Supporting Aspirant Nurse Research Leaders: an UK Pilot Mentorship Scheme

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Research Landscape

• RAE/REF
• Research Funding History – charities, local and own account, for award.
• Research Funding – NIHR and Funding Councils
• NHS Research Plc
• Productivity, wealth creation and impact
The Vision and Mission of the Academy

The Academy wishes to play an active part in maximising research for patient benefit and enhancing the return of the public’s investment in health related research.

The prime concern of the Academy is:

‘to be an expert collaborative voice for all aspects of research involving nursing, midwifery and health visiting in the United Kingdom, including policy development and its implementation and evaluation through negotiation and dialogue with other key stakeholders’.
Background
Clinical Academic Careers

Finch Report

• Clinical Academic Careers
  – CAT Implementation Scheme (England) since 2009 and other local schemes
    – CARC Short life Working Group (Scotland),
      – CNO Working Group (NI)
    – NISCHR and WORD (Wales)
Background

The medical model

Support along the Integrated Academic Training Pathway

Academy schemes:
- Visiting Lecturer scheme
- Clinical Champions scheme

Buddy groups
1-2-1 mentoring

Regional outreach events and www.academicmedicine.ac.uk
Lessons from Medicine

- Beneficial effect of mentoring on:
  - academic productivity and success
  - motivating mentees to pursue research career

- Those who have mentor more likely to:
  - allocate time to research
  - more publications and grants

- Lack of mentorship a specific barrier to:
  - Completing projects and publications

Source: Sambunjak JAMA 2006 Systematic review of mentoring in academic medicine
The ‘Mentorship’ Gap

- Individuals outside schemes and research active environments
- Close to completing a PhD or Postdoctoral (within 5 years of PhD)
- Isolated not sure where to go
- Perhaps grown out of existing support structures
Aims of the Scheme

- To establish a **sustainable** programme in an environment of economic pressure
- To help NMHVs who are **navigating** new territory
- To **identify** NMHV **research leaders** of the future
- To engage NMHV Researchers to **influence** the wider health research agenda
- To produce **evidence** of influence /impact on research and practice
Mentorship

The scheme is underpinned by a set of values that views mentorship as:

• a process
• a relationship
• and a safe space
Skills of Mentors

• Being able to gift mentorship and make space and time
• Like people / interested in people
• Listening, questioning, empathy, wisdom, passion, compassion, tenacity
• Risk taking, openness, willing to do high challenge and high support; offer criticality, guidance
• Networking, signposting, contacts, friends
• Models and theoretical understanding
• Able to fail and to recognise it
The Scheme
- Mentors

- Recruited and self nominated
- Cover much of the UK
- Undergone preparation for the role
- Willing to mentor 2-3 mentees
Mentees

- Self nominated individuals
- Goal 15-30 in the 1\textsuperscript{st} instance
- Based in the UK
- Want mentorship
- Willing to be part of an evaluation
Application Process

• On line
• Make selection from Mentor profiles
• Identify any conflicts of interest
• Indicate order of preference
• Submit
• Mentor put in touch
• Time limited negotiated agreement
Reverend Professor Pauline Pearson

Current Role: Professor of Nursing, School of Health, Community and Education Studies, Northumbria University

Background: I am a nurse and a health visitor. I began by working in A&E, then worked as a health visitor in Newcastle for 14 years, in a mixture of inner city and more affluent areas. I moved to Newcastle University in 1993 to promote primary care research and interprofessional learning and working, and then to Northumbria University in 2009. I am a member of the National Institute for Health Research, Chair of the CPHVA Research Advisory Group and Vice Chair of the Academy for Nursing Midwifery and Health Visiting Research. My current role is in developing and promoting research, and building research capacity in my School. Much of this involves working with colleagues to develop proposals, and exploring ways of supporting them to share their work with colleagues through seminar programmes, conference presentations and paper writing. I currently supervise four PhD students and 2 ProfDoc students, and have supervised 12 Doctoral students to successful completion.

Clinical / academic interests: I am committed to seeking to improve health and healthcare for individuals and communities through collaborative approaches. Appropriate preparation of the next generation is crucial. I am Deputy Director of CETL4HealthNE (Centre for Excellence in Healthcare Professional Education) – funded by HEFCE to increase the employability of healthcare graduates in the north east of England (www.cetl4healthne.ac.uk). NHS/HE partnership is fundamental to this.

Research interests:
1. Workforce change and educational development
2. Aspects of public health and primary care practice
3. Interprofessional learning and working

Motivations for mentoring: I want to offer the next generation support as it has been offered to me, in
• Consent
• Profile
• Telephone interviews with Mentors and Mentees after 6 months
• Follow up questionnaire to monitor progress annually for two years
Current Mentors (n=18)

- Registered Nurses
- Registered Midwives
- Health Visitors
- Health Service Researchers/Social Scientists
Mentees

Current Employment (n=13)

- HEIs - Lecturer/Education (n=6)
- HEIs – Senior Research Fellows (n=2)
- NHS – Clinical Practice (n=2)
- NHS - Research Roles (n=2)
- PhD Student (n=1)
• Career advice
  – Building a career
  – Choices
  – Direction

• How to advice
  – Grant Capture
  – Promoting and impact
  – Publications
  – Collaborating and Networking
Thanks

To all those who have volunteered to be Mentors and give a gift of mentorship and the generosity of