the skills you have acquired and shows the importance of continuing to learn throughout your professional life.

Mentors using mentoring as a learning experience

The NMC supports and advocates lifelong learning for all nurses. The NMC requires that all nurse preparation programmes equip students with lifelong learning skills, acknowledging that *the rapidly changing nature of healthcare reflects a need for career-wide continuing professional development and the capacity not only to adapt to change but to identify the need for change and to initiate change* (NMC, 2004a, page 14). As registered nurses we are required continuously to develop our professional skills and knowledge (NMC, 2008b); providing evidence of continuing professional development (CPD) is mandatory for renewal of registration. Mentoring is one aspect of lifelong learning. The NMC developmental framework for mentorship was designed to enable practitioners to enter or exit the framework at any stage. The framework can also be used to facilitate your personal and professional development as a mentor. In fact, the mentoring experience can help mentors to decide their professional future. For example, it may stimulate a desire in the mentor to pursue a career as a nurse educator (Ali and Panther, 2008).

Before you enter the framework as a registrant, your mentoring journey has already begun. As a pre-registration student you will have been exposed to the qualities and skills of your allocated mentors. More critically, via evaluation processes, you will have considered which mentors you found most helpful, and why. This is a lifelong process of journeying, from student nurse to stage 1 registrant, to mentor and sign-off mentor, and parallels Benner's concept of 'novice to expert' (Benner, 1984). Benner describes how you progress from a novice nurse to becoming an expert in your field of nursing and this is the same in relation to mentoring. You start out with a toolkit of skills which, through use, practice and also **reflection**, help you become skilled as a mentor.

All students spend 50 per cent of their training in practice being supervised directly or indirectly by a mentor. This provides mentors with numerous opportunities to reflect on their mentoring practice and to further develop their mentoring skills. A successful mentor learns something from every student they support. Developing your own self-awareness is an essential mentoring skill. It requires you to have the ability to reflect on your own practice. Skills of reflection are central to lifelong learning and will enable you to adapt and be responsive to the many changes that nurse

education will be experiencing during the next decade. The success of new degree exit curricula relies to a great extent on the mentor's ability to maximise learning opportunities that evolve from what will be fundamental changes to the allocation of students to their practice learning areas.

What is effective mentoring?

So what is the difference between mentoring and mentoring effectively? It is in the ability to structure what the student is to achieve during a period of practice, rather than just asking the student to follow the mentor and hope that learning opportunities will present themselves that are relevant to the student's needs. Just being with a qualified nurse in a practice learning setting does not guarantee that the student will actually learn anything (Burnard, 1988) and nor will providing activities for students to aid their learning ensure that the student has actually learned anything.

Case study: Students' experiences of effective mentoring

First-year student – Lizzie

I started on the ward on a Monday morning and felt awful – I hate changing placements. Walking into the ward I wondered what the staff were going to be like. They were lovely. The ward receptionist smiled and said hello straight away. I explained who I was and she said she would find out who my mentor was. Normally I like to go and introduce myself and get my off duty before I start a placement but I didn't get allocated until the last minute so I didn't get the chance.

My mentor, Helen, was great. She introduced herself and showed me round quickly but said she had got a quiz for me to do later to help me find out where things were. She asked me where I had been before and asked me to shadow her that morning as they were really busy. I was a bit worried when she said this but it was okay. She explained to me about what the patients had before we went to them and what we needed to do for them and promised to give me a complete handover later that morning. She was really nice to the patients as well. She made them all feel special and as if she had loads of time for them – it was great to watch her cope so well.

I helped as much as I could but it was only my second placement so I wasn't able to do very much.

I was really impressed that Helen remembered to give me a handover of the patients when we had a short, quiet period. She thanked me for being such a great help with the patients. She also asked me if I had any worries or specific things I needed to achieve in this placement. I told her I needed to get a couple of Essential Skills Cluster assessments done while I was here. I also said that I wanted to really get to grips with basic things like feeding, washing, toileting patients as well as learning all I could about respiratory patients (this is the sort of ward that it was). I told Helen I hadn't had time to do any reading up on these things as I was given my placement at short notice. She said not to worry – she had a placement book that would guide me on what to read up on and a list of medicines that were used regularly on this ward. She apologised for not having the time to go through all of this first thing. I was told to ask lots of questions and that, if I wanted to get involved in anything happening on the ward, to just ask and they would try to sort it out for me.

