



The Use of Phenomenological Approach in Evaluating Mentorship Preparation Program in South East Scotland

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Abstract

The Nursing and Midwifery Council for the United Kingdom highlighted the importance of the role of the mentor in the development of competence in student nurses and midwives. Veronica Lambert and Margaret Glacken, as well as Zoe Wilkes, suggested that mentors were fundamental to the students' smooth entry to the practice environment and clinical learning experience. Furthermore, the Nursing and Midwifery Council Standards for Learning and Assessment in Practice identified the requirement by all providers of clinical education experiences for student nurses and midwives to establish local registers of appropriately prepared mentors in practice, together with the development of a new preparation program for mentors. In 2013, the mentorship team within Edinburgh Napier University, which provides the Nursing and Midwifery Council–accredited Mentorship in Practice Preparation Program within the South East of Scotland, identified the lack of data relating to the impact of the Nursing and Midwifery Council Standards for Learning and Assessment in Practice standards and the new mentorship preparation program. To address this deficit, we undertook a small-scale qualitative study to develop data using participant questionnaires and focus groups capturing the experience of mentor students, the sign-off mentors (i.e., senior mentors who assess the students' ability to achieve the Nursing and Midwifery Council standards for pre-registration nurse and midwifery education), and service managers who had supported these students throughout this new approach to mentorship preparation. The experiences of these practitioners in relation to their involvement in either undertaking this new education program or in the support provided to these mentor students by their sign-off mentors and service managers were analyzed using a phenomenological approach.

Learning Outcomes

By the end of this case students should be able to

- Understand the benefits and challenges of a qualitative research approach which uses questionnaires and focus groups as a means of gathering data
 - Develop an awareness of the challenges of undertaking research with participants who work in clinical settings
 - Reflect on the importance of planning for and managing the process of data collection when using focus groups as a methodology
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Project Overview and Context

The publication of the Nursing and Midwifery Council (NMC; 2006, 2008) Development Framework for Standards to Support Learning and Assessment in Practice (SLAiP) identified

the statutory requirement for the establishment of local registers of appropriately prepared mentors in practice. The NMC (2006, 2008) describes the mentor as

A registrant who, following successful completion of an NMC approved mentor preparation programme, ... has achieved the knowledge skills and competence required to meet the defined outcomes ... in stage 2 of this standard. (p. 23)

This development framework was designed to structure the delivery of a nationally recognized mentorship program. Edinburgh Napier University (ENU) launched its new Mentorship in Practice Program (MIPP) (Appendix), one of six NMC-accredited mentorship programs across Scotland. The introduction of this new program provided some initial data indicating success of the program; however, no substantial data have been developed to evaluate the success of this program in achieving the NMC framework outcomes. Similarly, no data existed that explored the impact of the introduction of this new method of preparing mentors on the service managers and sign-off mentors in practice. This study devised by members of the program team aimed to gather data to address these deficits exploring the experiences of mentors who have completed the program in the Lothian and Borders area of Scotland together with the Sign-off Mentors and clinical managers who supported them during this program.

Development of the NMC Standards for Mentorship and Sign-off Mentor Roles

Carlisle, Kirk, and Luker (1997) and Robert Johns (2005) identified that the lack of time for mentors to assess students in practice was a matter of concern. Christine Webb and Pam Shakespeare (2007) highlighted how the relationship between the student and the mentor is complex but pivotal to the clinical learning experience. Margaret Andrews and her team (2010) also recognized the role of the mentor was very challenging and that mentors found the assessment of students in practice was difficult, especially the interpretation of criterion-referenced assessment tools, suggesting they tended to be very cautious when assessing students.

The NMC perceived good mentorship as fundamental to the development of competent nurses and midwives detailing the role of the mentor in supporting and assessing the student. In addition to the requirements of the mentor, the NMC (2006, 2008) identified the new role of sign-off mentors, describing these as

Experienced nurse and midwifery mentors who made judgments as to whether a student nurse or midwife meets the required standards of proficiency for safe and effective practice. (p. 27)

These experienced mentors would assess pre-registration students' ability to meet the NMC (2010) standards for pre-registration nursing during their final (consolidation) practice placement in their program. In addition, in accordance with the NMC (2009), these sign-off mentors are required to assess student midwives at all stages of the pre-registration midwifery program.

