C.H.A.I.N. Work-Based Learning Event
Reading, December 8th and 9th 2003

KEY ISSUES ON MENTORING WORK-BASED LEARNING

Dr. Charlotte Ramage, principal lecturer, Work-Based Learning Coordinator, Institute of Nursing & Midwifery, Brighton University

Introduction

Making a Difference 1999 established the government's priorities for change relating to nurse education. Amongst their recommendations for more flexible entry pathways into nursing and the creation of more flexible career pathways within nursing there were also calls for a need to strengthen opportunities for continuing professional development of practitioners within nursing, midwifery and health visiting. This was followed up with the NHS Plan (DOH 2000) emphasising the importance of continuing professional development, life long learning and increasing training commissions for nursing, midwifery and health visiting. Ensuing documents, Working Together- Learning Together (DOH 2001) and Learning for Everyone (DOH 2002) set within the context of Clinical Governance have substantively changed the way that higher education now view education within the health care professions. There is a realisation that staffing levels affecting release from the workplace, increasing distances between clinical settings and the university and a rapidly changing health culture have challenged traditional ways of delivering educational courses and that new, more responsive, flexible modes of meeting individuals learning needs are required in the form of work-based learning, e-learning and distance learning.

Shifting the delivery of education from the traditional higher education setting into the workplace and the responsibility for learning to the individual requires considered attention and can not be wholly embraced without addressing key areas of need, the main role that immediately stands out is that of the mentor. In a system of education that relies heavily on the facilitative support and guidance of professional colleagues to support individuals through a learning experience, the attitudes and facilitative skills of health care professionals becomes crucial for its success.

Preparation for mentors and teachers (ENB/DOH 2001) did provide a useful guide for the preparation of mentors but neglects to address the fundamental differences between mentorship of pre registration nurses and midwives and mentoring work colleagues. My own experience with instigating work-based

learning within East Sussex have revealed key areas of need for mentors facilitating learners through a work-based learning experience, for example; assisting colleagues in developing a programme of learning that enhances their career potential; defining learning outcomes that can be assessed; developing competences; judging colleague performance and the need for support throughout this process. It is these areas that I intend to develop within this paper and ensuing discussion. I hope to demonstrate how a robust tripartite relationship between Higher Education, mentors and the learner can create a rewarding learning experience, enhance the objectives of the health care organisation towards improving the quality of service provision and meet the academic requirements of HE.

The plan for the NHSU Learning for Everyone clearly states that there will be enough educators available to support learning within practice. The type of educator varies currently. Whilst there is a project funded by the workforce confederation employing currently 15 Practice Placement Facilitators with excellent educational credentials within Surrey whose remit has been to set up WBL initiatives in their workplace areas, there are only four anticipated beginning work in the Sussex community areas at the beginning of next year. Our programme is, therefore, heavily reliant on mentors and nurses in professional development and training development roles who have little experience in this field. In particular we have a real problem with a lack of mentors in the community.

What has emerged is that good mentorship is vital if learners are to sustain their motivation to continue with their studies. In order to explore what good mentorship might mean I intend to use the NMC/DOH/ENB Advisory standards for mentors and mentorship.

Knowledge of course development, facilitation of learning and assessment are dealt with separately in the advisory standards for mentors. This can be done because, for the most part, the curriculum content is already developed into a series of modules with learning outcomes clarified and assessment procedures both in terms of frameworks for assessment and the specific assessment task for each module. The mentor is therefore required to have a working knowledge of that curriculum and know how to support the student in their learning, helping them to identify ways of meeting their learning objectives and possess the skills to assess the student in practice.

In work-based learning this is not the case. The whole point of work-based learning being that the learner has a significant role to play in deciding what learning is most relevant for them in their field of practice and that the mentor, as a member of the work organisation must enable the learner to realise their learning needs whilst ensuring that the learning programme addresses the occupational requirements of the organisation.

