The effective mentor

Key points

- There are many aspects to the role of the mentor
- A student’s welcome and induction is crucial in setting the tone for the placement
- Active listening is a key skill in forming effective working relationships
- The concept of toxic mentoring is a useful guide as to how not to do it!

NMC 2008 Domains and outcomes for a mentor related to this chapter

Establish effective working relationships

- Demonstrate an understanding of factors that influence how students integrate into practice
- Provide ongoing and constructive support to facilitate transition from one learning environment to another
- Have effective professional and interprofessional working relationships to support learning for entry to the register

Create an environment for learning

- Act as a resource to facilitate personal and professional developments of others

Context of practice

- Set and maintain professional boundaries that are sufficiently flexible for providing interprofessional care

Leadership

- Be an advocate for students to support them accessing learning opportunities that meet their individual needs – involving a range of other professionals, patients, clients and carers
- Prioritise work to accommodate support of students within their practice roles
The many roles of the mentor

According to Homer's *Odyssey* circa 800 BC, Mentor was the name of the person Odysseus asked to look after his son whilst he was away. The word ‘mentor’ now means a guardian, advisor and teacher.

According to the NMC (2006) the key responsibilities of nursing mentors include:

- Organising and coordinating student learning activities in practice
- Supervising students in learning situations
- Providing constructive feedback
- Setting and monitoring objectives
- Assessing students' skills, attitudes and behaviours
- Providing evidence of student achievement
- Liaising with others about student performance
- Identifying concerns
- Agreeing action about concerns

Gopee (2008), amongst others, cites the work of Darling (1984) who suggests the following as additional roles and characteristics of a mentor:

- **Role model** Always under scrutiny and always upholding high standards and professionalism. Someone well respected by their peers whom the student ‘looks up to’ and holds in high regard. This is a powerful position of influence.
- **Energiser** Motivating, inspiring and enthusiastic. Seeks to use every situation as an opportunity to teach.
- **Envisioner** Keen to embrace change and improve care and to encourage the student to see beyond the present and seek improvements in care.
- **Investor** Gives freely of their time, knowledge and experience. Delegates responsibility to the student.
- **Supporter** Available and willing to listen, encouraging. Humanistic and empathic in approach. Takes account of student anxiety and needs.
- **Standard prodder** Questioning, seeking to improve standards. Demonstrates up to date knowledge. Matches student tasks to their level.
**Teacher–coach**
Passes on skills and competence, guides, sets up learning experiences, allows time for practice. Encourages personal and professional development. Provides and organises a range of learning opportunities. Willing to share knowledge.

**Feedback giver**

**Eye opener**
Shows student the wider picture beyond the team, e.g.; politics, management, research etc.

**Door opener**
Points out and brokers other learning opportunities and resources, such as the wider multidisciplinary team.

**Ideas bouncer**
Helps student reflect and generate new ideas, open to discussion and exploration of the literature.

**Problem solver**
Helps student develop problem solving skills. Supportive when a student is struggling.

**Career counsellor**
Gives guidance upon future directions and possibilities.

**Challenger**
Helps student develop critically and encourages them to question and challenge views and prevailing norms.

Others have suggested that the additional desirable qualities of a mentor are that they should be:

- Assertive
- Confident
- Approachable
- Empathic
- Experienced
- Patient
- Creative
- Consistent
- Non-judgemental

- Knowledgeable
- Competent
- Honest
- A good listener
- Trustworthy
- Accessible
- Kind
- Fair
- Respected by their peers

The list could go on and on and it is obvious that a good mentor is many different things to many different people, but from the above list it is clear that a mentor is a dedicated professional with a real desire to further the profession of nursing by giving their time and energy to passing on their knowledge, skills, attitude and intuition to others.
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Trainee mentor describing the diversity of their role

I hadn't realised until I actually sat and watched a mentor and worked with them just exactly what it entailed. From the welcoming and inducting of the student, identifying their needs, setting up learning experiences, action planning, setting aside time to discuss things with them, assessing them and a whole lot more besides.

Effective working relationships

The foundation for being a good mentor is in building a good working relationship with the student. Achieving this one initial, important goal will solidly underpin every other aspect of mentorship and do much to reduce the usual anxieties of the student on a new placement. The contemporary scenario of the busy mentor in a short-staffed clinical area trying to balance the needs of the patients, managers and others with those of a student means that time is at a premium. As such, any time spent with the student must be very well used. In order for this to be the case it is imperative that good working relationships are achieved as quickly as possible. There are two major facets to this, the first is managing the student’s first day and week in a productive and welcoming way, the second is the mentor’s use of good communication skills and ‘active listening’.

Increased anxiety reduces learning (Moscaritolo 2009).

Why is this quote important?

Pre-placement visits

Both the student and the clinical placement staff should be aware of who is going where before the placement starts. A good student will contact the clinical team in advance of the placement in order to check what time to turn up, and whether there is any uniform policy or other protocols they should be aware of. Likewise a good ward team and mentor will encourage the student to come on a preliminary visit just to be given the above information and to say hello. It can help enormously to reduce anxiety on a first day if the student already knows one or two faces. The clinical team should allocate the mentor well in advance of the student arriving and the mentor should be allocated on the basis that they can stay with the student for the duration of the placement. On a pre-placement visit the student can be introduced
to their mentor and have a quick chat and any placement reading can be handed out together with the placement information pack, outlining learning opportunities and ward information, shift pattern, dress code etc. Off duty rota can be planned together and a pre-placement visit can also be the forum for any negotiation over study days and childcare needs etc., so that the anxiety over these can be managed prior to the placement. A good welcoming pre-placement visit can begin the process of socialisation into the team and its culture and can give the student an early sense of belonging.