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continued . . .

I went home that day feeling really positive about the placement. Helen had done my off duty to shadow hers as much as possible. I think I might get to learn a lot on this placement.

Third-year student – Emma

I was assigned to a critical care unit where I was allocated a main mentor and a supplementary mentor. On my very first shift I met one of my mentors, John. He was very kind and understanding, especially as I was completely overwhelmed with the environment, equipment and patient group I was dealing with. I was pretty sure I was going to end up causing some sort of harm as I felt so under-confident in my abilities.

I don't know why I felt that way; I had never had these doubts before. I had always been fairly confident as a student nurse. I believe it was because I felt 'thrown in at the deep end' with this particular placement. I had never worked on this type of ward before so I was scared of the unknown.

My mentor, John, identified quite quickly that I was starting to freak out. I didn't even want to stand near the patient in case I did anything wrong, let alone do any form of personal care with all the equipment the patient was attached to. He had a word with one of his colleagues and took me off to the staff room for a cup of tea and a chat. We discussed my concerns and he explained I could participate in as little or as much as I wanted but he would always be there to make sure I didn't do anything wrong. He made me feel completely at ease and by the end of the shift (which incidentally was particularly horrific), I felt a lot more confident.

We worked together for a few more shifts and with that I became more confident with my abilities and settled in well. Even though John challenged me I did not feel overwhelmed by this.

Activity 1.3

Reflection

Think about the experiences of the students in these case studies. What made these positive experiences for the students, and why?

Some suggestions are included at the end of the chapter.

When meeting a student for the first time it is important to establish a relationship with them. It is well documented that the nature and quality of the mentor–student relationship is fundamental to the mentoring process (Andrews and Wallis, 1999) and that the relationship will directly influence the quality of the learning experience (White et al., 1993). It is interesting to note in the two student experiences described in the case study above that, although the students are at different stages of their educational programme, their feelings on entering a practice learning setting for the first time do not really differ.

Several authors have identified essential attributes that the mentor must demonstrate in order to be an effective mentor (Darling, 1984; Earnshaw, 1995; Rogers and Lawton, 1995). These qualities are:

- approachability;
- effective interpersonal skills;
- adopting a positive teaching role;
- paying appropriate attention to learning experiences;
- providing supervisory support;
- professional development ability.

In particular, the personal characteristics and interpersonal skills of the mentor are extremely valued by students, which is an interesting point to note. The mentor's self-awareness and awareness of how the student is responding to a particular situation is also important. It is the quality of the mentor guiding learning that has the greatest impact on student learning, more than any other factor (Henderson et al., 2009).

Andrews and Wallis (1999) identify that the mentor must also have knowledge and be wise in their field of practice, with Spouse (1996) adding that knowledge of the curriculum for the programme that the student is undertaking is essential.

Motivation to teach and support students is also an important factor (Davies et al., 1994). This is a particularly difficult aspect of effective mentoring, when registered nurses do not have a choice in whether to be a mentor or not. It is a requirement of the NMC that all registrants must teach, support and mentor students. It is also required within the job descriptions of new registrants.

Another way you help to create an effective mentoring relationship is to set expectations out clearly at the beginning of the practice learning opportunity. The mentor's expectations of the student need to be clear, but also the student's expectations need to be articulated to the mentor. This way, unrealistic expectations can be dealt with by both parties with a compromise that is achievable being agreed at the outset. Borges and Smith (2004) also clarify that the mentee–mentor relationship should be goal-oriented. If goals are agreed between both parties, this will aid feedback by the mentor to the student and vice versa. In essence, the effectiveness of mentoring relies on the partnership between both parties, a good relationship and facilitation of learning.

Activity 1.4

Reflection

Think about what you have learned so far. Which qualities do you feel make an effective mentor? Make a list of these.

A sample answer can be found at the end of this chapter.

Having a mentor is crucial to practice learning (Gray and Smith, 2000) and the mentor also needs to think about what the student needs to learn. The mentor needs to consider what will be relevant for the student at specific points in the course, and provide appropriate opportunities for learning. In addition, the mentor has to assess that learning has taken place. This will involve being satisfied that the student can demonstrate, consistently, that learning has taken place and that the learning has been put into practice.

