ABSTRACT:

**Objective:** To share the experience of a model of peer mentoring in a pre-qualification midwifery programme

**Design:** Description of the framework and benefits of the model

**Setting:** University and practice

**Participants:** Third year midwifery students

**Interventions:** Practical activities meeting regulatory body requirements in a pre-qualification mentorship module

**Measurements and findings:** Informal evaluations by students of key activities undertaken during peer mentoring demonstrated a range of positive outcomes. These included enhanced confidence, self-awareness, interpersonal and teaching skills, team-working and leadership – factors also associated with emotional intelligence. Students developed an appreciation of the accountability of the mentor including making practice assessment decisions. They stated that the learning achieved had aided their professional development and enhanced employability.

**Key conclusions and implications for practice:**
This module equips students with skills for their future role in facilitating learners and contributes to development of a ‘professional persona’, enhancing their transition to qualified midwives. The Peer Mentoring Model would be easily adapted to other programmes and professional contexts.
Introduction:

Students need ‘significant others’ to facilitate their professional journey towards registration. Support, effective communication, coaching in the art and science of practice and robust assessment are essential skills for those guiding the process.

‘Mentors’ who fulfil this role in the United Kingdom (UK) are required to meet set ‘outcomes’ prescribed by the Nursing and Midwifery Council (NMC, 2008 – see Figure 1), and normally undergo preparation in the first few years after registration as a nurse or midwife. This paper, however, seeks to demonstrate the advantages of developing the required skills prior to qualification through an innovative ‘Peer Mentoring Model’ embedded in a mandatory module in a midwifery programme. It is apparent that mutual benefits may be gained from sharing or having recent experience of that same professional journey.

<table>
<thead>
<tr>
<th></th>
<th>Establishing effective working relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Facilitation of learning</td>
</tr>
<tr>
<td>3</td>
<td>Assessment and Accountability</td>
</tr>
<tr>
<td>4</td>
<td>Evaluation of Learning</td>
</tr>
<tr>
<td>5</td>
<td>Creating an environment for learning</td>
</tr>
<tr>
<td>6</td>
<td>Context of practice</td>
</tr>
<tr>
<td>7</td>
<td>Evidence-based practice</td>
</tr>
<tr>
<td>8</td>
<td>Leadership</td>
</tr>
</tbody>
</table>

Figure 1: Mentor outcomes for nurses and midwives

(Standards to support learning and assessment in practice, Nursing and Midwifery Council, 2008, p25-26)
Background:

Our current programme seeks to enable ‘Midwifery 2020’ students to be fit for purpose and practice; potential leaders in an ever-changing professional, social and political context (Department of Health, 2010). It was agreed to include preparation for the role of mentor, ensuring maintenance of the International Confederation of Midwives ‘Global Standards for Midwifery Education’ (2010 - amended 2013, p.2&3) through “the higher level of preparation for midwives in their region”– future-proofing against funding or organisational changes. This decision has proved to be wise in view of imminent regulatory changes which will be discussed later. It also appears to have had an impact on professional development which has the potential for wider application.

Peer Mentoring Model:

A 20-credit degree level module (a discrete unit comprising theory and practice which makes up a sixth of the academic component of the third year of the midwifery programme) was developed. Certain mandatory peer mentoring ‘fieldwork’ activities are timetabled, contributing to the 30 practice hours stipulated in the NMC standards (2008). Others are optional or student-initiated, with individuals selecting those they find most appropriate for their needs, availability and interests. Due to the emphasis on practice, the module is introduced to students at the start of their second year so that they can gradually build up a portfolio of ‘mentoring’ hours while developing the skills needed to meet the ‘outcomes’ for mentors (Figure 1). The ‘Peer Mentoring Model’ shown in Figure 2 illustrates how the theoretical elements of the third-year module (comprising
seven taught days, directed study and an assessed essay) underpin the practice activities – both of which enable the student to move towards their mentorship role following qualification as a midwife. Examples of these mandatory and optional activities are outlined below, supported by students’ comments from module evaluations.