**Pre-placement pack**

Often given out prior to a student beginning a placement these will include much of the material included in the induction. If you don’t already have a pre-placement protocol and student pack consider what should be included in one. Think back to your own experiences in the early days of placements and generate a list of useful information and things which could be achieved on such a visit. These are discussed in more detail in Chapter 3.

**Student quotes**

A common feature of student feedback is that of their mentor going on holiday shortly after they have begun the placement. These kinds of eventualities can easily be foreseen and thus avoided with effective pre-planning.

**3rd year mental health branch student on mental health adolescent unit**

Although my mentor was supportive and knowledgeable she was on annual leave for the crucial first two weeks of the placement, then she had further holidays and spent much of the time on nights. I felt quite isolated.

**1st year adult branch student on first placement (acute admissions)**

I arranged and visited the unit prior to commencement of the placement. This helped to alleviate uncertainties into what awaits you and helps in building relationships prior to the dreaded ‘first day at work’ feeling. On the starting day I was 1 hour late due to unforeseen circumstances, then I got asked by the nurse, ‘What are you doing here?’ My mentor was unaware that he was mentoring me and due to his holiday arrangements and night shifts I only saw him for 3 days over the next 5 weeks.
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The first day and week

Quote from a newly qualified mentor

Looking back on my own placements I can remember how nerve wracking it is when you start a new placement. Being made to feel welcome made all the difference. I make sure that all the students are greeted with a smile, it sets the tone for the entire placement.

The important elements of the first week are building up a rapport with the student, the orientation and induction to the placement and the all important first interview.

Building rapport

Many of the mentor attributes discussed above are familiar as the key qualities of a humanistic approach to teaching in the tradition of Carl Rogers (1994). Rogers felt that providing an appropriate culture or environment would in itself facilitate and nurture learning. A key element of this approach is in developing a relationship with the student which is respectful of their autonomy and in which the mentor displays the qualities of genuineness, respect, trust, acceptance and empathy. According to Rogers genuineness is about being your real self rather than presenting with a false role or pretending to be some sort of ideal type. The effective mentor does not feel that they are perfect nor that they know all the answers. They are real people who are still learning themselves but are willing to share what they do know. Good mentors are non-judgemental about their students and in being so are able to develop a relationship based upon trust and acceptance. Only in such an open and trusting atmosphere can a student really feel at ease and free to ask for help and to question.

Stupid question?

One sign of a good learning environment and good mentor is that the student feels able to ask any question no matter how ‘silly’ it might feel, without fear of being shot down and ridiculed.

There is no such thing as a stupid question, just learning opportunities.

Within such a relationship the student will feel respected rather than awkward and incompetent. This is especially important in the early stages of training where many students will be both young and inexperienced in
health care matters. The mentor needs to strip away some of the awe in which they can find themselves shrouded.

### Awestruck!

A 1st year student on their first placement and who has no previous healthcare experience is looking quite scared after shadowing you for the morning. Close to tears, they tell you they don’t think they can do it, that they’ll never get to be as skilled and professional as you.

What would you say to this student?

The mentor who displays an insight into the student’s needs will be displaying a degree of empathic understanding which will make the student feel more at ease. A bit of self-disclosure on the mentor’s part can go a long way here, in trying to reassure the student that they were once novices too and that the student will also become competent. Such empathy can do much for developing the student’s confidence that they too can reach the same professionalism and standard as their mentors.

Displaying and using Rogers’ core conditions as described above will allow you to build a good relationship with the student in which each other’s expectations can be shared in a trusting and open way.

### 1st year adult nursing student on mental health placement

I was really quite apprehensive and it must have shown because my mentor took me to a quiet room and we sat and had a chat about the ward and what to expect. She just sat and listened, but more importantly took me seriously.

Consistency by the mentor is also important in building trust. The mentor must do what they say they will and not embark upon a pattern of excuses for not having time and postponing agreed meetings. In many respects finding the time is the hardest part of mentoring but it is crucial to do so.

Taking the student as they are is also important and this means that the mentor must be non-judgemental and display what Rogers calls unconditional positive regard. An effective mentor is capable of being objective and has an awareness of their own prejudices and preconceptions and will not allow themselves to be swayed by such.

Wilkes (2006) reminds us that whilst we should seek to bond with the student we must keep the relationship at a professional level. Developing too deep
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A social or emotional relationship will make it difficult for a mentor to act professionally and assessments are likely to be compromised in their validity and objectivity.

Question

What might be the underlying reasons for a student trying to cultivate a friendship rather than a professional relationship?

Welcome and orientation

Orientation is the gateway to a successful placement (Beskine 2009).

The initial welcome and orientation is a crucial phase in helping the student get off on the right foot and make the most of their placement. At the outset it is useful to share a little of your own experiences of being a student and to talk a little about yourself and to ask the student about their experiences so far and a little about themselves outside of nursing. The importance of the early days of a placement are underlined by Gray and Smith (2000) whose study highlighted that a good orientation experience reduced the dependency of the student upon the mentor. Ensure the first shift is not one that is too busy so that you have the time to spend with the student. Gray and Smith (2000, p. 1546) cite one student from their study making just this point, that if the first shift is a morning one, ‘you are just going to be used as a pair of hands . . . Whereas if staff roster you on a back shift they are more willing to give you time for a proper orientation’. The orientation should include introducing the student to the ward team and giving them a tour of the area. Essential information should be given such as fire and emergency procedures, location of essential equipment and security issues.