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Being an effective mentor is also about recognising when a student is unable to achieve the required level of competency, and feeling able to articulate this, as well as being aware of the impact they have on student learning (Henderson et al., 2009).

Chapter 5 will focus on assessing a student's outcomes and proficiencies while Chapter 4 explores how you can tailor your mentoring activities to the level appropriate for students at different points in their pre-registration programme.

In addition, the changing contexts in which nursing takes place impacts upon the mentoring process: mentors need to think carefully about what the student needs to achieve as the role of a nurse evolves in response to changing healthcare systems.

The nurse of today

The NMC (2010a) has placed the emphasis in all new curricula on generic competencies, with 80 per cent of the programme focusing on these and only 20 per cent being field-specific. We need, therefore, to consider very carefully the context of practice for which we are preparing students. The NMC (2010a) has emphasised that experience in the community will need to be expanded. There is also a need to enhance the transferability of leadership, teamwork and decision-making skills, as well as expecting the nurse to be able to deliver nursing care and expand their scope of professional practice. This means there are changes in the expectations of what students must achieve in their pre-registration programme. What we do know is that there will be an increase in the non-registered personnel who deliver care, so the teaching and supervisory abilities of our new registrants have to be expanded because registrants of the future are more likely to be involved in educating and supervising this increased number of non-registered personnel. The nurse is also likely to be more of an assessor, planner and evaluator of care than to be involved in delivering that care.

These changes will impact considerably on the expectations that mentors will have of students and on how the mentor will decide to facilitate that student's learning.

The NMC competencies (NMC, 2010a) provide some direction for the mentor in terms of what the student is required to achieve, both for their two course **progression points** and for entry to the register.

A summary of the NMC competencies required at specific progression points

Progression point one: The focus is on the acquisition of essential care skills, safety, attitudes and values that the student demonstrates.

Progression point two: The focus is on the student needing less direct supervision in practice. The student should be demonstrating that they are knowledgeable and have the ability to start to make decisions about a client's care. They should also be starting to become involved in teaching their peers and junior colleagues.

Entry to the register: The student should be proficient in all competencies identified, demonstrating that they can operate effectively as part of the multiprofessional team. They should demonstrate that they have a repertoire of clinical and technical skills. In addition they will be able to demonstrate their critical thinking skills, ability to advocate for clients, skills with regard to prioritising care, and begin to take on a leadership role within the healthcare team relevant to their new registrant status.

Nursing students will need to be increasingly aware of the patient's journey through the healthcare system and mentors will need to facilitate students' learning about the patient's journey in order that the nurse is able to provide leadership within the healthcare team. This means that practice learning experiences will need to be structured differently so that students can maximise their learning about the patient's journey. Providing blocks of practice that reflect the patient's journey will aid the student's understanding of how nursing in different fields contributes to patient care as a whole entity.

How blocks of practice affect mentoring

In nursing, the traditional view of a clinical practice learning experience is of a student being allocated to either an in-patient setting or one within the community. Both types of practice learning experience might be in either the NHS or the independent and voluntary sector. Following the NMC's (2010a) review of pre-registration education, the recommendations are that students are provided with blocks of clinical practice that highlight for the student the sort of journey that a particular patient who has a given health problem might follow. These blocks of practice are described in a variety of ways. They may be called:

- care pathways;
- student learning pathway;
- integrated educational pathway;
- learning journey;
- patient's journey;
- hub and spoke models.

This will inevitably impact upon the way that mentoring is currently structured. Students, as part of a block of practice, will spend time with a variety of either registered nurses and/or other healthcare professionals, who provide services for a group of patients.

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Activity 1.5**Reflection**

Reflect on or find out about the way that a student's practice experience is structured within the university from which you have students. You may need to speak to your education representative in the practice area or refer to documentation about the nursing programme that your university provides for you.

Once you have identified your local structures, think about how mentors do, or could, get information from those other healthcare professionals that students work with that could assist you in your assessment of the student you are assessing.

A sample answer can be found at the end of this chapter. This topic will also be explored further in Chapter 4.

Students work with a variety of healthcare professionals during their practice experience and it is important that you seek out their views about the student's performance so that their contribution is taken into account when you make a final assessment.