In reviewing the new role of the sign-off mentor, Kathryn Sharples (2007) highlighted that the need to release these sign-off mentors to undertake their role presented logical and financial pressures on the service manager that had not previously been considered. Rosemary Middleton and Kathy Duffy (2009) demonstrated that the sign-off mentors in a community setting were anxious about the preparation for their role in assessing pre-registration student nurses on their final (consolidation) placement. They also suggested that these sign-off mentors lacked confidence in the support from the National Health Service (NHS) and higher education institutions in relation to identifying a student nurse or midwife who was failing to meet the outcomes for registration.

Further to this, Jones, Mayfield, and Levington (2010) described how the sign-off mentors need the commitment of other mentors and additional support from service managers in practice for this role to be successful. Margaret Andrews and colleagues (2010) also highlighted that the concept of the sign-off mentor role was new and presented challenges to the placement providers and higher education institutions. This was especially challenging in providing a framework for the sign-off mentors that could support, monitor, and provide evidence of the regulatory requirements being met. These findings raised concerns about the sustainability of this role given that to fulfill their requirement, the sign-off mentors would require the equivalent of 1 hr protected time per week.

Previous Evaluation of Mentorship Practice Program

The NHS Education for Scotland (NES, 2009) study established that there was evidence that the NES 2007 Core Curriculum framework for mentors had been successfully adopted across Scotland. The limitations of this study were, however, acknowledged, in that at the time of this study, there were very limited data available from mentors who had completed the new mentorship program. As such, this initial research could not fully evaluate the impact of the newly introduced NMC SLAiP or the NES Core Curriculum framework for mentors. As one of the higher education institutions within Scotland providing the MIPP since February 2008, ENU had experience in preparing and supporting student mentors. With this experience, the mentorship team recognized that no substantial data were available to evaluate the success of this program in achieving the NMC 2006 outcomes or that which explored the impact on the

sign-off mentors or service managers of the introduction of this new method of preparing mentors. The aims of the study were therefore to

- Explore the perceptions and experiences of mentors who have successfully completed the NMC-approved mentorship program, identifying how this program prepared them for their new role.
- Explore the perceptions and understanding of mentorship held by the sign-off mentors in practice since the introduction of this program.
- Identify how the role of the mentor related to the NHS Knowledge and Skills Framework and the Personal Development Planning system for staff.

Research Design

As part of the research team, we undertook a qualitative research study, adopting a phenomenological approach to the development of data to capture the experiences of nurses and midwives who had undertaken the NMC mentorship preparation program. Similarly, we explored the experiences of the sign-off mentors and service managers in practice that have supported these staff undertaking the mentorship program.