1st year adult branch student on children’s ward

I was made to feel part of the team and felt well supported. The orientation day was very useful and you became prepared for what to expect from the department, they taught us some basic skills. I felt much more confident after this session.
First interview

It is the first interview which really sets the tone of the placement and puts the student at ease. Below is a list of things which should be covered at this early stage.

- Deal with any anxieties which the student may have regarding the placement. These may centre upon unmet objectives from previous placements to worries in relation to their ability and might include worries about the client group or type of experience. These concerns need to be listened to and dealt with early on so that the student can concentrate upon the placement.

- Clarify general information regarding contact details, shifts and breaks.

- The student should be introduced to the ward/team philosophy and made aware of the location and importance of adhering to local procedures and policies.

- It is obviously important to identify the student’s level and stage of training, and clearly ascertain their learning needs. Mentors will need to work closely with students in the first week to assess their level of competence in order to gauge the level of supervision more accurately as the mentor remains accountable for any tasks they delegate to the student. (See Chapter 8 ‘Supporting failing students’ for a more in-depth discussion of the importance of this point).

- Set achievable initial objectives so that the student can get up and running almost straight away. It is confidence boosting to be able to achieve some objectives early on in a placement.

- Discuss the student’s need to experience the full range of shifts and days.

- Ask if there is anything they need to do linked to assignments. Students can come to placements worried about assignments and it can become their prime focus if the mentor is not careful. My own personal experience as a link tutor is of visiting students on placement and wanting to discuss the student’s placement experiences but being confronted with anxious students who only want to talk about their assignments.

- Ask if there are any essential skills assessments they need to achieve within the placement. Plan the necessary practice sessions and set clear dates for the summative assessments, or reviewing progress.

- At this initial interview the mentor should explain to the student the clinical learning opportunities which are available and how best to access them.

- Discuss the importance of reflection and how you will facilitate this.

- Identify dates for subsequent more formal interviews.
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- The mentor should identify objectives for shifts when they cannot work with the student and identify a named co-mentor or ‘associate mentor’ who will support the student.
- Point out any learning resources such as internet access, books, journals, and any study area.
- Ask about their strengths and areas they would like to work on. There may be things they have been avoiding or haven’t had the opportunity to do as yet. Many mental health students, for example, become quite anxious about giving an intramuscular injection, some because they don’t like the idea and some because all their peers have done this and they feel that they are behind.
- Reiterate issues around professionalism and motivation, timekeeping and confidentiality.

In general the overall impression the student gets should be one of an enthusiastic and competent mentor who will make sure they get a good experience if they themselves put the effort in. The initial interview is thus a good time to remind students of their responsibilities.

1st year student on oncology placement

Having such a good mentor enabled me to learn many new skills. From the start of the placement I felt like part of the team and they created a great environment to learn in. They guided you towards the knowledge base.

The initial interview is also the place to discuss the student’s own responsibility towards the placement and their own learning. It is important that students do not become too reliant upon the mentor and should begin learning to shoulder some responsibility early on in their training.

Student’s placement responsibilities

- Contact the placement in advance and establish start time and dress code etc.
- Undergo all induction tasks.
- Act professionally in relation to timekeeping, dress, attitude and confidentiality.
- Identify your own learning needs.

(continued)
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- Take responsibility for your own learning needs.
- Be honest about your own ability and level of competence.
- Ask for help when unsure.
- Always respect the client’s dignity and individuality.
- Actively participate and seek out learning opportunities.
- Ensure you make time to reflect.
- Identify and undertake insight visits with the wider multi-disciplinary team.
- Practice good communication and a willingness to work with the team.
- Ensure you keep your placement paperwork up to date.
- Present your mentor with evidence of achievement at regular intervals.
- Act upon constructive feedback.
- Ensure you complete assessment documentation and submit it.
- Evaluate the placement and feed this back.

Guidance on Professional Conduct for Nursing and Midwifery Students (NMC 2009)

This mirrors the checklist above and can be downloaded at www.nmc-uk.org (under publications and guidance). It can form a very useful basis for discussion around the student’s responsibilities.

2nd year student on surgical ward

When I raised my concerns about my lack of input from my mentor my issues were addressed quickly. I was expecting my mentor to shepherd me all the time, now I realise I need to just muck in and get on and seek out opportunities for myself sometimes.

Induction checklist

The clinical area should have its own induction schedule for students which they have to complete within the first couple of days and tick off and date to show they have undertaken what is necessary. Often this can merely be
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adapted from that used for new staff. There will be variations according to clinical speciality but it should include the following:

- Tour of area and facilities
- Staff introductions (key staff to meet)
- Contact information (team and student)
- Clinic times and policies regarding sickness and uniform
- Key policies and location (e.g. clinical, health and safety, moving and handling, lone worker policies, close observation, escorting clients, Mental Health Act)
- Fire, call numbers, alarms, equipment, procedures, escape and assembly points
- Emergency and resuscitation procedures, equipment, call numbers
- Moving and handling equipment location and use
- Waste disposal, control of infection
- Prevention and management of violence and aggression policy and procedures
- Incident reporting
- Security issues.

2nd year mental health student on adult medical ward

The orientation to the ward and induction pack was great, it helped us to work through things even when staff were busy and couldn’t devote the time to showing the students.