Figure 2: Peer Mentoring Model: facilitating transition from student to professional registrant

Activities and impact:

1. **Buddies**

   The module is introduced at the start of the second year so that students have ample opportunity to engage in a range of peer mentoring activities. One of the
first is their allocation to new students as ‘buddies’ in their clinical area. Although this is one of the mandatory activities, practicalities are up to the individual pairings; some restricting this to emails and others meeting regularly or undertaking teaching sessions. Many build positive relationships, but students also recognise the challenges:

“Can put lots of effort into ‘mentor’ role, but may not get anything back – has to be a two-way relationship."

2. Peer teaching day
A timetabled day in the third-year module provides students with an opportunity to prepare and deliver a short teaching session on any topic to their peers. Some choose midwifery-related subjects such as artificial rupture of membranes, while many teach hobbies and skills e.g.: cooking, sign-language, crafts. Students apply many of the NMC outcomes (2008 – Figure 1) while considering learning styles, preparation and time management. Each group member is also expected to provide written evaluations – facilitating development of constructive feedback skills. This day is always filled with laughter and creativity, attracting many positive comments:

“I especially enjoyed the peer learning day, this module has changed the way I think about the role of a mentor and enlightened my perception on mentorship, feedback and grading”;

“The peer teaching day has given us the confidence, knowledge and abilities to plan and carry out the observation and nurses teaching day.”
3. Observation day

Third-year students organise an orientation day to the clinical environment for new students, prior to their initial placement. Formalisation of this day as a mandatory element of the module has resulted in improved organisation and more effective team-working:

“Good and helpful to work with peers and compromising on issues – increased professionalism.”

Senior students appreciate how valuable they found the day as recipients, and are keen to build on these experiences, providing a range of activities including tours of the units, demonstration of equipment and placental examination. Some invite contributions from senior managers or arrange registration with hospital libraries. Students also discuss practice portfolios, devise quizzes and provide ‘goody bags’. The day is frequently cited as one of their most useful experiences, requiring application of skills such as leadership and promoting a positive learning environment.

4. Inter-professional activities

A popular initiative finds some students opting to participate in an inter-professional day, during which they share the role of the midwife with junior students by preparing and running ‘stands’ in a carousel format. Learning is mutual:

“Realised I had more knowledge than I thought”;

“Really enjoyed – built my confidence in teaching.”
5. Clinical skills

The involvement of students on the module in teaching clinical skills to first year midwifery cohorts is regularly evaluated very positively by those who take part. The experience leads to self-realisation of their personal and professional development including mastery of clinical skills:

“Feeling confident to teach year one skills showed me how far I have come.”

“Able to see how much I had grown as a professional.”

There are a few coveted opportunities to take on the examiner role for mock OSCEs (Objective Structured Clinical Examinations), and this experience really enriches students’ perspectives concerning assessment:

“I had the opportunity to help out at a mock OSCE day for the first years. This was a brilliant experience and has helped me to develop my ability to assess and provide constructive feedback in relation to practice – a skill that I can carry forward and use as a mentor upon qualification!”

6. Peer facilitation and feedback

The parallel-running third year ‘obstetric emergencies’ module sees some students opting to run peer teaching and mock OSCE sessions – benefitting from revision while further developing their teaching and feedback skills:

“Useful to get feedback from colleagues and good learning how to give constructive feedback.”
7. **University activities**

Students wishing to engage in wider university-led initiatives such as student representatives or ambassadors find that they can apply the skills they are learning on the module to these activities:

“Good experience of acting as advocate for other students” [Student representative].

