Lothian & Borders Mentorship Steering Group

International Perspectives on Mentorship

Mentorship in Practice
Study & Networking Day

11th June 2010
Bologna Declaration

Bologna Declaration (or Bologna Accords) if achieved will lead to unification of Profession and Higher Education qualifications and facilitate work migration for graduate nurses across the E.C.

This will attempt to standardise Nursing and Midwifery across Europe

Key Precipitating factor “the greying of the European workforce” (getting older)

By 2030 it is estimated that 25% of the European population will be over 65.

In the UK:
- 35% of nurses are aged between 40 and 49
- 25% of nurses are over 50
- 10% of nurses are under 30

Migration of Nurses across Europe seen as a way of providing Effective care for the ageing population of Europe.
An overview of International aspects of Mentorship Developments in the 21st Century

Three main themes:

1. The Education of Student Nurses

2. The 21st Century Mentor

3. Impact on The Education and Support of Mentors in the UK
The Current State of UK Nurse Education;

“The future Nurse needs to flexible, responsive to patient needs, focussed in the Community and have a high level of knowledge, critical thinking and autonomy at Registration.” (DoH 06)

Recruitment and access to nurse education has been enhanced by widening the entry gate (Shortened courses, HNC, mature students).

Nursing as an all graduate profession. (seemingly putting us on a par with other Countries throughout the world).

Greater emphasis on competence assessment. (moves are now in progress to standardize competence assessment tools). The Turning Project is an attempt to standardise competency definitions across Europe.
International Perspectives

Europe

USA and Canada

Australia

China and Japan
Europe

Throughout Europe there is great diversity in the way nurses are educated.

In the UK and Ireland we have achieved full graduate level for Nurses.

In Germany the course runs over three years with a mix of graduate and diploma students.

Italy has moved with difficulty from colleges to University based nurse education. Travel issues with students delaying this.

Greater range in countries such as Greece and Spain with a double system of graduates and those trained at technical colleges.

Spain, Italy and Germany not that long ago were Dictatorships and in Italy in the last century nursing care was basically run by Government directives.
Scandinavia

Sweden Government controlled the duration and goals of nursing education and the standards
For nursing practice University colleges and Universities were relatively free to develop their own curricula and syllabuses.

Norway
In Norway, the government regulates nursing and a new government quality reform of higher education emphasizes a new organization for bachelor, master and PhD degrees

Finland
Finnish nursing education is part of higher education provided by the polytechnics. This allows the polytechnics to assess and control the clinical practice in nursing education.

Scandinavia has embraced the Bologna Accords wholeheartedly
USA and Canada

Nursing degree programs can be completed in two to four years. Accelerated, condensed and advanced entry programs are in place in every province.

A growing proportion of nursing students have already completed a degree in another discipline; many of these students access two-year baccalaureate nursing programs.

According to the Canadian Institute for Health Information, 62% of registered nurses are diploma educated.
**NCLEX (National Council Licensure Examination) RN (Example)**

15. The following lab results are received for a patient. Which of the following results are abnormal? Note: More than one answer may be correct.
   A. Hemoglobin 10.4 g/dL.  B. Total cholesterol 340 mg/dL.
   C. Total serum protein 7.0 g/dL.  D. Glycosylated hemoglobin A1C 5.4%.

16. A nurse is performing routine assessment of an IV site in a patient receiving both IV fluids and medications through the line. Which of the following would indicate the need for discontinuation of the IV line as the next nursing action?
   A. The patient complains of pain on movement.
   B. The area proximal to the insertion site is reddened, warm, and painful.
   C. The IV solution is infusing too slowly, particularly when the limb is elevated.
   D. A hematoma is visible in the area of the IV insertion site.
Australia

Australia began its transition to the university education sector 25 years ago. Subsequently, all states of Australia implemented nursing education courses in tertiary institutions.

China

China has a two tear system with some students working from age 16 for diploma equivalent who can then move on to degree level (1% of nurses are graduate in China).

Japan

Also has a two tear system with Diploma and Graduate students. Many lectures still provided by medical staff.

Critical thinking can be inhibited by over respectful attitude to the teacher as always being right...

Higher Education in Nursing still in its infancy
2. The 21st Century Mentor

Let's consider what this means in terms of preparation and education of mentors to provide mentorship for students.

There is largely international consensus on the fundamental requirements to mentor.

A registered practitioner with several years' experience.

Formal preparation to teach students.

Characteristics of a good mentor:

- Inspirational
- Empathetic
- Honest/credible
- Available/approachable
- Role model
- Resourceful
- Listener/communicator
- Flexible
Core Responsibilities of being a mentor

Relationship building

Teach

Supervise

Nurture

Assess

Monitor

Fail
Mentorship programmes International Perspective

UK mentors must complete one year post-registration experience Complete five days mentorship education and a theoretical assignment.