Active listening: the basis of effective working relationships

Achieving Rogers’ core conditions is an important foundation for an effective relationship with the student but in order to make it work it requires good communication skills too. Perhaps the most useful communication skill in mentoring is that of active listening. The mentor who regularly takes the time to listen to the student’s concerns and frequently canvasses their opinion is laying the foundation of a good working relationship. Essentially active listening is the ability to listen attentively, concentrating upon what the person is saying and making them aware that you are doing so. This sounds a bit simplistic, but it is easy to listen and not hear, i.e. forget half of what the person has told you. It is also easy to listen and give the other person the impression you are not interested. Both of these will quickly bring the
conversation to a close and therefore be of little use. The key elements of active listening bring together a range of verbal and non-verbal skills, both of which aim to convey your interest and develop the communication. In counselling scenarios the active listener is trying to get the speaker to open up and describe their predicament in detail in order to help them explore it and its meaning for them. The skill is in blending the non-verbal elements such as eye contact and posture, with the verbal elements such as questioning skills.

Non-verbal elements of active listening

The non-verbal elements of communication are often overlooked and taken for granted. However they are just as important, if not more so, than the verbal elements in conveying to the speaker the interest and concern of the listener.

Egan (2002) summarises the non-verbal elements of communication by suggesting the acronym S.O.L.E.R. as a guide to helping us to ‘tune in’ to the other person and give them our full attention

S  Sit squarely or slightly angled, facing the student indicating involvement
O  Open posture, no folded arms or defensive, excluding postures
L  Lean towards and orient yourself to the student to show interest
E  Eye contact, ensure it is steady and natural, not threatening
R  Relax, be comfortable and be your self. Try not to fidget.

Below are some tips for improving non-verbal communication:

Give good eye contact

Don’t stare directly at the person as this can be off-putting, uncomfortable and be misconstrued as aggressive. The British are said to be quite reserved and not to like a great deal of eye contact, whereas other cultures would interpret our comfortable level of eye contact as disinterest, preferring a much more direct and prolonged gaze. This fits in with the belief that a person who will not look you in the eye has something to hide and is generally not to be trusted. Good eye contact means different things to each of us but in general look at the person directly from time to time and keep reinforcing this contact.

Facial expression

This provides the listener with a window into the emotional state of the speaker and vice versa. We need to ensure that we pick up on subtle clues and act upon them, for example, ‘you seem quite annoyed by that’ or, ‘you look confused’. Facial expression can often let you know whether someone understands or not. Likewise we need to ensure that our facial expressions denote our interest in the speaker and do not suggest disinterest and boredom.
An occasional smile and nod of the head will often be sufficient to let the speaker know we are still with them. It is worth remembering that it is relatively easy to lie verbally but much harder to lie non-verbally.

**Overcome your own concerns**

You cannot listen effectively to another person if you cannot put aside your own personal issues such as being worried about whether your car will get clamped or you are ruminating upon your own personal issues. You need to give the other person your whole attention.

**Don’t be put off by silences**

These are important in allowing the speaker to reflect upon what they have said and formulate what they wish to say next. In emotional meetings they can feel awkward and there can be a tendency for the listener to bring silences to a premature end because they feel uncomfortable; this denies the speaker the opportunity to feel and express their emotion which is a necessary part of the process if they are to come to terms with it and explore their worries further.

**Avoid distractions**

Ensure that you arrange for privacy and not to be interrupted. Let others know that you are in a private meeting and put a sign on the door.

**Paralinguistics**

Tone of voice is the obvious example here. Again, this can give us significant clues as to the emotional state of the speaker and how they feel about what they are saying. We use tone of voice to express aggression and passion and a whole range of other emotional states. Other vocal aspects of non-verbal behaviour are the ‘grunts’ and similar noises we make in conversation to reaffirm we are listening. These are the ‘aha’ and ‘mmmm’ sounds we make which we use in conjunction with an often unconscious nodding of the head in order to demonstrate that we understand.

**Posture**

Sitting or leaning slightly forwards towards the speaker suggest that you are interested in what they have to say, just as leaning away implies that you are not. We tend to keep a safe distance from those we are wary of and get close to those we are fond of and this delivers a simple but powerful message. Likewise fidgeting suggests anxiety and we should be alert to such signs in the student.
Verbal elements and questioning skills

Whilst non-verbal skills enable you to display interest and concern in the speaker, it is the verbal skills which help you to clarify and explore the content of what is being said in order to gain a greater depth of understanding of the speaker's position. Below are some tips for improving your verbal and questioning skills:

Explore feelings

If a person is angry, sad or emotional then the listener has to help them to work through those feelings before they will be able to explore any other issues. The student who is upset at a failed assessment will need to be allowed to express and explore their emotions before they will be able to discuss the way forwards. You can't discuss an action plan with an angry or tearful student.

Don't interrupt

Let the other person finish before you jump in with your views. It is a natural tendency to want to do this but it is disrespectful and may cut off the speaker when they were working up to something they feel strongly about.

Challenging

This is about keeping a meeting or discussion on track. Having said don't interrupt you may have to bring the dialogue back on track as it is easy to avoid a difficult situation by skirting around the bush and filling the time with unrelated material. A student might need to be prompted and guided back onto the core subject matter under discussion. There are usually good reasons as to why a person is reluctant. The work of Egan (2002) *The Skilled Helper* points out that every now and again we need to be challenged to move forwards. Occasionally we become stuck for a variety of reasons, we may be anxious or avoiding a situation and need to be challenged to confront that fear and work through it. We all occasionally suffer from what Egan calls the 'blind spots' of unawareness, self-deception, choosing to stay in the dark, or knowing but not caring. Only when these are challenged and acknowledged can the person work on them and move on.

Self-disclosure

A little self-disclosure can go a long way towards letting the speaker appreciate you have similar experiences and know how they might feel. However make sure that you do not hijack the conversation and lose the focus upon the student. In counselling scenarios a client may try to get the counsellor to speak about their lives because it deflects attention away from themselves and the difficult task of dealing with their own problems.
Summarise
You can’t possibly remember everything so occasionally, at appropriate points, stop the conversation and summarise what you understand the person has been saying. This does two things. It allows you to make sure you have got it right and understood correctly. If you are wrong the student will tell you and clarify the situation. It also tells the student that you have been listening to them and so encourages further dialogue.