The mentor therefore needs a knowledge base that not only reflects an EB approach to practice as suggested in the advisory standards but they also need to have a working knowledge of the educational strategy for the Trust /

PCT; knowledge of curriculum planning, and knowledge of the development of assessment tools.

Course development

With pre registration nursing programmes the extent of involvement on curriculum planning may be from involvement in providing evaluative information on student experience for the most part to membership of a course board planning team. In work-based learning the mentors work only with an educational advisor and learner to assist the learner to identify the content of their module. As opposed to a group activity, much of this activity will take place on a one to one with the learner. The educational advisor is more likely to enter into a dialogue once the substantive aspects of the module are developed to assist with language construction and clarify the relationship between work effort and credit and depth of content exploration and academic level.

Curriculum planning can be approached on two main levels. There is the development of a work-based learning experience for an individual and then there are packages of learning that are developed in work placements with predetermined learning outcomes and competencies. These packages of learning may have existed as a rolling programme for a number of years and usually reflect some form of orientation for the health care professional as they enter a new organisation / department. These programmes lend themselves well to academic accreditation through work-based learning and vary in their level of robustness with regard to satisfying HE that they do provide an appropriate level of learning and are assessed using standardised assessment tools. However, they do need close inspection because on many occasions it is clear that content is delivered in a one-way format and can strongly or subtly influence occupational socialisation into roles - *this is the way we do it here*, and reinforce subordinate roles between doctors and nurses. The potential for socialisation into the exiting order of things was discussed as an important concept within the work of (Cahill 1996, Neary 2000). Teaching materials also need attention. There can be little reference to evidence based practice, with handouts that have no references or old references so the content cannot be readily used to underpin reflective writing on learning experiences. It is this appreciation of the importance of the link between theory and practice that is important if learning within the workplace is to be accredited. Learning outcomes can also be written in a generic format, omitting to differentiate between the academic levels of expectation.

Re designing learning programmes can be quite daunting for mentors. I have found that I need to visit a practice area at least three times to support mentors through the process, which takes about six months to a year because it's achieved when everything else is done in the practice area.

For those mentors working with individual learners who have come forward to engage in WBL, there is no former development of a curriculum and so this needs negotiating and designing from 'scratch'. The benefit for the individual

in this situation is that their programmes do genuinely appear to be responsive to the individual learning needs of the learner as opposed to a pre prescribed programme of learning with little give for the needs of the learner to emerge as a separate issue. This doesn't need to be a problem because you could say that the needs of the learner and the organisation are the same. The learner wants to be considered a competent practitioner in her chosen field of practice. What I have yet to discover is whether it makes a difference to learner motivation to engage in the process where they feel they have designed the programme themselves or inherited a prescribed programme of learning. The skills needed in these situations are skills in succinctly identifying what skills and knowledge need to be acquired / developed in order to meet key role objectives. Skills in writing learning outcomes and competencies are important for this process. It is absolutely essential that the learning outcome statement and the evidence to support the learning outcome are absolutely clear in order that the portfolio when submitted can be fairly assessed. Their learning agreement is important because it directly connects with the concept of facilitation of learning. If the mentor has been involved in the process of developing the learning agreement then they are absolutely clear about what their role is in helping to gain resources for the learner and provide opportunities for the learning activities identified that the learner must engage in to meet the learning outcomes and the mentor is also clear about their role in assessment.

Assessment

Assessing role development may be quite straightforward as reflective accounts can be used or case studies to provide evidence, however, when skills / competencies are to be assessed, the skill itself needs breaking down and formulating into a competency that can be measured. It is the practitioners who understand the complexity of the skill, however our experience has shown that they need assistance from academic staff on several levels. Articulating a skill into a measurable form can be difficult for expert practitioners. Benner 1984, highlighted that experts often have an intuitive feel for practice and find the explication of the layers of learning within a skill problematic. Often competencies are written in a tick box fashion, and as with learning outcomes they can be written without differentiation between the different academic levels of expectation. In addition the Institute of nursing & midwifery requires the practice areas to express their competencies within a standardised template. These are the requirements of HE within WBL because we have to satisfy QAA that we have a way of ensuring that there is equity within our assessment procedures. Again this is a time consuming process assisting mentors redesigning competencies.