Defining Phenomenology

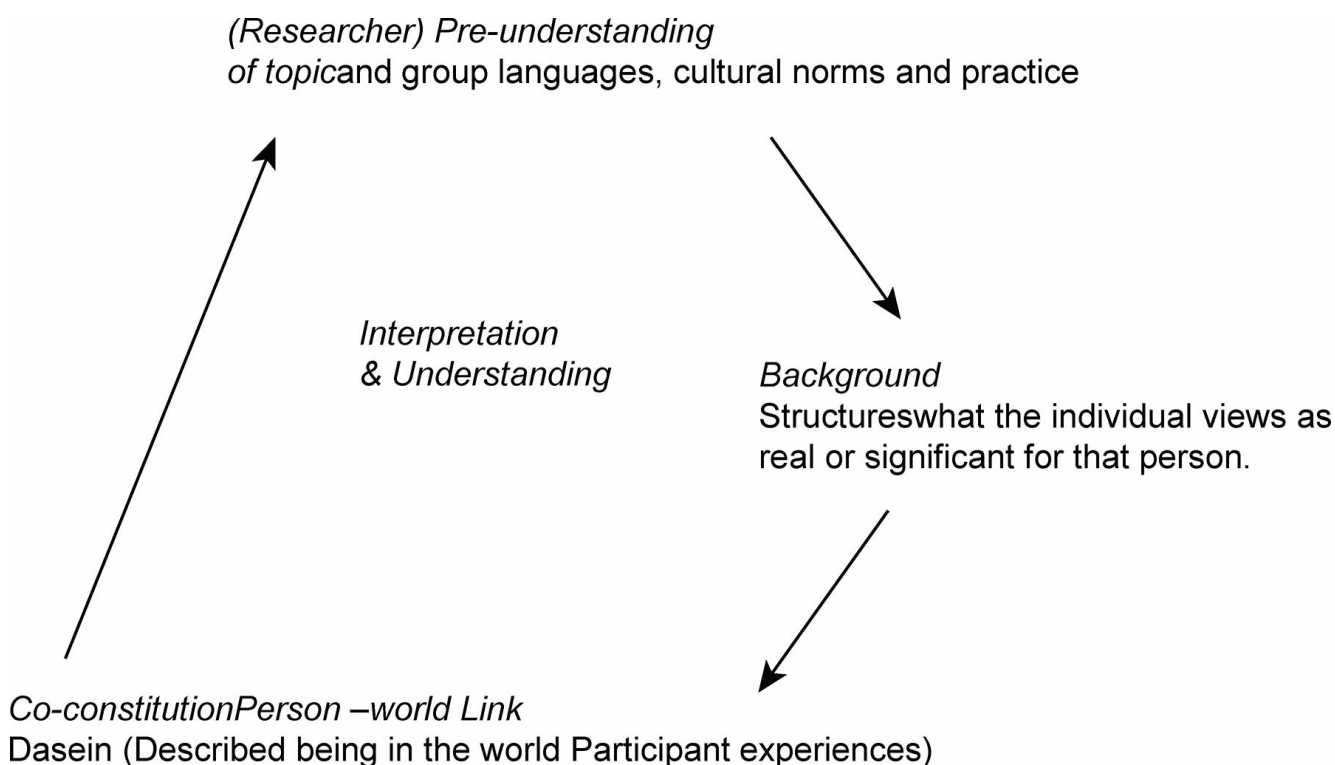
Max Van Manen (1990) describes phenomenology as being a method originating within philosophy and an approach whereby the researcher seeks a deeper and fuller meaning of the experience of the participants. Van Manen also suggests that phenomenology offers a descriptive, reflective, interpretive, and engaged mode of inquiry. The foundations of phenomenology are attributed to the work of German philosophers Edmond Husserl (1859-1938), viewed as being the founder of the modern movement, and Martin Heidegger (1889-1976), his student, who in turn influenced the work of French philosophers Jean Paul Sartre (1905-1980) and Maurice Merleau-Ponty (1907-1961). There are two frequently utilized approaches to phenomenology arising from the work of Husserl and Heidegger.

Husserl, a mathematician working in Germany in the early 20th century, originally utilized phenomenology as a quest for the philosophical foundations of logic and evolved into the analysis of the logical structures of consciousness (Walters, 1995). Dermot Moran (2000) suggests that Husserlian phenomenology was concerned with providing a clear understanding of the fundamental nature of reality. To explain this in more detail, he introduced the concepts of the individuals and their interaction within the “life-world” or “lived experience.”

Interpretation of Hermeneutics Phenomenological Data

Heidegger (1962) developed a phenomenological method for his analysis of “being-in-the-world.” Hermeneutics or interpretation is one of the processes people use in making sense or understanding of their everyday lives. This includes understanding of the person world and culture by the researcher. Tina Koch (1995) reported that to structure this interpretation, Heidegger developed two essential concepts with which phenomenological data should not just be described but interpreted: (a) historicity of understanding and (b) the hermeneutic circle (Figure 1).

Figure 1. The hermeneutic circle.



Source: Developed from ideas in Koch (1995).

Validity and Reliability of Research

In assessing the validity of qualitative research, Desmond Cormack (2000) suggests that a number of key concepts are often identified as being fundamental:

- Trustworthiness;
- Validity;
- Reliability;
- Rigor;
- Researcher reflexivity;
- External validity.

