

The University of Newcastle
School of Nursing and Midwifery
MASTER OF NURSING (NURSE PRACTITIONER)
Clinical Mentor Nomination

Clinical Mentorship

The nursing literature acknowledges the benefits of mentorship for nurses of all positions and levels of experience. The idea of clinical mentoring has been widely accepted as an important role in the professional development of the Nurse Practitioner. The one-to-one relationship encourages the student to further develop their clinical knowledge and skills by reflecting on their practice, thus promoting self confidence and independence.

The role of the clinical mentor is to assist students in their clinical pursuits in the workplace. The mentor will provide clinical teaching and supervision. This strategy ensures patient/family safety while enabling the student to extend their skills and engage in experiential clinical learning opportunities. The mentorship process allows the student to critically reflect on his/her clinical practice and debrief in a safe and supportive environment.

Students in the Nurse Practitioner program are required to engage a small multi-disciplinary team of mentors from their clinical field to provide ongoing professional support and clinical supervision throughout the program. They should be senior members of staff who are able to challenge/discuss clinical issues with the student. They would probably be the person/s that the student (as an expert nurse) would refer his/her clients to if further assessment or treatment was required.

Students are required to nominate a minimum of two clinical mentors with their application. These two clinical mentors should be:

1. **A medical practitioner** if possible/ or other health specialists if expert in an element of the student's chosen area of practice e.g. a General Practitioner, Staff Specialist or Visiting Medical Officer. A Registrar is usually not appropriate as a mentor they are also in training and likely to be in a transient health service position. If it is not possible to nominate a medical mentor then the reasons should be explained in the application letter.
2. **An authorised nurse practitioner** or senior clinical nurse (e.g. Clinical Nurse Consultant or Nurse Educator). If the nursing mentor is not an authorised NP, then it is preferable for the nursing mentor to have a master's degree or equivalent within the area of practice

The mentors should be colleagues of the student and willing/ available to spend a minimum of **one hour per week for 12 weeks in the final three courses of the program (NURS 6620, 6621 and 6622)**. Regular communication with the mentor may be face to face, by telephone or video conferencing facilities. The two main mentors will be required to assess the student's competency on completion of three courses using the Australian Nursing & Midwifery Council (ANMC) Nurse Practitioner Standards. They may also be invited to participate in the student's final clinical viva examination. In some cases where there is not a suitable colleague available, the University may assist in recruiting a suitable mentor.

Pharmacy mentor: A mentor from this area is a requirement HUBS 6202 Pharmacotherapeutics for Advanced Nursing Practice. This mentor may be a ward or retail pharmacist (or equivalent) with clinical expertise in pharmacy/pharmacology. During the HUBS6202 course, the mentor will engage in discussions with the students and assess his/her knowledge of the therapies involved in treating clients from the student's area of practice.

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Although the mentoring relationship may extend past the completion of the Pharmacology course, this mentor will not be required to contribute to the student's regular clinical assessments.

Additional mentors may be valuable colleagues from the Allied Health Professions who are working closely with the student e.g. Medical Imaging Consultant, Psychologist, Physiotherapist, Occupational Therapist, Podiatrist or other, if appropriate to the specialty area of clinical practice. These mentors will not be required to assess the student's clinical competency.

Mentorship Meetings

Primary clinical mentors must be prepared to be available to support the student on a regular basis during the three specified courses but preferably over the length of their program of study. It is recommended that the students meet with at least one mentor each week whilst undertaking the clinical component of the program. The student should be well prepared for the meetings and the mentor facilitates discussion and feedback. The student should keep notes for further reflection on the key issues discussed. Meetings should last for approximately one hour.

The student in collaboration with his/her clinical mentor will:

- ❖ use their personal and professional experience to identify their own learning needs;
- ❖ develop strategies to meet these learning needs;
- ❖ undertake self directed learning;
- ❖ accept responsibility and accountability for their own actions;
- ❖ reflect on their own professional development and self-evaluate their performance; and
- ❖ be prepared to accept both positive and challenging feedback

Support of Clinical Mentors

The students and mentors will be provided with a CD containing information about clinical experience and mentorship. This has been prepared by the program convenor to assist the mentors in their endeavour to provide high quality clinical supervision to our students. The contact details of the program convenor are provided and the mentor should not hesitate if there are any issues which require clarification or discussion. Comments from mentors are warmly welcomed.

Contact details of the Nurse Practitioner Program Convenor are provided below:

Lorna MacLellan
School of Nursing and Midwifery,
Faculty of Health,
University of Newcastle
University Drive,
CALLAGHAN, NSW 2308
Telephone (02) 4921 6345 / (02) 9427 5107
Fax (02) 4921 6301
Mobile 0417 499 027
Email lorna.maclellan@newcastle.edu.au

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Please print and complete this form by fax or mail.

THIS SECTION TO BE COMPLETED BY THE STUDENT

Name: _____ **Student Number:** _____

Contact Address:

Telephone: B/H _____ **A/H** _____

Email:

Location of work:

Signature: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY THE CLINICAL MENTOR

Title: _____ **Name:** _____

Position:

Postal Address:

Telephone: B/H _____ **A/H** _____

Email:

Location of work:

I agree to act as Clinical Mentor to the above student and have provided a BRIEF resume outlining my clinical experience and skills.

This should be no more than 1-2 pages.

Signature: _____ **Date:** _____