Valuable experience is also gained by PALS leaders (Peer Assisted Learning Scheme – Keenan, 2014), who run sessions for junior peers in which they pass on their experience - helping them to get the most out of their course both academically and in practice. Whilst the first years gain support and reassurance, the PALS leaders develop their skills in communication, tact, talking confidently in front of large groups and taking account of individuals' needs; all of which are vital to the qualified midwife and future mentor’s role:

“Facilitates the opportunity to be creative in learning techniques”.

8. **External to university**

Several students also choose to undertake the required hours by participating in external activities, including career days run by their host hospitals or local schools. These are particularly useful for developing skills in professional role-modelling and facilitating learning for ‘strangers’ from a wide range of backgrounds:

“Ignited passion about degree and career when speaking to potential students of the future about my experiences.”
Discussion:

The ‘Peer Mentoring Model’ (Figure 2) has potential to be transferable internationally and across professions. Not only does it provide a structured and flexible framework for those with a future responsibility for supporting, teaching and assessing learners, but it also appears to have an impact on development of the student’s professional persona – demonstrated in the insightful comments in Figure 3. The links between mentorship skills and professionalism have also been recognised by Nettleton and Bray (2008) in their research involving nursing, midwifery and medicine. Vertical peer mentoring in a Texan medical school has similarly been shown to promote professional identity, enhance leadership skills and benefit future careers (Andre et al., 2017); this was, however, limited to an academic context, while our model broadens this to practice.

The model also appears to promote emotional intelligence – development of skills such as self-awareness, communication, leadership, self-regulation, team-working and motivation not only enables those supervising students to be more effective in their role, but also potentially enhances their own professional practice (Nicholls and Webb, 2006). A recent meta-analysis by Miao et al. (2017) found that an increase in ‘organizational citizenship behavior’ and reduction in ‘counterproductive work behavior’ could be achieved by training employees in emotional intelligence skills – particularly in the health care sector.
“I feel I can appreciate further what responsibility mentors have and how difficult it can be to have a student, especially in terms of failing them. I feel that being a student now allows me to grow into the mentor I would want to have in the future.”

“This module has really helped me to think more like a qualified midwife who may have students in the future and how I would like to practice as a mentor, especially having had some not so nice experiences with my own mentors. I feel that doing this module whilst being a student is really beneficial.”

“The module has facilitated very good professional discussions about contemporary issues in midwifery and aided our development towards professionals from students. Reflecting upon our own experiences of being mentored and then discussing how we can take the positives into our future mentorship and how we can avoid the negatives has been useful.”

“I have noticed my increased confidence and sense of responsibility towards others since taking on the role of mentor, there is a sense of having something to offer that is valued… Before beginning to mentor I expected others to be responsible for my learning and the culture of the workplace. I now feel empowered to take more responsibility for these myself.”

“I am now beginning to feel more prepared for the role of mentor. Although I am finding these sessions really insightful to reflect on my experience as a student, I do feel that my professional persona is beginning to develop, and I can see myself in the role of mentor.”

“I feel this module will really pay off in the future and has already benefitted us as a cohort to apply for jobs.”

**Figure 3:** Student perceptions of the impact of the pre-qualification mentorship module

A formal evaluation is proposed which will explore the pre- and post-qualification impact of the module, gaining views from a range of stakeholders. This is particularly pertinent in the context of imminent changes to mentorship in the UK, including the potential for inclusion of an educational component in future pre-qualification nursing and midwifery curricula (NMC, 2017a and 2017b). A recent paper by Duffy et al. (2016, p.168) highlights the need for “succession planning for mentorship”, and it is suggested that the ‘Peer Mentoring Model’ achieves this - equipping all new registrants with the necessary skills and attitudes.
Conclusions:

Although some pre-qualification students find it difficult to see themselves in a mentoring role while still on their own journey, the majority respond positively to the challenge. The evidence suggests that formalising peer mentoring during pre-qualification programmes not only benefits the recipients, but also contributes to professional development. In the words of one of the module participants: “Transition from student to midwife has begun”.

Keywords:
peer; mentoring; practice; model; professional; transition

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