Open questions
‘How did you feel when you . . .?’, or ‘What do you think should have been done?’ These questions demand more than a yes or no answer and lead the speaker on to divulge more information. They try to get the person to open up and explore the subject in greater depth. Try not to use closed questions or leading questions as these will stifle the conversation and lead to an incomplete, unshared or biased view.

Try to turn these closed questions into open ones:
- Do you think that is the best way to do it?
- Would you do it the same way again?
- Will you be able to manage?
- Did you manage to do it?
- Should that go there?

Clarifying questions
‘What did you say you did when that happened . . .?’, ‘What do you mean when you say . . .? These allow you to make sure you have got the story right and help to avoid any ambiguity.

Probing questions
‘Can you tell me a bit more about that?’, ‘What does that mean in terms of your future learning needs?’, ‘Why do you think it could have been prevented?’, ‘Why is that important?’ These questions let you delve deeper to get more detail and help to clarify the position.

Hypothetical questions
‘What do you think would happen if . . .?’, ‘What else would you have to do if . . .?’, ‘If money was no object how would you improve . . .?’ These are useful in getting the student to think more creatively and pushing their learning from experience to a deeper level.
Reflection

This means occasionally reflecting back what the person has said in order to clarify understanding and make sure that’s what they meant. It can also demonstrate that you were listening carefully. You can do this by ‘echoing’ back what the person has said exactly as they said it or you can ‘paraphrase’ it by putting it into your own words. The person will say ‘Yes, that’s right . . . ’ or ‘No that’s not how I see it, what I meant was . . . ’ Either way you have clarified your understanding of the situation and they have been reassured that you want to get it right and are listening attentively.

Non-verbal exercises

As a lesson in self-awareness arrange with a colleague to record on DVD an interview between yourselves. Equipment can usually be borrowed from the school of nursing. Take turns to be interviewed and to interview, discussing some work-related issue. The interviewer’s job is to draw out the information from the talker. Try to summarise occasionally and clarify where necessary. When finished watch the recording together and discuss the skills used by the interviewer. Take note of your non-verbal behaviour and identify and discuss the questioning techniques used. This is a good exercise in practising these skills and also an opportunity to see how we come across to others visually and behaviourally as we are often unaware of our non-verbal ‘habits’.

Motivation, Maslow and mentors

The motivational theory of Abraham Maslow (1987) is described later in Chapter 4 in relation to learning and teaching theory but here it is useful to look at it from the practical point of view of a student on placement. In identifying an order in which we usually meet basic human needs Maslow gives us a clue as to how to appreciate and account for the needs of our students. According to Maslow some higher order needs cannot be met until certain lower order needs have been met. Physiological needs must be met first followed by the needs for security and safety, belonging, self-esteem and finally self-actualisation. Because of this we also need to see students as people who have lives, and therefore other needs, outside of nursing.

Physiological needs

Students will not be able to get the best out of their placement if they are not eating enough and we must recognise that some students live within scarce means. Most universities will have student hardship funds and support mechanisms for financial needs. The mentor can involve the link tutor to help the student explore these. They might also be having problems with
accommodation, or lack of sleep due to stress and pressure of study and many students balance their full time nursing course with paid work elsewhere. Add to this mix a ‘healthy!’ social life and it is easy to see why a student might be too tired to get the most out of the experiences the placement provides. A number of students will of course invert Maslow’s hierarchy with the need to ‘belong’ and ‘party’ taking precedence over the basics such as eating. Mentors may need to remind students about their professional responsibilities. Likewise many students are mature and have families and lives to balance. Mentors need to take account of these human stresses and strains and be realistic in their expectations and supportive, but also be assertive and offer guidance where a student is consistently falling short of expectations. An open and frank discussion should ensue and a way forward agreed. The student can be pointed in the direction of other support mechanisms if appropriate and the mentor may also involve the university link tutor should it become necessary.

**Security and belonging needs**

The need to feel secure on placement can be met by reducing anxieties especially early on in a placement. A good orientation programme will do this with the student being met and seen early on by their mentor and inducted and introduced to others within the team. It is also important for students to feel well supported when they are asked to perform tasks with which they are unfamiliar or which are particularly demanding. The mentor being aware of the student’s level and ability should ensure they are adequately supported and account for their anxieties. It also helps if students are not alone on placement but have peers they can access to chat to and work with. Sometimes on short placements it can be difficult to achieve a real sense of belonging but a good mentor can still help to make a student feel they are valued and make a useful contribution, by giving them time seeking their opinion and making sure they are involved.

**Self-esteem**

This need will be met if the above categories have been met because the student will have a sense of being involved, valued, wanted and of making a positive contribution. Being given frequent positive feedback and being included in the social as well as the working life of the clinical team will foster this even further.

**Self-actualisation**

Self-actualisation is a vague concept and often ill defined. Self-actualisation has been described as the achievement of ambitions and goals in professional or personal life. Others describe it as fulfilling one’s potential. It is difficult
for a mentor to promise this but for many students the road to this goal can be via the personal and professional achievements made on the journey through a successful placement and nurse training.

