

Karen Holland, Erna Tichelaar, Andrea Pokorna,
Olga Riklikiene, Ileana Antohe & Mikko Saarikoski

EMPOWERING THE NURSING PROFESSION THROUGH MENTORSHIP

Handbook I: Introduction to
Programme Implementation



COURSE MATERIAL 76

COMMENTS

REPORTS

RESEARCH REPORTS

Karen Holland, Erna Tichelaar, Andrea Pokorna,
Olga Riklikiene, Ileana Antohe & Mikko Saarikoski

EMPOWERING THE NURSING PROFESSION THROUGH MENTORSHIP

Handbook I: Introduction to
Programme Implementation



TURUN AMMATTIKORKEAKOULU
TURKU UNIVERSITY OF APPLIED SCIENCES

Partners of the EmpNURS project

“Gr.T. Popa” University of Medicine and Pharmacy of Iasi, Romania

University Emergency Hospital “Sf. Spiridon” Iasi, Romania

Lithuanian University of Health Sciences, Kaunas, Lithuania

Kaunas Clinical Hospital, Lithuania

Masaryk University, Brno, the Czech Republic

Teaching Hospital Brno Bohunice, the Czech Republic

National Institute for Quality- and Organizational Development
in Healthcare and Medicines (GYEMSZI), Budapest, Hungary

National Institute for Medical Rehabilitation, Budapest, Hungary

University of Salford, the United Kingdom

Windesheim University of Applied Sciences, Zwolle, the Netherlands

Turku University of Applied Sciences, Turku, Finland (coordinator)

COURSE MATERIAL FROM TURKU UNIVERSITY OF APPLIED SCIENCES 76

Turku University of Applied Sciences

Turku 2013

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Layout by Juha Kujala

ISBN 978-952-216-388-2 (PDF)

ISSN 1796-9972 (electronic)

Distribution: <http://loki.turkuamk.fi>

CONTENTS

Handbook 1: Introduction to Programme Implementation

PREFACE – INTRODUCTION TO THE MENTORSHIP PROGRAMME	4
1 GLOSSARY OF TERMS IN THE EMPNURS HANDBOOKS	8
2 IMPLEMENTING THE MENTORSHIP PROGRAMME	10
3 HOW TO USE THE PROGRAMME MATERIAL	12
4 THE IMPLEMENTATION OF THE PILOT STUDY PROGRAMMES	13
5 ORGANISATIONAL ISSUES	14
6 CODE OF CONDUCT AND ETHICAL PRACTICE AS A MENTOR, TEACHER AND STUDENT	15
7 COMPUTERS AND LIBRARY RESOURCES	16
8 NURSING EDUCATION IN EUROPE	17
REFERENCES FOR THE PROGRAMME HANDBOOKS	18

PREFACE – INTRODUCTION TO THE MENTORSHIP PROGRAMME

The profession of nursing varies greatly in how it is both viewed by others and how this is delivered and developed across Europe. In part, this is a consequence of the significant differences in the way nurses are educated. One important aspect of this educational experience is the contribution of qualified nurses in the supervision of student nurses during their clinical placements. It is noted that a crucial factor within nurse education systems should therefore be the educational relationship between the qualified nurses and student which would ensure successful learning experience. In many countries this is known as mentorship, and provision is made for the formal education of qualified nurses as mentors to students in the clinical learning environment. However, such approaches are not universal because some mentorship models commonly used by organisations in some countries can be relatively unknown in others; there are countries where qualified nurses do not engage in this process at all. With the modernisation and harmonization of European nursing education the project sought to address such incongruence, and in so doing, promote an empowered and better educated nursing profession across Europe.

The Empowering the Professionalization of Nurses through Mentorship (EmpNURS) project was an international one and it aimed to benefit nurse educators, student and qualified nurses. The overall action model of management and delivery of the project was based on previous work by members of the project team (Saarikoski et al., 2008; Warne et al., 2010). In this project, the initial EmpNURS Mentorship programme was developed and then implemented in four relatively new member states within the European Union. An impact evaluation of the EmpNURS project was undertaken using both quantitative and qualitative methods, as well as an on-going critical evaluation and support in the development of the Mentorship programme. It was agreed that the pedagogical underpinning of the course should be based on Work-Based Learning, which was in keeping with the nature of nursing as a practice based profession and of engaging both students and practitioners in learning in the working environment.