Cormack also describes validity and reliability as criteria on which the veracity and credibility of research findings are judged. In his view, validity refers to the degree to which the instrument used in the research measures what it is supposed to measure, and reliability refers to the degree of consistency and accuracy with which the instrument, used under similar circumstances, measures the attribute under investigation. Denise Polit and Bernadette Hungler (2004) suggest that trustworthiness of qualitative data has several elements, including the dependability of the data referring to the consistency and stability of the evidence; the confirmability of the data, meaning the objectivity or the degree to which the study results represent the characteristics of the study participants and not researcher bias; and finally, the credibility of the data. The credibility of the data refers to the degree to which the research methods used engender confidence in the truth of the data. Polit and Hungler as well as Cormack acknowledge this, suggesting that triangulation be used in qualitative research—that is, multiple sources of data collected (e.g., from questionnaires and participant interviews) can be combined with information from other sources to arrive at a true reflection of the phenomena.

To ensure that these requirements have been met, approaches to phenomenological research described by Paul Colaizzi (1978) have been successfully adopted by nurse researchers in the analysis of phenomenological data applying academic rigor to the approach. Tina Koch (1994) suggested therefore that to provide academic rigor, the approach described by Colaizzi (Box 1) requires the addition of an audit trail by the researcher to support the data gathered by the researcher with the use of field notes. These notes which contain the researcher's experiences, issues, access, settings, and prejudices can be recorded as a useful journal of events with which to reflect the data gathered and justify decision-making.

Box 1. Methodological interpretations of phenomenological data, Colaizzi (1987).

1. Description of the phenomena of interest to the researcher
2. Collection of the subject's descriptions of the phenomenon
3. Reading all the subjects' descriptions of the phenomenon
4. Returning the original transcripts and extracting significant statements
5. Trying to spell out the meaning of each significant statement
6. Organizing the aggregate formalized meanings into clusters of themes
7. Writing an exhaustive description
8. Returning to the subjects for validation of the description

9.If new data are revealed during the validations incorporating them into an exhaustive description

Source: Adapted from Streubert and Carpenter (1995).

Application of a Phenomenological Approach to This Study

Study Design

We adopted a qualitative approach employing questionnaires and focus groups as a means of data collection (Denzin & Lincoln, 2000) to explore the experiences of nurses and midwives who have undertaken the NMC mentorship preparation program. A purposive sample of former student mentors who have completed the mentorship module ($n = 19$) were recruited from two program cohorts. Using this approach, we also recruited a sample of sign-off mentors ($n = 6$) and service managers ($n = 6$) who had supported these mentor students throughout their preparation program in the clinical learning environment.

We surveyed participants using participant questionnaires to identify their views and experiences in relation to this program. In the second phase of this study, we conducted focus groups with the student mentors and sign-off mentors using structured themes which had emerged from the questionnaire responses. Data collection from these focus groups was obtained using audio tapes with consent from the participants and transcribed verbatim. Verification of individual participant responses to the questionnaires or gained during the focus groups was obtained using electronic communication prior to analysis.

Data Analysis

We initially reviewed data from the questionnaires and transcribed participants' responses from the focus groups and then coded them using computerized software (Qualitative Software Research International, 2013). Following this, we reviewed these coded responses and organized into themes and analyzed them from a phenomenological perspective. Using the hermeneutic circle framework as a basis, an approach described by Heidegger and adapted by Gadamer and Koch, we identified key concepts describing the experiences of the study participants in relation to the impact of the new NMC-approved mentorship in practice program and compared them with available literature relating to the NMC standards for mentorship preparation.

Establishing Participant Consent and Confidentiality of Data

To ensure participant informed consent in this study, in addition to a questionnaire, we provided

each participant with a study information sheet and asked each to complete a consent form for their information to be used within the study. We maintained confidentiality for all data obtained by anonymizing the data obtained. The data were also stored on an ENU computer which is password protected and only accessible by us, the researchers. All participants were assured that their data would be managed in a confidential manner and that they are free to withdraw their information from the study at any time.

