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The role and responsibilities of a midwifery mentor

Mentorship: is the fourteenth series of ‘Midwifery basics’ targeted at practising midwives. It aims to provide information to raise awareness of the impact of the work of midwives on student learning and ultimately on women’s experience and encourage midwives to seek further information through a series of activities. In this first article Yvonne Jarvis and Joyce Marshall consider some of the key issues related to the role and responsibilities of the midwifery mentor in an overview of the mentoring role. These will be discussed in more detail in the series of articles that follows.

Introduction

Mentorship of student midwives in clinical practice is an important part of the role of a qualified and experienced midwife (Steele 2009). The Nursing and Midwifery Council (2008 p9) states ‘The role of the sign-off mentor and/or practice teacher is to make judgments about whether a student has achieved the required standards of proficiency for safe and effective practice for entry to the NMC register.’ However, mentorship is much more than this and can be considered as the process of giving support for personal and professional development. This can be provided in a range of ways, such as acting as a role model, teaching, encouraging, offering feedback and formally assessing the student midwife. Less formal definitions suggest that the mentor is a guide, supporter and advisor (Casey & Clark 2012). The mentoring process, the relationship between mentor and student midwife and the institutional environment within which the mentoring occurs can present a range of rewards and challenges for both mentor and student.

Scenario

Suzanne has been qualified as a midwife for almost two years; she is currently working on the labour ward and has occasionally supported student midwives for a day at a time in the absence of their sign-off mentor. She remembers how important inspirational support from mentors was to her when she was a student and is now keen to develop her skills to support students to learn and improve her understanding of the role and responsibilities of a mentor. She thinks to herself ‘I will find out about the mentor preparation course at university as it would be rewarding to become a qualified mentor’.
Nursing and Midwifery Council requirements for supporting learners in practice

The Nursing Midwifery Council (NMC) has set mandatory standards to support learning and assessment in practice (Nursing and Midwifery Council 2008). In order to become a ‘sign-off mentor’ a qualified midwife must complete an approved and accredited mentor programme to achieve the knowledge, skill and competence to meet stipulated outcomes. These outcomes specify the requirements for supporting students in practice under eight domains (box 1).

<table>
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<tr>
<th>Box 1: Domains of outcomes mentor must achieve to meet NMC standards to support learning and assessment in practice</th>
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<td>1. Establishing effective working relationships</td>
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(From NMC 2008 p25)

Within approved pre-registration midwifery education programmes, leading to midwifery registration, students can only be supported and assessed by mentors who have met the criteria to become a sign-off mentor.

Aspects of the role and responsibilities of the midwifery mentor

Learning in the clinical environment is fundamental to pre-registration midwifery practice. Midwifery mentors support, teach and assess students in clinical practice and need good preparation and support in order to do this effectively (Finnerty et al. 2006). The NMC has specified the activities that mentors are responsible and accountable for (Nursing and Midwifery Council 2008); these are summarised in Box 2. A key aspect of all these activities is the relationship between the mentor and student which requires
good interpersonal and communication skills (Hayes 2012). The relationship between mentor and student should be based on trust and respect and this can be developed by actively listening to the concerns and previous progress of the student. As with any face-to-face interaction in clinical practice, maintenance of eye contact, giving undivided attention and positive body language is essential. Trying to minimise the power differential within the relationship and showing an active interest in the well-being of the student can also help to develop positive interactions (Hayes 2012). Students’ experiences of mentorship are diverse but a number of qualities have been highlighted as being important, such as, being approachable, encouraging and willing to explain, being an advocate for women and instilling confidence as well as encouraging reflective evidence-based practice (Hughes & Fraser 2011).

Sometimes there are tensions between such aspects as offering pastoral support and carrying out assessment (Bray & Nettleton 2007) and this can lead to reluctance to fail students when the need arises (Duffy 2004). At the route of these situations is the need to maintain a professional relationship. If the relationship moves too much towards friendship then it can become very difficult to remain objective in order to assess appropriately. The mentor-student relationship should be a professional partnership with clear boundaries that balance supportive guidance with the ability to make objective, unbiased decisions about progress (Casey & Clark 2012). Sign-off mentors need to make such judgements at the end of each placement module as well as at the final assessment of practice, to confirm the student’s achievement of competence for safe and effective practice conferring entry to the NMC register.

**Mentors are responsible and accountable for:**

| Organising and co-ordinating student learning activities in practice |
| Supervising students in learning situations and providing them with constructive feedback on their achievements |
| Setting and monitoring achievement of realistic learning objectives |
| Assessing total performance – including skills, attitudes and behaviours. |
| Providing evidence as required by programme providers of student achievement or lack of achievement |
| Liaising with others to provide feedback, identify any concerns about the student’s performance and agree action as appropriate |
| Providing evidence for, or acting as, sign-off mentors with regard to making decisions about proficiency at the end of a programme |

*Box 2: Responsibilities of a mentor (NMC 2008 p 23)*
Student learning in clinical practice

People learn in different ways and differ in their approach to learning (Shaw 2012). For example some people are very active learners – they carry out the task and only afterwards do they reflect on it whereas other contemplate, weighing up aspects of the task before they do it. These differences are sometimes referred to as learning styles.