The other aspect of assessment is choosing appropriate ways of assessing the evidence. My experience of working with individuals on work-based learning modules is that many choose an eclectic route to providing evidence yet when I liase with mentors on educational programmes they intend to put forward as WBL modules they have quite fixed ideas about what will be

assessed and the learning outcomes are already stipulated for the programme. There is a tension then about the extent to which learners do have the freedom to decide their own learning and choose their own methods of assessment. To be realistic WBL is heavily influenced by organisational objectives

What do mentors assess?

We have been involved in considerable debate as to the extent of mentor involvement in assessment. I had wanted there to be an equal partnership between the HE and the mentor in terms of marking/assessment. That mentors would be second markers in written assignment work, but both Trust and lecturer colleagues have warned against this. It was considered by senior Trust managers that there were skills involved in marking that mentors may not have and this would be placing too great a demand on their role. I was unconvinced until I heard a lecture delivered by the head of the Centre for Teaching and Learning at Brighton University regarding reflection. He remarked on the problems of summatively marking reflective writing. That students will launder their writing so that it appears to look like what they think the academic wants to read. In addition if someone in the workforce was to be involved in marking the reflective writing this would be further laundered so that situations discussed would in no way spark a defensive response from a mentor who may be a peer or departmental manager and may have in some way been involved indirectly or otherwise in the very incident described. In this way the reflective writing would cease to be a tool for learning and become a source of potential anxiety for the student ie what to include what not to include. For this reason we have come to the decision that mentors will assess learners practice skills and grade those skills at level 2 or 3 and they will write a mentor report on certain aspects of the WBL process like impact of their learning on practice, team working, evidence of autonomy and leadership ability.
Marking skills is interesting because we have found that the mentors give uniformly high marks 85% and 90%. This is born out this semester. For this reason the skills marking grids have been further developed to hopefully try to address this.

Support for mentors

What we provide to support the mentor through this process is the following:

Information on WBL workshops
These are run throughout the year for all Trust/PCT in contract areas. They are advertised in our Diary of events. The information sessions introduce potential mentors and learners to the concept of WBL and direct mentors who wish to set up a programme of WBL to The WBL Project Group for support.

WBL Project Group

This is the operational group for WBL. Here they get the opportunity to meet other mentors who have developed WBL programmes and they can network with relevant lecturers. In this group there is representation from each of our trusts and we also have the work-based learning coordinator, AP(E)L co-ordinator principle Lecturer for Practice Skills development and Principle lecturer for mentorship preparation, Divisional leader for undergraduate education and representative from the Community Nursing team always attend. The importance of this range of representation is also to address the implications of the WBL initiative on existing programme provision. For example, if there is a WBL module developed in ITU as an induction programme. There is a need to consider what happens when the nurse progresses on to complete the ITU course. It is important that any skills assessed at level 3 are not the same as skills in the ITU course because that would lead to double counting.

An example of partnership working with critical care:

Our way of managing this through the project group has been through the ITU networking Group. This group in liaison with the course leader of the ITU course and the principle lecturer in practice skills development have devised a WBL induction programme for ITU that will be delivered across all trusts within the confederation. They have examined the ITU course and replaced certain competencies, which could be covered in an orientation programme. The ITU course leader is helping the networking group to write competencies at level 2 and 3 and devise a WBL Practice Development Module for 10 level 3 credits, assessed through completion of 10 skills and a Work-based Learning Module for 20 credits, assessed by portfolio. This is a good example of partnership working.

An example of partnership working with the Community:
There are various activities currently emerging between partnership working wit trust staff and lecturers involved with the BSc(Hons) Community Nursing specialist Practice degree. This is being redesigned and accommodating WBL modules into it programme to improve flexible learning opportunities. As part of their overall activity a senior lecturer, lecturer practitioner and PCT lead nurses have teamed up to develop an induction programme for Practice Nurses across the confederation. These credits can be taken forward into the specialist practice degree programme as a foundation module.