The EmpNURS consortium consisted of 11 full-partner organisations. Seven of these organisations were Educational Institutes and four were teaching hospitals working in collaboration with each other in the local pilots of the project. These organisations were located in the Czech Republic (CZ), Hungary (HU), Finland (FI), Lithuania (LT), Romania (RO), the Netherlands (NL) and the United Kingdom (UK). The Mentorship pilot programmes took place in Brno (CZ), Budapest (HU), Kaunas (LT) and Iasi (RO).

There was a collaborative team of a delegate from an Educational Institute and a hospital, who led each of the four Mentorship pilot programmes. The role of the partners from Finland, the Netherlands and the UK focused on supporting the implementation of the Mentorship pilot programmes. Turku University of Applied Sciences from Finland was the coordinator of the EmpNURS project.

The specific aims of the EmpNURS project were:

- to improve the quality of nurse education by advancing a new supervision culture of student nurses during their clinical practice
- to increase the readiness of registered clinical nurses to act as supervisors and mentors for student nurses during their clinical placements
- to pilot a mentorship model developed by the project partner organisations in the collaborating hospitals and universities of 4 new EU countries
- to evaluate the introduction of a mentorship model in relation to changes in current practice and future developments.

The first key concept of the project, **empowerment**, refers to the positive conception and experience of one's capability to cope with different kind of challenges. The concept has mainly been used at an individual level (challenges in person's life), but it can be also used when describing some collective features of a group (e.g. family, profession). In this project the concept of empowerment refers to the anticipated outcomes for the nursing professionals who will experience mentorship, both as the mentor and mentee.

The second key concept of the project is **supervision**, which acts as an overarching term which refers to the guidance, support and assessment of student nurses by qualified clinical nurses. It can take place with an individual supervisory relationship or in group supervision. In the case of individual supervisory relationship, we use the term **Mentor**, which is used specifically to describe the role of a qualified nurse who acts as named personal supervisor of a student during a clinical placement. **Mentorship** is seen as the relationship between a student and her/his 'own' supervisor.

It was anticipated that the project would promote the professional identity of student nurses and qualified nursing staff. Following the collaborative development and agreement of the Mentorship training programme, this was then delivered by four city universities in Brno, Budapest, Iasi and Kaunas. In these cities each participating Educational Institute and its teaching hospital worked together to implement and evaluate the programme in the clinical practice environments. The pilot training programme was initially developed in English and then translated into different languages for implementation by educators and clinical staff, and then shared with the student nurses who would also be educated about the new way of supervising them in clinical practice.

We anticipated that the evaluated and piloted Mentorship programme would then be adopted in the participating Educational Institutes and in their partnership teaching hospitals and would subsequently be transformed as permanent practice in many similar educational environments in these countries as well as others as part of the valorisation process of the EmpNURS project. This collaboration between the universities and hospitals to deliver the pilot Mentorship programme was an essential part of the EmpNURS approach.

The implementation and evaluation of the Mentorship programme was completed within the agreed timescale and with varying degrees of success. However in terms of impact on those mentors and students taking part in the pilot programmes as well as on the programme teachers the outcomes have been extremely positive. Their inputs into the evaluation of the process of implementation of the programme as well as the course materials and additional resources have led to the final production of the material in the Handbooks for the Programme Teacher, the Mentor and the Student Nurse. An explanation of how to use these handbooks can be found in the chapter *How to Use the Programme Material* (Handbook 1).

The material can also be adapted for use in the development of mentorship in other professional groups, where the principles of work-based learning can be applied, as well as that of reflective practice, and developing excellent clinical learning environments and the collaborative supervision of the student between the Educational Institutes and the clinical organisations.

We would like to wish everyone who uses the material every success in implementing this introduction to the Mentorship programme and to the empowerment in work-based learning of both students and practitioners who act as mentors.

References

- Saarikoski M., Isoaho H., Warne T. & Leino-Kilpi H., 2008. The Nurse Teacher in clinical practice: developing the new sub-dimension to Clinical Learning Environment and Supervision (CLES) scale. *International Journal of Nursing Studies* 45; 1233–1237.
- Warne T., Johansson U-B., Papastavrou E., Tichelaar E., Tomietto M., Van den Bossche K., Moreno M. & Saarikoski M., 2010. An exploration of the clinical learning experience of nursing students in nine European countries. *Nurse Education Today* 30; 809–815.