Key Outcomes of This Study

Preparedness for the Mentorship Program

The majority of mentor students, sign-off mentors, and service managers had access to information on the NMC SLAiP standards and the mentorship program, provided by NMC website; line managers; other colleagues; practice education facilitators, that is, practitioners who are employed by the NHS who have been appropriately prepared to support students in the clinical learning environment; and link lecturers, that is, educationalists employed by the higher educational institutions who as part of their role are assigned to a range of clinical learning environments to support and advise the students, mentors, and practitioners from an educational perspective.

There was awareness of the role of the sign-off mentor and preparation for this prior to undertaking the program, although there was limited understanding of the service manager role in support of the mentor program student. This appeared to resolve during the development of the program with mentor students and sign-off mentors, suggesting that they were better prepared for their respective roles following completion of their preparation programs. Confusion did exist, however, in some of the mentor students', sign-off mentors', and service managers' minds in relation to the amount of time required to undertake the program, in particular what was meant by the 5 days' protected time and the 5 days' unprotected time in practice as described by the NMC standards:

It's difficult to understand the difference required between 10 days of study but only 5 days away from work. It would have been good to have more information on the number of days away from work. (M13)

However, despite the challenges of release of staff to undertake the program, there was some degree of support from service managers in the facilitation of 5 days' unprotected and protected time with sign-off mentors in the clinical practice settings.

Benefits of Undertaking the Mentorship Program

Students in the program reported an increased knowledge of theories underpinning mentorship, linking these to their learning and teaching in practice. They also described the development of a more holistic approach to student support and learning together with the adoption of a more structured approach to these activities:

I think I think it helps you look holistically at what you're doing your not just doing a job if you like. You are going back to basics with people and going back to basics for yourself and building the blocks for learning. (M12)

Sign-off mentors reported an increased linking of theory to practice and reflection on own practice, since being involved in the support and assessment of the mentor students. They also suggested that undertaking this role reaffirmed some of their own good practice and facilitated their own personal professional development.

Very good for the SOM [sign-off mentor] as well. Because you it's good for your personal development. (Sign-off mentor 2)

I think that there was some more structured approach to mentorship you know because I was thinking of my own personal experience as a student. It made me reflect on my own practice. (Sign-off mentor 3)

Challenges of Undertaking the Module

Students in the program reported a lack of time to undertake the mentorship program assessment which was a portfolio of their learning and a lack of time in the practice setting with which to gather evidence of their application of the theories in practice. This lack of time resulted from clinical pressures and frequent conflicts between the 5 days' unprotected time set aside for the program and the workload of their role as a registered nurse.

It's probably is 70%-80% of the unprotected time to actually do stuff. But I think that you get sidetracked by doing (other things). If you have unprotected time in your workplace to do other things that come up. (M12)

Sign-off mentors reported limited understanding in practice of their role in support and assessment of the mentor student. During their discussions, they also suggested that they were concerned that they were not confident in their role assessing pre-registration students and provision of time to undertake the role. Sign-off mentors also reported that the pressures placed on them within their clinical environment resulted in their having limited time with which to support and assess the mentor student:

Time management is one of the biggest challenges because, people (mentors) in our area, so it's not like you can just take them off the floor most of the time. A lot of that is done in both people's own time. Either come into the department on my days off, or the student will come in on their days off to discuss it. (Sign-off mentor 2)

Service managers indicated that the perceived high workload of the mentor student was an issue when they tried to motivate staff to undertake the program. They also reported time pressures and financial constraints in their release of staff to undertake this learning opportunity.

Benefits and Challenges of Using a Phenomenological Approach

This research study was undertaken between July 2012 and August 2013 by the ENU Lothian and Borders Mentorship Steering Group with the support of NHS Lothian and NHS Borders, and although planned in detail in advance, we identified a number of challenges in implementing the study design and approach.