USA and Canada minimum of one years post –registration experience Often two years and possess a degree

Australia five years post-registration experience ,possess a degree and attend two day workshop on clinical teaching and assessing

Until recently places like Poland and Portugal had no concept of mentorship training
Mentorship Programmes International Perspective

In 2006 the results of Leonardo Da Vinci funded project on finding an International framework for mentorship were published

Involved Norway, Sweden, Iceland, Poland, Portugal and the UK

At present there are over 4.5 million Nurses in Europe

As the Bologna Accord gains momentum there is a need to try and establish what exactly is a mentor and what do they do Europe wide.
The project looked at models of work based learning

1. Transitional approach; passing on knowledge master-novice

2. Experiential learning; a more informal approach to learning

3. Communities of practice; learning can evolve naturally because of the members' common interest in a particular domain or area,

4. Competency based learning: learners measured against specific competencies
   Also suggests that mentors should be Active Reflectors
They considered the four main tasks of the mentor

Encourage students to learn

Help students acquire skills

To Learn in and from practice

Assessment and Evaluation of students
North American Views On Mentorship

USA is also in the midst of a nursing shortage

Places greater constraints on time to spend with students

Brought on by Lack of qualified teaching staff including mentors, Financial restrictions and lack of suitable placements.

Australia

Australia is also in the midst of a nursing shortage

One issue is a large part-time workforce often problems with continuity

Nurses often based in very Rural settings
Comparison of International approaches to mentorship preparation

Pan-European Model

Communication skills
Facilitation of learning
Assessment
Role Modelling
Learning Environment
Improving Practice

USA

Clinical teaching
Student Supervision
Communication Skills
Conflict Resolution
Learning Environment
Evaluating the Student

Australia

Experience and expertise
Good communication
Decision-making skills.
Teaching skills
Leadership skills,
Assertiveness,
Flexibility to change.
Nonjudgmental attitude

Scandanavia

Teaching and controlling knowledge
Creating trust and confidence
Focusing on the students’ goals
Being a role model
Professional growth
Being a companion in the students’ development
Being acknowledged and confirmed
Dealing with difficult students
Challenging the students
Mentorship Programme SCQF Level 9 learning Outcomes

1. Apply knowledge of **learning, teaching and assessment** strategies designed to promote and **facilitate learning** in the practice setting for a range of students, in order to maximise their individual potential.

2. Utilise best available evidence and practice to demonstrate and evaluate strategies for **supporting and assessing learning in practice**.

3. Critically reflect on the processes in **supporting and managing a learner who is failing** to meet the NMC proficiencies for registration, developing an action plan to resolve this situation.

4. Interpret **evidence based practice** within the clinical setting, ensuring that this is identifiable within the mentor and student’s individual practice.

5. Apply appropriate educational and change management knowledge, to **ensure that the learning environment is supportive and effective** for students and all members of the multidisciplinary team.
Swedish model for student supervision

Sweden also keen to assert the tripartite factors to support mentorship
An online course, dedicated website and a data base of mentors (Sound familiar).

http://staff.napier.ac.uk/faculties/fhlss/mentorcentre/Pages/MentorCentre.aspx
3. Impact on The Education and Support of Mentors in the UK

Areas of concern throughout Europe:

Competency based education leads to a plethora of tools

Student nurse drop-out rates cost, wastage and frustration, but this clearly improved with good mentoring

World wide recession, Improving Nurse Education huge cost will be incurred

Throughout Europe

Career Pathways------→Higher Education inadequate numbers of suitable nurse educators tremendous variations in standards and basic qualifications.

Modernising the image of Nurses and Midwives Parts of Europe nurses predominantly taught by medical staff

“Too posh to wash” UK media perspective
International Concerns  Mentorship

Knowledge level of students:

Differences in understanding aspects of childhood asthma between nurses in Spain, Germany and the UK. British students have a greater knowledge of Cardiac problems than German students. Recognition Mental Health qualifications

This has implications when these students become mentors to International students

Language difficulties can present problems.

Culture differences can present challenges.

Nursing organisations : NMC in UK many throughout Europe efficiency and effectiveness very variable.
International Perspectives on Mentorship

Conclusions

Nursing curricula should be specific with regard to content, learning strategies, evaluation and promoting student centred learning.

Criteria to be a Nurse Educator needs to be standardized and the quality of Nurse Education needs to be evaluated throughout Europe.

Whatever the nature of a students background their clinical experience needs to be mediated and controlled by an effectively prepared Mentor.

Clearly Nurse Educators play a significant role in this process, but Mentors are Professional Practitioners and should be actively supported in supervising students and maintaining their knowledge and skill as a mentor.
Post Script

Three points from the literature:

1. Should Mentors be rewarded in some way for mentoring?
2. How can Mentors get effective feedback from a student?
3. What role can patients play in mentorship?