All students are required to achieve certain competencies during their programme, in order to be able to move on from one progression point to another. The whole of the practice experience should contribute to this process of assessment, even if it is a brief insight visit. If this is to occur, it is useful to look at what learning opportunities are available within the setting and to match these learning opportunities to the required competencies. It will take time to do this, and requires you to liaise with other departments to ensure that what you develop is realistic for the student; this will help you in your assessment of a student's performance. It is also an activity that only has to be undertaken once, unless the nature of that part of the practice learning experience alters. It is time well spent because it makes everyone clear about what the student needs to achieve within that part of the experience.

It can also be reassuring for any mentor to have the views of others who have also worked with the student. This approach will help to make your assessment more objective and also can aid the student in knowing why they are spending time in different locations and what they are expected to achieve.

Chapter summary

This chapter focused on providing a very brief exploration of the development of mentorship including definitions of what being a mentor encompasses. An overview has also been provided of the responsibilities that different stages of mentorship include as required by the NMC, with brief reference to how mentoring can be used as a learning and developmental experience. This was followed by the elements of effective mentoring, with an introduction to how effective mentoring can be implemented in the changing context of nursing.

Activities: brief outline answers

Activity 1.1 (page 7)

- Supervisor: someone who gives instruction to others and is held responsible for the work and actions of others.
- Mentor: a support and encourager to people to help them manage their own learning to improve and develop themselves. In the context of nursing, this role incorporates the role of assessor as well.
- Preceptor: in the context of nursing, provides support and guidance to new registrants to enable the transition from student to an accountable practitioner.
- Coordinator: someone who ensures that activities run smoothly.
- Facilitator: someone who helps another person to identify and achieve their objectives.
- Assessor: a person who judges something.

Activity 1.3 (page 12)

You could have come up with the following reasons why these were positive experiences for the students:

- welcoming staff;
- approachable staff;
- the ability of the mentor to be aware of student responses to situations;
- structure to the practice learning experience and written guidance for the student;
- the mentor providing activities for students to engage students during busy periods;
- a good role model;
- providing positive feedback to the student regarding their help with care;
- establishing experience and expectations;
- the staff obviously welcomed students.

Activity 1.4 (page 13)

You may have included some of the following:

- a friendly, approachable person;
- a good communicator;
- someone who can establish good relations with others quickly;
- a good role model;
- someone who thinks about what the student needs to learn and is able to facilitate this;
- a supportive person;
- gives clear guidance on what is expected from the student;
- someone who is knowledgeable about nursing;
- someone who has an understanding of the student's educational programme;
- able to be objective;
- able to give constructive feedback in a positive and sensitive way.

Activity 1.5 (page 16)

You may have considered the following.

Verbal feedback: verbal feedback is useful but can be time-consuming and, in addition, you have no evidence later to verify what the healthcare professional actually said.

Student practice documentation: entries into the student's documentation could be signed by the person they have spent time with. However, this could lead to confusion if the student's practice learning experience includes spending time with several people other than the main mentor. It could fragment the student's assessment

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and make it difficult for the student's lecturer to be able to verify all signatures of assessors in the practice learning documentation.

Learning statements: The student could complete a statement of learning and/or reflective account as evidence to support what they have achieved while working with other healthcare workers. The student could also map what they feel they have learned to their competency statements with whoever they have spent time with signing the learning statement. This evidence can then be supplied to the mentor and taken into account when the main mentor makes the final assessment of the student.

Further reading

Andrews, M and Wallis, M (1999) Mentorship in Nursing: a Literature Review. *Journal of Advanced Nursing*, 29 (1): 201–7.

This article gives a useful overview of the history of mentoring.

Myell, M, Levett-Jones, T and Lathlean, J (2008) Mentorship in Contemporary Practice: the Experiences of Nursing Students and Practice Mentors. *Journal of Clinical Nursing*, 17: 1834–42.

This research is a useful read to give some insight into the perceptions of mentoring from the student and mentor perspective. It also helps to identify what students value in a mentor.

Useful websites

www.nmc-uk.org

The NMC website contains the most recent changes to mentorship and mentorship standards and is a really useful resource to check frequently.

www.nottingham.ac.uk/practicelearning

The practice learning part of the University of Nottingham website has a mentor resource section that contains a lot of supplementary information that can assist you in developing your mentorship skills.