**Liaison with higher education institutions (HEI)**

In order to be an effective mentor you need the support of your partner in training, the higher education institution, university or school of nursing. Good links here can make both the student's and mentor's life much easier. It is the HEI’s role to support both the students and the mentors usually via a named link tutor or some other form of practice learning support. Such a link tutor will be able to help mentors keep abreast of changes to the course structure and paperwork, and be there to advise new mentors and advise on creating a good learning environment. The link tutor can also help mentors to map placement learning opportunities to the competencies students must meet and with interpreting those competencies for specific clinical areas. The HEI will usually also provide the local mentor training programme and provide regular mentor updates.

The student’s personal tutor will also be a source of support. They will keep an eye on the student’s progress throughout their training and can be supportive in forming action plans where concerns are raised with particular students.

Questions which might be considered useful in relation to your own clinical area are:

- What links do you have with the university?
- Who is your named link person?
- How can you extend the link?
- What information does the university give you prior to placing students?
- What other information would you like?
- What involvement (teaching) could you have within the university?
- What feedback about the placement do you get and can this be improved upon?
- Do you know how to access a students’ personal tutor?
- Do you know how to access mentor updates?
- Is there a protocol for dealing with difficult situations?
The effective mentor

It is a good idea to explore the ways in which mentors and the ward team can become more involved within the school of nursing or university by, for example, undertaking teaching sessions and giving good practice workshops. Similarly it is worthwhile investing some time in thinking about ways in which you can exploit the expertise within the university and create stronger links with the ward. This is discussed more in Chapter 3, ‘The clinical learning environment’.

Toxic mentoring

An examination of how not to do something is usually a good guide to how to do it well by identifying negative behaviours to avoid. The concept of ‘Toxic mentoring’ describes those behaviours.

A student experience

They were never there. Even on the days we were rostered to work the same shifts he was either off doing something else or he’d changed shifts. I ended up working with anyone who’d have me, or just doing stuff off my own bat. When we did work together he just gave me menial stuff to do and when I did get to do something more interesting he never asked me about it or told me I’d done well. I think we only worked with each other about 8 times and yet he signed all my paper work! I didn’t learn much but I passed!

In the busy clinical area where demands upon the mentor’s time are great, and where there are mentors who for various reasons do not particularly like mentoring students, there are various behaviours which have a negative impact upon the student experience and which have come to be known collectively as ‘toxic mentoring’.

How not to do it

If you were a ‘toxic’ mentor, list the ways in which you could sabotage and detract from a student’s learning experience.

The impact of toxic mentoring can be devastating for students as evidenced by the following quotes.
Quotations from student placement feedback

‘It really shocked me that she had assigned herself to work with students and should be an inspiration to them. I left the shift completely disillusioned.’ Student midwife.

‘The first encounter with my mentor was at the beginning of my second week on the ward and this was an experience I shall never forget. She was rude and aggressive towards me and I didn’t want to go in the next day.’ 1st year adult nurse.

‘There were many procedures done on a daily basis, but we were never asked to watch or help.’ Mental health student on adult placement.

‘The placement would have been a lot better if my mentor found things for me to do instead of leaving me alone. It made me feel very useless.’ Adult nurse student on adult ward acute placement.

‘She did my final interview without me. When I went in, in my own time, she said she couldn’t be bothered to do it and would do it at home later.’ Mental health student on adult placement.

‘I spent an awful lot of time just hanging around. It would be nice to have a mentor to work with and not one who spends all the time in the office.’ 2nd year adult nurse student.

‘Because of me being an adult branch student, the mental health branch student got more of a look in than me because it was her intended branch.’ Adult branch student on mental health placement.

‘Basically I spent the days making beds and working with the care assistants.’ Adult student on adult placement.

‘Because of the challenges presented when working with young people and the emotions invoked from doing so, effective mentorship is essential. I often felt that the mentor dismissed my concerns, especially around restraint, as they were so familiar with the environment. Mentorship and supervision is essential here, especially in the first few weeks of a placement and needs to be formal and regular.’ 2nd year mental health student on child and adolescent mental health placement.

‘There’s no point in teaching you anything you’re only here for a fortnight.’ Mentor to adult student on theatre placement.

‘My final interview consisted of my mentor criticising my outcome evidence. She gave me no verbal praise or feedback and her comments were written without discussion. I didn’t feel I could approach her to discuss the issue as over the course of my placement my confidence had been somewhat undermined.’ Adult branch student on accident and emergency placement.

(continued)
The effective mentor

‘A different mentor.’ Adult branch student on being asked how the placement could have been improved.

‘If my mentor had given me more tasks to perform and more responsibility it would have been OK. As a third year I am supposed to be nearly competent and need to develop my nursing skills but I wasn’t given much chance.’ 3rd year adult branch student.

Davies et al. (1994) found that mentors gave structure, planning and meaning to the students’ learning experience compared to students who had no mentor, who felt they were left largely just ‘hanging about’ purposelessly trying to slot in somewhere and make the best of it. Such a feeling is common to the student who experiences toxic mentoring.

Darling (1986) identifies four broad types of toxic mentor and others have identified variants on the same theme:

- **Avoiders.** Avoiders simply are never available for a variety of reasons. This can lead to the student not being able to key into the placement and the team and so not being able to fully exploit all the placement has to offer. It is a simple strategy for mentors to arrange and stick to meetings with the student and there is really no good excuse for not doing so. Occasionally the realistic excuse of being too busy will hold water but the regular occurrence of this phenomenon indicates a mentor who is not at all committed to the task.

- **Dumpers.** These put students into difficult situations and give them tasks well out of their depth and offer no assistance. This can obviously be dangerous and can have a huge negative impact upon the students’ confidence. Such a student will be very unlikely to ask the mentor for anything else to do and is likely to spend the rest of the placement with their head well down trying to avoid the mentor. This type of mentor will also take little responsibility for organising meetings or learning experiences, leaving it all up to the student. As such it is an abdication of responsibility. Such mentors are also likely to ‘dump’ unwanted jobs upon the student.