Recruiting and sampling the potential participants presented some difficulties, as although we had contact details for mentor students and sign-off mentors who had previously been involved in the preparation programs, recruiting these NHS staff was a challenge. A time delay between the mentor student completing the program and the commencement of the study had resulted in many staff members relocating to other areas of practice and were no longer accessible to our mentorship research team. Other potential participants responded to the initial letter of invitation stating that due to pressure of work they could not participate in the study. As a result, of the more than 200 mentors and 60 sign-off mentors who had participated in the preparation programs, only small numbers (i.e., 19 mentors and sign-off mentors) agreed to participate in the study and complete the initial questionnaire. Similarly, of the 50 to 60 clinical managers who had supported their staff member to undertake the mentorship preparation program, only six responded agreeing to complete the initial questionnaire.

Using the phenomenological approach, the initial data collection from mentor students, sign-off mentors, and service managers using questionnaires took place between July and September 2012. Further data from members of these groups were gathered using focus groups which took place in August 2013, when data from the questionnaires had been collated and used to identify themes with which to structure the focus group interviews. This time delay resulted from our small research team also experiencing competing teaching/clinical responsibilities within their respective roles. In addition, the original study design planned that these focus group interviews would take place in the clinical learning environment allowing the study participants

to reflect on their experiences of the preparation programs within their own environment. The logistics of achieving this outcome within the very busy environment of the NHS, however, proved impractical in that identifying a relaxed, quiet but confidential setting within which the focus group could take place could not be easily achieved.

Releasing the mentors and sign-off mentors from the clinical environment to attend focus groups in the clinical setting also proved to be very challenging. As a result, the focus group interviews had to be rescheduled and took place over a series of days within the university campus, with the participants having to identify allowances within their on-duty rota to travel to the campus to participate in the focus group interviews. The planning and organization of these focus groups took much longer to organize than had been originally anticipated, that is, up to 2 months to negotiate rather than 2 to 3 weeks, due to difficulties in the release of NHS staff to participate in these interviews.

To facilitate documentation of the hour-long focus group interviews between the lead researcher and participants, a system of both manual recording of their responses by another researcher present and an audio recording had been established. Using this approach, these semi-structured interviews progressed with the aid of a series of questions for each group developed from the themes that had emerged from the questionnaires. Even using this detailed and prepared approach, managing these focus groups of three to four participants was challenging at times because the participants proved to be very enthusiastic in their desire to share their views and experiences. In their enthusiasm to contribute to the study, the participants often discussed several key topics at a time and responded without prompting from the researcher to comments made by other participants. This made capturing all of the responses accurately difficult at times, even with the detailed notes taken during the interviews by a member of the research team and the audio recordings being made. Subsequently, it became clear that accurately transcribing the volume of data gained during these interviews proved challenging both for us and the experienced administrator dedicated to work with us in this task.

Using the approach described by Gadamer to identify emerging themes, we read and re-read the notes of the interviews in conjunction with the audio tapes multiple times, to ensure that all of the responses of the participants had been captured accurately. Similarly, analyzing the volume of data gathered from the questionnaires and the focus group interviews, although providing very rich and detailed data, presented challenges to manage and analyze accurately. However, using a process whereby individual team members analyzed the data, coding into initial emerging themes which were subsequently reviewed by the other team members and refined, key themes emerged from the participant responses in relation to their experience as a student mentor, a sign-off mentor, or a service manager supporting the student mentor during

the mentorship preparation program. This process, however, took a considerably longer time period than had originally been anticipated—which had been 2 to 3 months in the planning, implementation, and writing up of the study—with a time period of 6 months eventually being required, resulting in conflicts arising in completing the project and addressing our other workload responsibilities.

Practical Lessons Learned

When planning a study using a phenomenological approach which involves questionnaires and focus group interviews, the research team must consider the practicalities of using such an approach with participants who have limited time to participate as a result of their clinical responsibilities. The research team also must consider carefully the logistics of the professionals participating in focus groups in terms of their release from the clinical environment and availability of suitable accommodation on these sites. In terms of planning the focus group interviews, perhaps we could have undertaken in advance a more detailed discussion and preparation plan and developed a plan of action to facilitate these. To ensure all data were captured accurately, we could have had a clear understanding of the process to be adopted in conducting the focus groups and then practice this in advance. Although using the phenomenological approach did produce very rich and detailed data relating to the participants experiences, we could have carefully considered in advance the process for gathering and analyzing this volume of data to identify the potential challenges to this approach and the timescales required with which to undertake this work.