Introduction to WBL workshop for mentors and learners
Mentors are strongly advised to attend this workshop which introduces the concept of WBL, issues of support, reflective learning strategies, assessment and developing a learning agreement. Mentors are also given a handbook supporting these concepts and some useful articles on the role and further reading on developing learning outcome statements and learning experiences and reflective models.

The educational advisor who is assigned to work with the learner and mentor will then visit the mentor and learner to discuss the learning agreement and help with firming up the learning outcome statements, clarifying the evidence statements and ensuring that the work effort is equivalent to the academic level and credit rating for the module.

When developing competency / skills based statements that are to be achieved we have set up a WBL skills database. This lists all the practice skills we have written in the institute of nursing & midwifery courses. (There are some missing as some lecturers have not put forward recent validated skills ie palliative care and we have also now got an extensive range of community practice skills to go on to the data base. These are currently being validated). This is work in progress but mentors have found this invaluable for helping them to pull off relevant skills and adapt existing ones that might not be quite what they want but at least they have something to work from to help them articulate a skill to fit their own area.

What we will need to be aware of now is the new Skills for Health document, which has several key areas so far identified like, Cardiac care, diabetes, mental health, drugs use and misuse ect… numerous competencies are specified which appear to reflect the skills escalator concept and will link in with Agenda for Change. This should be a good resource for skill development but we should also start to map our existing skills against these.

I believe that HE in this example can be seen to be supporting programme development, which I believe is important if the concept of partnership with Trusts and PCT's is truly to be realised.

Communication and working relationships

The crucial aspect to the mentor–learner relationship is that it is ongoing. It lasts longer than the five weeks to three months time frames that students may be on a placement, about six months to eight months. Any long term relationship in today's climate can be problematic to sustain particularly in inner city areas where the population are very transient. Even when the student is stationed in an area that is fairly stable sickness and personality issues have arisen as major concerns for the learner. Kutilek and Earnest (2001) identify that you needed to set up a follow up system for mentors and coaches after 3 to 5 months to ensure continued interaction with the learner. It is this area I have to work on next.

It is probable that it will become unrealistic for mentors to attend the introduction to WBL workshop because our contract areas are experiencing financial difficulties. Study leave is being 'cancelled' / more difficult to attain, so the idea that a mentor and a learner can leave the practice area is becoming unfeasible. I need to develop a way of enabling mentors to understand their role through other ways. It is time consuming going out to practice areas to see individual mentors to fill in the introductory day they

missed but possible at the moment because numbers are still manageable but next year this won't be a feasible option for me. The options open appear to be developing a CD Rom with information on the mentor role and developing on line support. I think the two methods need to be considered because we still have health care workforce that does feel antagonistic towards gaining on line information. In addition the online network would aim to remind mentors of their ongoing role responsibilities for the learner and provide support for mentors through discussion board facilities.

Our latest development is to recognise the work of mentors who have developed an in-house educational programme that lends itself well to accreditation through WBL. Those individuals who have initiated these programmes themselves are to be recognised as visiting lecturers (VL's), give access to StudentCentral and given module leader status. We are currently negotiating with trusts regarding financial remuneration for their involvement in the WBL programme.

Creating an environment for learning

What has emerged this year is that WBL is not an easy option and that whether a learner actually enjoys their WBL experience is significantly influenced by the role of the mentor. Learners do comment on the amount of work involved in WBL. This seems to relate to the concept of working **and** learning. There is a need for learners to develop that metacognition of learning how to learn in the workplace, and not everyone can do this well.

Newly qualified staff and those who have not studied for many years whose understanding of learning is bound in a traditional framework of reference can find the self-directedness of learning problematic. They are expecting to be told what to do and where the learning is. It is strange that sometimes these learners cannot see work as learning. They can find the online learning materials confusing and do not use the discussion board facilities on offer, they do not utilise the educational advisor role and face to face or on line action learning sets are misunderstood and opportunities are rejected. These learners pose a particular problem for mentors because they need a lot of direction, without which they flounder and even with the best tutorial support on offer fail to utilise these opportunities and can struggle with the process. They can have difficulty seeing the connection between taught and their practice producing a portfolio with products with little or no reference to the how the product was developed with what evidence base and to what purpose.