Acknowledgements

We wish to thank the EU Commission's Lifelong Learning Programme (LLP) for giving us this opportunity to develop a mentorship programme that can be implemented in many EU countries which are new to this approach to student learning and to continuing education of qualified staff.

In addition we wish to acknowledge key partner organisations' lecturers and other staff who have shared their time and their expertise with us, and all the students that gave their time to be involved in new ways of learning, the mentors who attended the course in each country and who evaluated their experience in all four participating countries as being very positive and also the ward managers in every hospital and community site that collaborated with these four main pilot sites to ensure the success of the programme and the learning experience for everyone concerned.

Finally we wish to thank the team of the project Making Practice-Based Learning Work. The excellent materials of this project were used as major resources in developing the EmpNURS Mentorship programme.

September 2013

The EmpNURS project team

Ileana Antohe, Mariann Bodi, Camelia Bogdanici, Karen Holland, Nicole Janmaat, Grazvyde Masiliuniene, Éva Nagy, Ovidiu Petris, Andrea Pokorna, Olga Riklikiene, Mikko Saarikoski, Camilla Strandell-Laine, Zdenka Surá, Ildikó Szögedi, Erna Tichelaar, Heini Toivonen & Tony Warne

I GLOSSARY OF TERMS IN THE EMPNURS HANDBOOKS

Learning Environment (Clinical)

An environment in which students are placed for a learning experience according to their specific curriculum in order to develop the skills, attitudes and knowledge required to become a qualified nurse. (In the literature these are often identified as either ‘bad’ or ‘good’ learning environments according to various criteria.)

Mentor

A qualified nurse who *‘facilitates learning, supervises and assesses students in the clinical setting’* (Gopee 2008; 7) as well as guiding and supporting them as individuals and learners to become qualified nurses.

Mentee

An individual who is supported, taught and assessed by the mentor. In this project it refers to **the student nurse**.

Portfolio

A *‘collection of evidence that demonstrates learning and knowledge. A profile is a selection of this evidence that may be extracted to fulfil a particular purpose’* (Timmins, 2008; 24). This evidence is kept in a Portfolio file *‘which is usually a hand-held document, such as a ring binder / folder and can also be considered a collection an cohesive account of work-based learning that contains relevant evidence from practice and critical reflection on this evidence’* (Timmins, 2008; 1).

Programme Teacher

Refers to the teacher who takes responsibility for the main teaching and assessing role as well as facilitating the learning of the mentor.

Reflection

‘..... is a conscious and deliberate process of thinking about and interpreting experiences in order to better understand and learn from the own actions’ (Van der Heide et al., 2002). Schön (1983) identified that there were two types: **reflection *in* action** (when doing something) and **reflection *on* action** (after doing something).

Reflective Practice

Undertaking to ‘**think about**’ (reflect upon) an experience in practice, then learning from this and ***taking action which may create change*** in what or how we do something. (There has to be some kind of outcome to say one is undertaking reflective practice).

Student

An individual who is undertaking a programme of study (in a Higher Education Institution and a health service environment) to become a qualified nurse.

Supervision

The activity undertaken by the mentor and other health care workers whereby they facilitate learning and supervise their practice as a student nurse. This supervision also involves guiding the student in developing professional and ethical practice.

2 IMPLEMENTING THE MENTORSHIP PROGRAMME

Following the evaluation of the pilot course in the four EU countries of Hungary, Romania, the Czech Republic and Lithuania, it was evident that there would be a need for a guide book of good practice in course delivery both for the Educational Institute environment and that of the clinical organisations. It was seen that good collaboration between these two environments was fundamental and essential to the success of the continual delivery of any Introduction to Mentorship Programmes. How to establish effective collaboration partnerships can be seen in the list below, the evidence being an outcome of a study exploring collaborations between Educational Institutes in the UK (Holland, 2009). These actions will be particularly helpful where organisations are intending to deliver the Mentorship programme for the first time. This may be a local or a national initiative.

