

1 Mastery and Mentorship

Case study: Lisa Hall

There has been widespread recognition for some time of the value of a Master's level qualification for advanced or specialist practitioners within health and social care practice. However, the move to all-graduate preparation for nurses, placing nursing programmes alongside other health and social care pre-qualifying programmes, will inevitably open up the potential for more Master's level pre-qualifying programmes. Clearly this has implications for the preparation of those who mentor health and social care students. This chapter will contextualise mentor preparation within contemporary political, professional and economic drivers. It will offer definitions of mentorship within pre-qualifying professional programmes and define what is involved in the mastery of professional practice. It will then consider these two aspects in conjunction with a discussion of academic descriptions of Master's level study. The chapter will then synthesise the attributes associated with both mentorship and the mastery of professional practice and demonstrate the inherent connectedness of these advanced professional activities to the academic characteristics of Master's level study.

Context

Both professionally and politically there has been a recent focus on the quality of care within health and social care professions. A number of high profile cases across the media have highlighted deficiencies in care provision. These

include concerns regarding the standard of nursing for older people and those with learning disabilities and concerns about social work education particularly in relation to safeguarding children. The current economic and political climate has produced unprecedented constraints on health and social care provision and on society as a whole. As with any demographic changes these austerity measures inevitably impact upon the profile of those wishing to enter the health and social care professions. Arguably, factors such as graduate unemployment, redundancies and general job insecurity will increase the number of graduates wishing to enter pre-qualifying programmes. These changes may make those purchasing pre-qualifying professional programmes much more cognisant of the economic sense of providing newly qualified practitioners who are already at Master's level. Most recently the Nursing and Midwifery Council (2010) have revised the standards of education for pre-registration nursing programmes. These now clearly state what is expected of a nurse in contemporary health and social care practice and also more clearly embed Master's level preparation within the pre-registration programme.

These demographic and professional changes inevitably impact on the role and scope of the mentor in professional practice. It seems timely now to raise the profile of mentors to ensure that the value, complexity and centrality of the role is recognised and to consider the advanced nature of mentorship. We would advocate that mentorship is an advanced professional activity and currently effective qualified mentors practise their mentorship at Master's level. Therefore mentorship preparation should move towards that level.

Defining mentorship and mastery in professional practice

There are numerous definitions of mentorship and in much of the literature there is concern regarding the inter-changeable nature of the terms 'mentor', 'supervisor' and 'assessor'. Shardlow (2012) identifies the complexities regarding terminology relating to learning and teaching within social work professional education. He highlights four dimensions to this complexity: these are the current use of a variety of terms such as 'Practice Educator' and 'Practice Assessor'; the inconsistent use of terminology across health and social care disciplines; an international inconsistency in the interpretation and application of terminology; and the fact that all of this is compounded by the theoretical assumptions generated by particular terminology. Whilst the complexities around terminology and theoretical assumptions are a consideration, for over ten years the assessment of competence and fitness to

practice has been included within the role of the professional supporting a student on a pre-qualifying programme. It is hoped the following definition clarifies the complexity of the role and is clear about what a mentor does. We would offer the following definition of mentorship which applies to pre-qualifying education programmes. Mentorship is a relationship in which an individual nurtures in another professionally defined values, knowledge and skills which ultimately result in a judgement being made regarding the mentee's competence. This definition describes the mentoring role within pre-qualifying professional programmes; there are, however, a number of different mentorship relationships that are often characterised as being of long duration, informal, mainly formative and mentee selected. It is clear within current professional pre-qualifying programmes where students have to meet defined criteria that these characteristics are not appropriate.

The primary role of a mentor is that of professional practice. We would argue that the skills required and demonstrated within effective mentorship are embedded within the practice of the professional before mentorship preparation is undertaken. Therefore it is important to consider what is Master's level professional practice. Mastery of professional practice can be defined as demonstrating the ability to make sense of complex and divergent concepts, ideas and theories and applying new perspectives in innovative and creative ways with confidence and authority. This mastery within professional practice enables the practitioner to transfer those skills to the activity of mentoring. The following case study is different from others included in the book in that it demonstrates a mentor's personal reflection regarding an aspect of her practice. Lisa Hall considers the appropriate level of experience and knowledge required by a nurse to enable reflection in others and makes reference to the advanced nature of this activity, pulling out some important themes for mentors.