Then there are those who are highly motivated who utilise their mentor and educational advisor attend action learning sets and engage in discussion board opportunities through exercises devised on line. They read beyond the boundaries of their learning outcomes and have a tacit awareness of how they are developing. The latter group tend to be mature learners with positions of

authority and have an identity of themselves as a ‘good students’, are capable of managing their own learning.

The mentor’s role is crucial and if a mentor is off due to sickness it can mean the learner has to leave the programme. We cannot assume that if someone stands in for an absent mentor that that will suffice. Lloyd Jones et al (2001) indicate that when other staff stand in for a mentor they do not put the same effort in or willingness to share knowledge and explore the full potential of the role with the student. So we may be exposing students all the time to situations that are not conducive for successful placement learning. In contrast good mentorship supports rapid learning, excitement and enthusiasm for the process because the learner can see what is happening to them, they can tangibly recognise that they have changed and are meeting their original expectations, but this level of self confidence can be eroded quite quickly if the mentor suddenly does not appear to be available. This happens when the mentor seems to have forgotten their commitment to the learner because other aspects of their role are dominating. This is the reality for all mentors. The good mentor is therefore a person who is able to set realistic targets for mentor-learner time and if she has to change those immediately sorts out how they can replace that lost moment.

The HE input in enhancing the learning environment is the provision on online learning through BlackBoard. This includes all their course handbook information, with learning units on reflection, models of reflection and journal writing. With discussion board facilities and online action learning sets, library access and the skills database access. Educational advisors offer six hours per semester in tutorial support this can take various forms. A good model so far seems to be. I have three learners in two trusts that meet for action learning sets. I have given them each four hours individual tutorial time two of those hours have also been with their mentors present and they have had four one and a half hour action learning sets. This equals 18 hours. The learners state they feel supported and actively engage in Studentcentral.

Conclusion

Work-based learning doesn’t mean an easier option for learners, it doesn’t mean a cheaper option for organisations and it doesn’t mean that lecturers put most of the burden for generating and supporting learning in the workplace on the shoulders of overstretched practitioners.
WBL is an alternative way of engaging in meaningful, relevant learning experiences that enhance professional roles and confidence to practice. To engage in learning in the workplace the learner needs to have a level of determination to be self directed and can engage in deep learning and do this through the support from both a mentor and a lecturer. These roles need to be clarified and systems put in place to support educational activity. WBL is not an isolated activity it arises from a partnership between work organisations, HE and learners. Developing this partnership is an ongoing activity. It has to be because it is supporting learning in an environment that it constantly changing.

References

Cahill, H. 1996. A qualitative analysis of student nurses' experiences of mentorship. *Journal of Advanced Nursing*. 24. 791-799

ENB/DOH Preparation of mentors and teachers. A new framework of guidance. London: ENB/DOH

Kutilek, L. and Earnest, G 2001. Supporting professional growth through mentoring and coaching. Journal of Extension. Aug. 39(4). http://www.joe.org/joe/2001august/rb1.html

Lloyd-Jones, M. Walters, S. and Akehurst, R. 2001. The implications of contact with the mentor for preregistration nursing and midwifery students. *Issues and Innovations in Nursing and Education*. 35(2):151-160

Mincemoyer, C. and Tomson, J. 1998. Establishing effective mentoring relationships for individual and organisational success. April. 36(2): http://www.joe.org/joe/1998april/a2.html

Neary, M. 2000. Supporting students' learning and professional development through the process of continuous assessment and mentorship. *Nurse Education Today*. 20, 463-474.

Titchen, A. 2003. Critical Companionship: Part 1. *Nursing Standard.* November 12. 18(9): 33-40