- **Blockers.** These actively refuse students’ requests for help or experience and withhold information, or over-supervise the student so limiting their development.

- **Destroyers/Criticisers.** These damage the students’ self-esteem by always being negative and concentrating on faults rather than strengths. At its worst this is done in public and has a huge impact upon confidence. Such mentors can also have a tendency to an over-inflated view of their own level of competence and can regard themselves as experts. Such a level of arrogance can be very off-putting for the novice student. One of the prime joys of being a mentor should be in embracing the challenge.
which students present. The welcoming of questioning minds and the desire to find out from the student any new theories or updates learnt in the university is a bonus. Once this desire is lost the mentor needs to reconsider their role.

### List of toxic mentor behaviours

- Works with student much less than 40% of the time.
- Frequently cancels meetings.
- Regards student as a care assistant.
- Will not let student do anything unsupervised.
- Does not take account of level of learner.
- Does not find out students learning needs.
- Puts student in difficult unsupervised positions.
- Does not broker learning experiences.
- Frequently asks others to ‘look after’ the student.
- Leaves the student to arrange everything.
- Does not engage student in reflection on experience.
- Feedback focuses upon the deficits and ‘weaknesses’.
- Does not help with action plans.
- Takes no responsibility for student learning.
- Doesn’t attend mentor updates.
- Is unfamiliar with the students paperwork and assessment.
- Rarely aware of the evidence behind their own practice.
- Does not acknowledge students prior experience.
- Reluctant to embrace change.
- Displays unprofessional behaviour.
- Does not link work well with the multi-disciplinary team.

### Supernumerary status

A common feature of toxic mentoring is the convenient forgetting of the supernumerary status of the student, who immediately becomes an extra pair of hands and is rostered as an extra health care assistant. To a team
manager on a budget this represents a saving in not having to ‘buy’ in bank staff, but essentially this is an abuse of the student’s learning needs. Students are additional to the usual workforce requirements.

3rd year student on medical ward

I was finally given a mentor in week 4 and I was given my next shifts. I assumed they would be the same as my mentor’s but they were actually the opposite shifts to his. When I asked if I could change my shifts the deputy sister said no as I had been given the shifts as they were short-staffed on those days and if I swapped there would be a staff shortage. During the whole placement I felt like I was being used to cover a shortfall in staff. If the senior staff saw me they would take away the HCA and say they were not needed as there was a student there.

2nd year mental health branch student on mental health admission ward

More support should have been given to the students by the staff but also more support given to the mentors. When I first arrived on the ward no-one knew who I was and they said they were not expecting me. Also no-one knew who my mentor was and it took them a while to allocate me a mentor. They seemed unorganised for students.

The NMC dictate that all student experiences should be ‘educationally led’. However this is not to say that the student should not ‘muck in’ and perform the day to day tasks common to busy clinical areas. In general the advice, ‘you get out of it what you put into it’ holds true for placements. There is much to be gleaned from ‘buddying’ with a health care support worker (HCSW) and drawing upon their years of experience. This is a vital part of the student’s learning experience, but not the mainstay of it. Mentors and teams who do not utilise their health care support workers should consider the benefits of doing so for all concerned. Formalising this ‘buddy’ role can greatly enhance the status and self-esteem of the HCSWs we often take for granted. This is explored in greater depth in Chapter 9.

How can a student deal effectively with a toxic mentor?

Darling, who first coined the term ‘toxic mentor’, suggests that students build a support network of others whom they can turn to, but this is easier (continued)
said than done and does little to help the ‘stranded’ student (Darling 1986). The student in this situation is unfortunate and it takes a degree of assertiveness and courage for a student to speak out. Many a student will ‘cope’ by avoiding the mentor by trying to work different shifts. Often the student will have the support of their peers and fellow students on the ward and they will try to access other ‘associate’ mentors and staff in order to try and salvage their placement experience. This is not always possible and the student should try to be assertive and request a meeting with their mentor. At this meeting they should point out what it is they feel aggrieved about and what they would like from the mentor. If necessary they could seek support and request the presence of their university link tutor who would act as their advocate if necessary. Should things not improve the student should request a new mentor. It is always difficult for students to undergo what ostensibly is the process of complaining as there is a natural tendency to fear that they will not pass the placement if they ‘upset’ their mentor. However the student has a responsibility to themselves and to the students who follow them to ensure they get a good learning experience. Ultimately if this is not happening, after meetings have been held, then the student should be encouraged and supported in putting in a formal complaint. The ‘toxic’ mentor is in breach of both their employment contract and, as Quinn and Hughes (2007) point out, their professional code of conduct. The student needs to keep a clear account of deficits and negative behaviours so that they have an accurate and objective record upon which to base their claims.

There is much anecdotal evidence that student complaints about their placements only surface in post-placement evaluations for the reasons we hinted at above: they have left (and hopefully passed) the placement and need not face the person concerned again. Much of the onus here lies with the universities and schools of nursing in ensuring that they have in place good student support mechanisms and that students’ feel that they will be supported if they have worries and concerns and need to access that support.

From the student learning perspective actually dealing with the problem and if necessary pursuing a complaint, will be a ‘good’ learning experience into how to deal with negative staff for whom they will have responsibility once qualified.

The university will have in place a placement evaluation mechanism whereby such negative experiences of students will be followed up and explored and if necessary appropriate action taken. Such action might be a refresher mentor course, buddying a more experienced mentor or a disciplinary action by the employer.
Mentor SWOT analysis

A SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis is a simple and effective way of examining your own mentorship role and helping you develop and improve it. This is an extremely efficient method of reflection which will help you to explore your practice in detail and often highlights areas which are often not obvious.