Activity 1

Find a learning styles quiz using the internet, do one and find out about your own learning style.
Consider whether you feel this is the way you learn best or not. Think about a peer or colleague who you know well and try to work out what learning style they might have. Consider ways that you might help students with different learning styles to learn best.

As well as having differing approaches or preferred ways of learning each student will have had varied experiences of life generally and in clinical practice so far. It is therefore crucial to find this out at the beginning of the placement either by questioning and listening carefully to their answers or by watching as they work clinically. The learning contract will also help with this as students identify their learning needs by documenting what they believe they have learned so far and what they would like to achieve in the current placement. This is the starting point for discussion about the learning opportunities within the placement and provides a formal agreement for the learning that is expected. Careful joint planning of learning opportunities has been shown to be important to students (Finnerty & Collington 2013). Other aspects that are important to students are the ability of mentors to pass on their practical expertise or craft knowledge (Finnerty & Collington 2013) and whether the environment is friendly, relaxed and supportive (Lewin 2007).

Activity 2

Consider your area of work and list the aspects of that environment that you think will support learning. You might consider: physical aspects, how friendly it is, whether you think students would feel part of the team, variety of learning opportunities. Then consider any elements that might form barriers to learning and ways that these might be overcome.

Mentors are integral to the development of student learning in practice especially in relation to their influence on student confidence and self-esteem (Hughes & Fraser 2011). Miles (2008) writing from a student perspective additionally suggests that positive mentorship promotes student autonomy and
assertiveness, while providing women-centred care. An important part of good mentorship is ensuring there is regular discussion between student and mentor to review the learning plan, involving open and honest reflection on achievements as the placement progresses. This not always easy especially if a student is not making as much progress as expected, however, it is arguably the most important aspect of student learning and can be a positive experience for the student if done well. Feedback should be given using positive language and should be specific, drawing directly on examples from practice situations to enable the student to understand exactly what they must do to make progress. There is a temptation to start with general observation about a student’s progress, especially if time is short but it can be helpful to encourage the student to identify what they feel they do well and areas they feel could be improved – to provide a starting point for discussion. Using what is sometimes referred to as the ‘feedback sandwich’, initially drawing on some areas of practice where the student is doing well, followed by a discussion of areas for improvement then ending with positive encouragement.

Although most students achieve well in clinical practice, some struggle to reach competence at various points in the course. Mentors may be reluctant to fail students early in their training, believing that problems will resolve over time. Yet, if following the early and regular support of the mentor by a link lecturer, clear feedback and action plans do not mean the student achieves the required standard then the student should not pass the placement. Mentors should be aware of their role in protecting the public and maintaining a high quality care by failing students if they do not reach the required standard at whatever stage of their training. This is an ongoing concern for mentors and will be discussed in detail later in the series.

**Accountability and record keeping**

Pre-registration midwifery students should have supernumerary status and should work at least 40 percent of the total time in the placement with their allocated sign-off mentor whilst providing direct care for childbearing women in the practice setting (Note: all mentors for midwifery students are sign-off mentors). Mentors are responsible for supervising midwifery students either directly or indirectly and for grading their practice which contributes to their final degree award.

The ‘ongoing achievement record’ is part of the assessment in practice record and like any clinical documentation it should be a clear, succinct and specific record of students’ progress in clinical practice.
Students should be aware of all actions and all documentation should be contained within the student record (Nursing and Midwifery Council 2008). There should be no surprises for the student.

Reflection on the scenario

In order to manage students’ learning and support them to develop into confident and competent midwives, mentors draw on multiple skills and emotional resources. This is a two-way process and both parties can gain much from the mentoring relationship. NMC approved mentorship courses are run at most universities and on successful completion of the programme the mentor’s name is added to the live mentor register that is held by the placement provider.

Conclusion

High quality mentorship is essential to maintain excellence in midwifery care and ultimately to protect the health and well-being of mothers and babies by ensuring that student midwives develop essential knowledge and skills to become safe, competent and caring midwives. This article has outlined the roles and responsibilities of a midwifery mentor, including discussion of how the student experience can be enhanced by consideration of various aspects of the role of the mentor, the NMC requirements and issues of responsibility and accountability. Each of these areas will be discussed in more detail in future articles in this series.

References


Hughes AJ & Fraser DM (2011): “There are guiding hands and there are controlling hands”: Student midwives experience of mentorship in the UK. Midwifery 27, 477-483.