A personal reflection on the level of skill nurses require in order to effectively facilitate reflection in student nurses – Lisa Hall

In my work area mentorship skills are required by registered nurses in order to facilitate learning in student nurses, health care assistants and newly qualified nurses. After one year of being qualified, nurses can become stage two mentors responsible for the formal assessment of

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students' total performance, facilitating and supervising learning opportunities as well as ensuring standards of proficiency are met (Nursing and Midwifery Council [NMC], 2008). However Neary (2000) agrees with Benner's (1984) suggestion that nurses are only competent to mentor after three years' qualification. Furthermore, after meeting additional criteria mentors can undertake a student's final assessment acting as sign-off mentor (NMC, 2008). To declare a student as 'fit to practice' as a nurse or to fail them requires absolute confidence in and justification of the decision-making process. In a recent *Nursing Times* survey 37 per cent of mentors admitted passing students whom they had concerns about (Gainsbury, 2010). Additionally, Nettleton and Bray (2008) discussed concerns regarding newly qualified nurses' 'fitness to practice' following Project 2000 and as a result of a number of these concerns every student now requires a mentor in the practice setting. With this increased demand, the role can often be imposed upon nurses with the assumption that they have the qualities to mentor and mentoring becomes driven by quantity rather than quality. Arguably this de-values the role and skill of a mentor. With these concerns and the potential impact on the nursing professional and patient care, the role of mentor has never been so vital in ensuring that students proceed onto the register as safe and proficient nurses.

A core aspect of student learning and development is the reflection that mentors facilitate, linking theory to practice by examining an experience, situation or feeling and generating critical thinking and a synthesis of ideas, thereby enhancing knowledge and learning (Moon, 2007). Reflection requires self-awareness and the non-linear thinking that helps to guide decision making and avoids being led by subjective influences. Behaviour that is emulated, which the author terms 'professional hereditary', requires filtration so that students will see 'true' mentoring skills and not just traits acquired from others.

Greenwood (1998) suggests reflection occurs before action necessitating leadership, critical analysis and prioritisation skills and in that action there is the use of clinical judgement, experience and intuition. In addition reflection on action occurs using assessment and synthesis skills, and the seeking of alternatives and changes in perspectives. These skills reflect a level of mastery in mentorship, experience and education and even more so now with nursing moving to all-degree preparation.

Nurses may be perceived to be experienced in reflection when they have utilised this skill during training, albeit predominantly for academic assignments. However, facilitating such reflection in others requires very

different skills (Gustafsson and Fagerberg, 2004). Learning through reflection in practice is fundamental with and demands various complex skills, such as foreseeing potential learning situations, articulating care components and making an assessment. Skill and experience are also required to uncover hidden practice through reflection otherwise expert nursing will remain silent.

Reflection before a situation requires skills in identifying the future pertinent, structured learning experiences that evolve from practice using intuition, clinical judgement and knowledge. Unless reflection occurs before a situation the process is restricted to single loop learning (Greenwood, 1998) as existing knowledge is not identified and therefore cannot be challenged. This highlights the need for leadership skills relating to workload prioritisation, seizing learning opportunities and creating an environment where students feel safe to question practice.

Reflection in practice necessitates proficient skills in articulating nursing and bringing out the rich components of care: this encompasses aesthetic knowledge and decision making (Johns, 1995). Without experience a mentor will have a small inventory of behaviours on which to act and respond, therefore limiting their synthesis from reflection (Fornasier, 2008). Inexperienced nurses adopt empirical, habitual practice that encourages confirmation, security and acceptance. It is only when care is deduced from empiricism to aesthetics that analysis occurs (Freshwater, 2004). Learning for inexperienced nurses is situationally based: their knowledge is not assimilated within the cognitive structures for storage and hence it cannot be recalled and applied to the various experiences that are generated from unpredictable healthcare events (Moon, 2007). Information that is lacking in meaning is discarded with only interpreted information being encoded and stored in the long-term memory, ready for recall (Welsh and Swann, 2002).

Experience involves the ability to 'be there' at the bedside, generating silent time and encoding information and the stimulation of thought (Ruth-Sahd and Tisdell, 2007). This silent time validates student practice and draws knowledge from a situation, thus creating new learning from reflection (Carr, 2005). The skills and confidence required for 'silent time' support the value of the intuition evolving from emotions and experiences gained over time and patient encounters. Emotions are registered before cognitive recognition (Ruth-Sahd and Tisdell, 2007), which is fundamental for reflection in action. A repertoire of emotions will stem from patient experiences and life experiences, with Schank

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(1990) suggesting that nurses under the age of twenty-five lack the life skills necessary to deliver mature reflection. Experienced nurses will use multiple sources of knowledge, actively assimilating and connecting relevant information (termed discriminative reflectivity) (Mezirow, 1981). They are aware of the components embedded in care and possess the knowledge within these.