- Strengths are your positive attributes and resources which enhance your ability to mentor a student.
- Weaknesses are aspects you feel you need to improve upon or skills you lack, aspects which you feel detract from your ability to be a good mentor.
- Opportunities are the resources and opportunities you have around you which you might be able to access and which support you in the role.
- Threats are the pressures and practicalities and other aspects of your role and responsibilities which might get in the way and hamper your ability to be a good mentor.
- Use the SWOT analysis to list your own personal qualities and strengths and examine the weaknesses and threats to your role as a mentor.

Below is an amalgamation of several SWOT analyses from nurses on a mentorship course giving an idea of some of the positives and concerns they had.

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
<td>Lack of experience as a mentor</td>
</tr>
<tr>
<td>Work well in a team</td>
<td>Find it hard to delegate, 'need to be in control'</td>
</tr>
<tr>
<td>Sound knowledge base</td>
<td>Unsure about teaching skills</td>
</tr>
<tr>
<td>Experienced</td>
<td>Don't know much about curriculum</td>
</tr>
<tr>
<td>Timekeeping</td>
<td>Little leadership experience</td>
</tr>
<tr>
<td>Organised</td>
<td>Not sure about the paper work</td>
</tr>
<tr>
<td>Willingness to teach</td>
<td>Lack of confidence about assessment</td>
</tr>
<tr>
<td>Professional</td>
<td>Nervous about giving criticism</td>
</tr>
<tr>
<td>Motivated</td>
<td>Find it hard to fail someone</td>
</tr>
<tr>
<td>Non-judgemental</td>
<td>Poor time management</td>
</tr>
<tr>
<td>Sense of Humour</td>
<td>Tend to leave things to the last minute</td>
</tr>
<tr>
<td>Fair</td>
<td></td>
</tr>
<tr>
<td>Love my job</td>
<td></td>
</tr>
<tr>
<td>Accessible</td>
<td></td>
</tr>
<tr>
<td>Supportive</td>
<td></td>
</tr>
</tbody>
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(continued)
### Opportunities

- Many students in area
- Plenty of opportunity to be an associate mentor
- Doing the mentor course
- Existing mentors to get help and learn from
- Good university link tutor
- Good peer support
- Many opportunities to work with other disciplines and specialist nurses
- Clinic is good learning environment
- Many skills I could teach

### Threats

- Time constraints, not being able to give the students enough time
- Pressurised ward/heavy case load
- Staff shortages
- Stressful environment at times
- No other mentors on ward
- Little support from other staff

Merely identifying your strengths, weaknesses, opportunities and threats can lead to useful insights, but the real value of the analysis is when it is used to identify personal development goals. The goals will be centred around consolidating strengths and thinking about how best you can use them. The goals will also be about eradicating or overcoming weaknesses, exploiting opportunities and nullifying threats. Such goals should then become the focus of an action plan in order to take advantage of the insights gained. Try to set time limits to your action plan and ensure that your objectives are SMART, i.e. Small, Measurable, Achievable, Realistic and Timed.

Below are just a few of the goals and ideas derived from nurses undertaking a mentor course:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Become more aware of the students outcomes</td>
<td>Try mapping the outcomes to the clinic’s learning opportunities</td>
</tr>
<tr>
<td>Gain confidence in assessment</td>
<td>Co-assess with a current mentor and sit in on assessments</td>
</tr>
<tr>
<td>Adapt teaching and learning opportunity to level of student</td>
<td>Work with associate mentor as much as possible, identify level of current students and identify appropriate tasks.</td>
</tr>
<tr>
<td>Become familiar with the paperwork</td>
<td>Ask current student to explain theirs to me, check with link tutor</td>
</tr>
<tr>
<td>Practise teaching skills</td>
<td>Do teaching sessions for current students and health care support workers</td>
</tr>
<tr>
<td>Find out more about curriculum</td>
<td>Ask link tutor</td>
</tr>
<tr>
<td>Qualify as a mentor</td>
<td>Complete the mentor course</td>
</tr>
<tr>
<td>Ensure time will be available</td>
<td>Speak with manager regarding expectations and time for students</td>
</tr>
</tbody>
</table>
A useful alternative

Another excellent way to use this tool is to get a student you are mentoring to do a SWOT analysis of their experience of your mentoring. The benefits here are that this is not your opinion about yourself but a more objective outside view. It is helpful because we often see things differently from each other, and are often unaware of how we come across to other people so it is good to get another opinion to contrast with our own. When you hear a tape recording of your own voice you can be taken aback at how different you sound, but that is how other people hear you. The student’s SWOT analysis of you will let you know how you come across to them.

Summary

This chapter has

- Looked at the diversity of the role of the mentor
- Highlighted the importance of a good working relationship and the interpersonal skills which foster this
- Described how to facilitate the initial stages of the student’s placement
- Identified how ‘toxic’ mentors can sabotage a placement experience and what students can do if they encounter such a toxic mentor
- Described the use of a SWOT analysis to enable mentors to audit their mentoring skills and produce a personal development plan.

The next chapter will move on to examine the mentor’s clinical area and what it takes to make it into a positive learning environment.

Further reading

Musinski, B. (1999) The educator as facilitator: a new kind of leadership. *Nursing Forum*, 34(1): 23–9. This article reiterates much of what we have said, in that it is increasingly recognises that the participation of the learner is vital for effective education to occur. The mentor should act as facilitator, creating an environment conducive to learning which motivates individuals to want to learn.

**References**