

The Nursing and Midwifery Council of New South Wales is established to manage notifications related to conduct, impairment and performance of nurses, midwives and students. At times, the Nursing and Midwifery Tribunal (NMT), the Professional Standards Committee (PSC), the Impaired Registrants Panel (IRP) or a Performance Review Panel (PRP) may require a nurse or midwife to have a mentor. The following policy is designed to assist mentors and the nurses / midwives to work together with the common goal of improving clinical practice.

### **Mentoring**

Mentoring is a partnership between an experienced person and a less experienced person designed to promote professional development. The relationship is characterised by trust in which shared learning and growth is developed with the goal of achieving higher levels of clinical competence. The relationship is based upon encouragement, constructive comments, openness, mutual trust, respect and willingness to share and learn (NSW Department of Premier and Cabinet, 2004). The nature and quality of the mentoring relationship is fundamental to the success of the process (Andrews and Wallis 1999).

### **Definition of mentor**

In general terms, a mentor is an experienced and trusted advisor who is recognised as highly competent in his / her field. The mentor provides mentoring assistance to a mentee. Mentors should not be anyone who has managerial responsibility or a formal assessor's role for the mentee because of the potential for conflict of interests.

When a mentee sets out to identify and approach a potential mentor, the following factors are identified as desirable qualities (Dyer, 2008; Gray & Smith, 2000; NSW Department of Premier and Cabinet, 2004; Andrews & Wallis, 1999)

- the mentor must be a person with greater experience and knowledge.
- the mentor should be approachable, flexible and progressive.
- the mentee must trust the mentor.
- the mentor needs to be a person who will enjoy helping the mentee develop skills and knowledge, and be able to share knowledge and experience openly and honestly.
- good mentors generally demonstrate patience, good communication skills, a positive attitude, assertiveness, discretion, good judgement, a good sense of humour, are good role models, professional, caring, well organised, reliable, trustworthy, self confident and motivate the mentee.
- the mentor acts as the mentee's confidante, consultant and coach. While friendship may evolve, it is not the primary goal of the relationship.

### **Essential criteria for mentors**

- Registration as a nurse or midwife
- Minimum of five years recent experience in the practice of nursing or midwifery
- High level clinical competence
- Evidence of recent continuing professional development
- Knowledge about the relevant Code of Professional Conduct, Code of Ethics, National Competency Standards, A Nurse's Guide to Professional Boundaries / A Midwife's Guide to Professional Boundaries
- Knowledge about evidence based practice
- Evidence of leadership activity within clinical, professional, educational or governance contexts.
- No conditions on practice

Mentors may be identified by the nurse / midwife required to have a mentor but must be approved by the Nursing and Midwifery Council before commencing the role. Prospective mentors are required to submit their curriculum vitae.

### **The role of mentor**

The role of a mentor primarily includes acting as a support person for the mentee. The mentor will support the mentee by promoting critical thinking and reflection on practice, skill development, professional development opportunities, maintenance of professional standards and professional judgement. Overall, the mentor acts as a main support person to help the mentee cope in the professional environment where difficulties may be experienced.

Reflective practice should be conducted in relation to the Framework of Professional Standards (NMBA) including the relevant Competency Standards, legislation relevant to practice, Professional Practice Guidelines, Codes of Ethics and Professional Conduct, Decision Making Framework and A Nurse's Guide to Professional Boundaries / A Midwife's Guide to Professional Boundaries. These standards may be found on the website of the NMBA. Reflective practice should also relate to evidence based practice.

The role may also include adherence to any particular requirements made by the body placing the conditions under legislation (Tribunal, PSC, IRP, PRP) such as the duration of the relationship between mentor and mentee, frequency of contact and any reporting requirements. The mentor may be required to report to the Council with confirmation that they have acted as mentor for a period of time or to notify the Council of significant difficulties experienced by the mentee.

A mentor would hold regular telephone conversations and / or face-to-face meetings with the practitioner being mentored. The frequency of 'meetings' may not be prescribed in the conditions imposed. However it is suggested that initially discussions could be held two weekly for three months and thereafter may be reduced to monthly. After twelve months, contacts may be reduced to two or three monthly and as needed. A mentor would also be available to discuss urgent issues relating to clinical practice and any other matters as they arise.

The role of the mentor is to be distinguished from that of a manager or a supervisor in order to avoid conflicts of interest. However, the mentee should generally advise his/ her manager that they have an approved mentor and any other such conditions imposed as required. The Australian Nursing and Midwifery Council (2007) has addressed supervision in its policy 'National Framework for the Development of Decision Making Tools for Nursing and Midwifery Practice' which may be accessed via the NMBA website <http://www.nursingmidwiferyboard.gov.au/> Various types of supervision including direct and indirect supervision are defined. While a supervisor may act for the employer or for the regulatory authority as a condition on registration, a mentor acts for and is expected to be a main source of support for the mentee. However, where concerns about the safety of the public arise in relation to the mentee's practice, the mentor is obliged to take appropriate action which may include making a mandatory notification as provided in section 140-141 of the Health Practitioner Regulation National Law (NSW).

In summary the mentor:

- facilitates the mentee's professional growth by promoting; critical thinking, reflection, knowledge and skill development.
- provides information, guidance and constructive comments.
- assists in the evaluation of the mentee's plans and decisions.
- supports and encourages and, when necessary, highlights shortfalls in performance.
- maintains confidentiality (within the constraints of the conditions imposed).
- provides constructive feedback.
- maintains mutual trust and respect.
- attends all scheduled meetings (face-to-face and/or telephone) with the mentee.
- shares insights relating to the corporate structure, culture, politics and players.
- leads by example.

**Benefits to the Mentee** (NSW Department of Premier and Cabinet, 2004).

- increased skills and knowledge
- increased potential for career mobility and promotion
- improved understanding of their roles in the organisation
- insights into the culture and unwritten rules of the organisation
- a supportive environment in which successes and failures can be evaluated in a non-confrontational manner
- a powerful learning tool to acquire competencies and professional experience
- potential for increased visibility
- networking opportunities
- development of professional skills and self-confidence
- recognition and satisfaction
- empowerment
- encourages different perspectives and attitudes to ones work, and
- develops greater appreciation of the complexities of decision-making within the organisational framework.

## References

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