Reflecting on action involves undertaking critical analysis, exploring knowledge, and challenging assumptions and practice. This is often referred to as triple loop learning which during reflection converts into transformative learning where attitudes are re-organised, thereby promoting change (McAllister et al., 2005). Triple loop learning mirrors emancipatory reflection where constraints and habits are challenged, thus promoting autonomous beliefs (Taylor, 2006). Reflection on action provides opportunities to assess a student's knowledge and attitudes, with most teaching being conducted after patient care events (Field, 2004), and the mentor being accountable for the objective, valid and reliable assessment of student proficiency and competency. Assessment requires an in-depth knowledge of standards against which to measure, and therefore if the student is passed by a mentor who is an inexperienced practitioner then such judgements may ultimately have a detrimental effect on the nursing profession and patient care, with a potential adverse cycle being disseminated through professional hereditary.

Complex skills are required to unfold hidden practice and articulate care components, with reflection being a fundamental tool in linking theory to practice. The skills required to facilitate this learning effectively relate to Master's level knowledge and experience. Nurses are duty bound to protect the public and therefore the success of mentorship should be based upon the quality and not the quantity of mentors. Mentoring is a privilege and a position that should be earned: it is not a right or an imposition.

This case study certainly highlights some of the complexities of mentoring and the nature of the skills required by a mentor in order to facilitate reflection in others. The relatedness of expert practice and effective mentoring is clearly evident in Hall's reflection. The following table demonstrates the inter-connectedness of expertise in practice (Biggs, 2003), mentorship excellence (NMC, 2008; Health and Care Professions Council [HCPC], 2012;

Table 1.1 Mentor activity and Master's level practice characteristics

NMC domains	TCSW domains	HCPC standards (adapted)	Characteristics of a mentor	M-level practice characteristics
Establishing effective working relationships	Organise opportunities for the demonstration of assessed competence in practice	Provision of a safe, supportive environment	Model envisionser	Construct knowledge for themselves
Facilitation of learning	Enable learning and professional development in practice	Relevant knowledge, skills and experience	Energiser	Utilise appropriate disciplinary paradigms
Assessment and accountability	Manage the assessment of learners in practice	Provision of a range of learning and teaching methods that respects the rights and needs of service users	Investor	Recognise the insecure nature of knowledge
Evaluation of learning	Effective continuing performance as a practice educator	Learning, teaching and supervision that encourage safe and effective practice, independent learning and professional conduct	Supporter	Work more flexibly with ideas and arguments, enabling the suspension of judgements whilst evaluating contradictory alternatives
Creating an environment for learning		Assessment of student performance must be objective and ensure fitness to practice	Career counsellor	(Biggs, 2003)
Context of practice		(HCPC, 2012)	Standard prodder	
Evidence-based practice			Teacher	
Leadership			Coach	
(NMC, 2008)			Feedback giver	
			Challenger	
			Eye opener	
			Door opener	
			Idea bouncer	
			Problem solver	
			(Darling, 1984)	

The College of Social Work [TCSW], 2012), and the seminal work of Darling (1984) which identifies the characteristics of an effective mentor.

When a mentor reflects on the above synthesis it becomes apparent that the integration of these fundamental mentoring activities occurs across professions and is underpinned by the characteristics of Master's level practice activity. It is this synthesis that demonstrates the mastery inherent within health and social care professional practice and mentorship. The mentoring activity of assessment and accountability is explicitly articulated across professional regulatory bodies' standards for practice education. This activity can be deconstructed, revealing the complexity of the activity in relation to Master's level practice activity (Biggs, 2003) and mentor characteristics (Darling, 1984). Biggs' descriptor relating to the ability to recognise the insecure nature of knowledge can be considered within the context of mentor characteristics, specifically those of standard prodder, feedback giver, challenger and door opener. A mentor is required to make judgements of professional competency in order to gate-keep the profession and ensure fitness to practice. They need to be highly skilled to facilitate assessment with sufficient flair and creativity in order to ensure that knowledge, skills and values are assessed in a balanced manner within professionally determined outcomes. Mentors can evaluate their mastery of assessment skills by referring to Benner's (1984) classic novice to expert model, in particular her description of a novice practitioner relying on external authorities as compared to an expert practitioner relying on internal authority. Given that mentors are experts within their professional field and in the advanced practice activity of mentorship they cannot merely rely on professionally determined criteria to assess competence. Rather they need to utilise their accumulated wisdom and internal authority to synthesise and evaluate divergent assessment information and thus ultimately make a judgement.