Conclusion

Using a phenomenological approach to research is very exciting, if somewhat demanding, to explore the experience of a subject group in a given situation. However, when planned and executed well, using this research approach has the capacity to identify and capture previously unknown data relating to the human experiences in a given situation, which would often be inaccessible and therefore potentially lost. Outcomes of the study identified that there has been a welcome change in the perceptions of mentorship since the introduction of this new approach to mentorship preparation in the development of the mentors' knowledge and skills in the support of the student in the clinical learning environment. However, despite availability of information on this program since 2006, there remains limited understanding of the requirements of the NMC mentorship preparation by mentor students, sign-off mentors, and service managers in practice. In addition, there is limited understanding of how the theories of mentorship can be applied to the clinical learning environment, specifically major difficulties in the provision of support for the students undertaking the program and their assessment in

practice setting.

The study was undertaken within the South East of Scotland with small numbers of MIPP participants who responded to an invitation to participate. These findings therefore must be viewed with caution as they may not be transferable to the wider mentorship community. A larger multicenter study should be undertaken to explore whether these findings could be replicated elsewhere. A clear framework for the development of adequate numbers of mentors within a particular clinical learning environment should be identified and an appropriate selection process developed with higher education institutions providing more information on the requirements of the program for prospective mentor students, sign-off mentors, and service managers. Higher education institutions should assist service managers, health provider organizations, and sign-off mentors to facilitate mentorship program outcomes for mentor students during the 5 days' unprotected time, identifying approaches to apply theories of mentorship and models of support within the clinical learning environment.

Exercises and Discussion Questions

1. In the study, a purposeful sample of student mentors, sign-off mentors, and clinical managers were used. What are the benefits and difficulties of using such a sample?
2. To capture the experience of these participants in relation to the mentorship preparation program, questionnaires and focus groups were employed to gather the data. What are the benefits and challenges of using these means?
3. The study originally planned to undertake focus group interviews with participants in their own clinical environments. What were the difficulties in trying to achieve this outcome? What strategies would you suggest for overcoming these difficulties?
4. Although a prepared set of questions were utilized to structure the focus group interviews, what are the challenges in managing a focus group interview to ensure that all of the data generated are captured accurately? What strategies would you suggest for addressing these challenges?
5. As a result of the methods employed to gather the data from the participants using questionnaire and interviews, large amounts of detailed data were generated. What are the benefits and challenges of obtaining data using these approaches?

Further Reading

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Appendix

Mentor Preparation Program Overview 2016

National Framework

There is a single developmental framework to support learning and assessment in practice. It defines and describes the knowledge and skills nurses and midwives need to apply in practice when they support and assess students undertaking Nursing and Midwifery Council (NMC; 2008) approved programs that lead to registration or a recordable qualification. The NMC has identified outcomes for mentors, practice teachers, and teachers so that there is clear accountability for making decisions that lead to entry to the register

There are eight domains in the framework, each with identified outcomes:

1. Establishing effective working relationships	5. Creating an environment for learning
2. Facilitation of learning	6. Context of practice
3. Assessment and accountability	7. Evidence-based practice
4. Evaluation of learning	8. Leadership

The NMC (2008) Specific Criteria for a Mentor Preparation

- A minimum of 10 days, of which at least 5 days are protected learning time;
- Needs to include learning in both academic and practice settings;
- Relevant work-based learning, for example, experience in mentoring a student under the supervision of a qualified mentor and have the opportunity to critically reflect on such an experience;
- Completed within 3 months.

ENU Mentorship Program

The ENU Mentorship Program has been developed in line with the NMC framework.

The program consists of 5-day preparation course—three elements:

- 2.5 days with of online learning;
- 2.5 days of workshops/practical skill development;
- A further 5 days working on mentorship in practice.

All eight domains outlined by the NMC are assessed on the program.