The final piece of this complex jigsaw is to consider the nature of Master's level academic descriptors and characteristics. The Quality Assurance Agency (2011) provides descriptors for all academic levels, including level seven Master's. The table below links these academic characteristics to key teaching and learning theoretical frameworks. It is evident that the Master's level characteristics relate to the higher order constructs within each of the frameworks. By virtue of their expertise in practice an effective mentor will be functioning at this higher level. Therefore mentors are in an ideal position to practise and study mentorship at Master's level.

Earlier we highlighted the integration of a range of mentor activities with Master's level characteristics (see Table 1.1) using assessment as an example of the practical application of this synthesis. Table 1.2 goes on to

Table 1.2 Overview of education models and academic levels

Bloom's taxonomy (1956)		Anderson and Krathwohl (2001)	Steinaker and Bell (1979)	Benner (1984) Dreyfus model applied to nursing	
Academic level (QAA, 2011)	Cognitive domain	Affective domain	Psycho-motor domain	Experiential taxonomy	Competence
Master's characteristics (level 7 study)	Evaluation	Characteristics by value or value concept	Naturalisation	Dissemination	Expert
<ul style="list-style-type: none"> • Systematic understanding • Originality in application • Deal with complex issues with creativity • Act autonomously • Demonstrate self-direction and originality • Exercise initiative and personal responsibility • Make decisions in complex and unpredictable situations 	Synthesis	Organising and conceptualising	Articulation	Internalisation	Proficient
Level 6 characteristics	Analysis	Valuing	Precision	Identification	Competent
<ul style="list-style-type: none"> • Systematic understanding • Devise and sustain arguments • An appreciation of uncertainty and ambiguity • Critically evaluate arguments • Communicate information and ideas • Exercise initiative and personal responsibility 	Application	Responding	Manipulation	Participation	Advanced beginner
	Comprehension	Receiving	Imitation	Exposure	Novice
	Knowledge		Remembering		

demonstrate that Master's level characteristics are consistently reflected in the higher order constructs within key education theoretical models. When relating this to mentorship practice it is useful to once again consider the example of assessment, but this time specifically within the affective domain, and to focus on personal and professional values. Mentors should be able to demonstrate a conscious articulation of their own personal and professional values, role model these values effectively, and crucially should also be able to facilitate the identification of personal and professional values in their students. The skills required to do this are accurately reflected within both the QAA's level seven characteristics (2011) and the education models described. Mentors must possess a systematic understanding and intuitive grasp of the notion of values. If we take the example of a student nurse learning how to take a blood pressure early in the programme, that student will invariably focus on 'getting it right' and will concentrate on the cognitive and psycho motor domains. However, in this situation the mentor whilst needing to be able to assess these domains effectively is also required to explore the values underpinning the activity. They need to be able to deconstruct each of the domains and then situate these judgements within the context of values-based practice. This synthesis of assessment activity is highly complex and requires an ability to deal with uncertainty as well as demonstrate originality and creativity in the selection and application of assessment strategies.

Chapter summary

This chapter has been key to understanding the philosophy which drives the rest of the book. Mentorship is inherently an advanced practice activity and our argument is supported by the demonstration of the integration and synthesis of mentorship activities, Master's level practice characteristics, Master's characteristics and the higher construct orders that are evident in key education theories. The fact that mentors are practising mentorship at Master's level, coupled with key identified political, professional, economic and demographic drivers, indicates that mentorship preparation needs to be at Master's level. Mentors must recognise the mastery inherent within their mentorship practice, and should role model and share these skills along with celebrating the mentorship role as an advanced practice activity. The contribution of the various mentors in this book is an essential element to its success and highlights their own celebration of mentorship.

Reflective activity

After reading the chapter take a little time to consider the points below:

- Review in more detail the educational models presented in the chapter and consider their usefulness to the role of mentor.
- Reflect on an assessment you have undertaken with a student and consider the strategies you utilised in relation to Biggs' Master's practice characteristics.
- Write your own case study describing a mentorship scenario in your practice setting.

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