Key factors in ensuring a successful partnership (Holland, 2009)

- Establishing the right reason for setting up the partnership initially.
- Ensuring the partnership is the right size to enable effective working and collaboration.
- Developing a shared vision of what the partnership is trying to achieve and the benefits involved.
- Agreeing the contribution of each partner to achieving the aims of the partnership.
- Assembling the right people in the partnership – not only from the right organisations, but people who are able to contribute appropriate knowledge and experience, have sufficient autonomy to represent the views of their community or organisation, and can communicate ideas effectively.
- Ensuring you have the right leadership – in terms of being effective and having strong interpersonal skills that foster respect, trust, inclusiveness and openness among partnership members.
- Developing a shared understanding of what each partner brings and also agreed ground rules from the outset about how the partnership will work and manage its task(s). The latter is very much dependent on the partnership lead and their ways of working.

- Making sure all contributions to the partnership should be valued and respected.
- Effective communication is essential, both in relation to direct partnership working at meetings but also between meetings and how partners communicate the work of the partnership to others.
- Ensuring, as part of setting the ground rules for ways of working, that issues such as how the partnership is managed and conducted, and to whom it is accountable, are transparent to all involved.

Also important to the successful learning and achievement of the mentorship course by practitioners was the relationship between the programme teacher (in the educational institute), the mentor (practitioner) and the student nurse (in the clinical learning environment). To be successful in undertaking and completing the Mentorship programme, both the teacher and mentor have to rely on the student being able to engage with the mentor in the teaching process, the learning situation and, following this, the assessment of learning. This engagement should enable the successful achievement of learning outcomes by both mentor and student. The quality of the learning environment in which the student learns and the mentor is working in has also an important part to play in the successful outcome of the mentor undertaking the course.

It is also essential that any organisation which chooses to implement the Mentorship programme, and therefore those that deliver the course, has a basic understanding of the main pedagogical approach that underpins the development of the programme and the accompanying material.

The basic premise of **Work-Based Learning** and related pedagogical approaches are described in the Handbook for Programme Teacher (Handbook 2). Additional material and resources can be found at the end of this guide which can be accessed for the whole programme. In addition, there is more specific material identified in each of the three accompanying Handbooks for the Programme Teacher (Handbook 2), for Mentors (Handbook 3) and for Student Nurse (Handbook 4).

3 HOW TO USE THE PROGRAMME MATERIAL

The programme material comprises this introducing guidance in addition to three other Handbooks, which focus on the actual learning experience of the individuals involved directly in the implementation of mentorship in practice. These are: **the programme teacher, the mentor** (individual undertaking the Mentorship programme) and **the student nurse**.

All of this material has been tested out and evaluated, and the resulting documentation is a combination of the evaluation from the participants in the pilot case studies and the work and analysis of the data by the EmpNURS project team.

The programme material is, we hope, self-explanatory, but there are some aspects of successful implementation that we can share with you based on our own experiences.

4 THE IMPLEMENTATION OF THE PILOT STUDY PROGRAMMES

In the pilot case studies the Mentorship programme was implemented in 4 consecutive days plus 1 further day following the clinical experience (2–6 weeks in length) undertaken by the practitioners attending the mentorship programme. This was well evaluated overall, but it was agreed that options should be made available to organisations delivering the Mentorship programme, to allow for flexible delivery of the programme in accordance with local needs.

Second option was to extend the actual programme days over a longer period of time.

For example: All the 5 days can be delivered by delivery of 1 day a month or 1 day a week, offering participants the opportunity to undertake on-going practice experience as well as undertaking the theoretical and practical learning expected from the programme. This method offers a more integrated approach to the theory and practice of learning to be a mentor.

Third option is one where the actual delivery period is extended over a period of 6 months in length (could be less but not under 3 months) and delivery would be one day a month interspersed by active work-based learning development of skills and knowledge of being and becoming a mentor to students in practice.

This is a model which could be used where the organisation can measure the impact on change in the learning environment, with an expectation that the participants are actively engaged in activities which will generate discussion, operate evidence based change in practice and the gathering of evidence of their own individual change as well as that of the learning environment, in their portfolios.

5 ORGANISATIONAL ISSUES

One outcome of the evaluation was the recommendation that, if at all possible, membership of the programme at any given time would not exceed 20 participants. This was to ensure that the teaching and learning methods such as small group teaching, discussion of reflection and practical case studies would enable the participants to engage with the programme material as well as with each other. This was particularly important when only one teacher was involved in the delivery of the programme.

It is essential to ensure that all students involved in either a further pilot of the programme in an organisation or the actual implementation of the EmpNURS Mentorship programme be full engaged in the role of the mentor in practice. This means that all students should become familiar with the actual role of the mentor in their curriculum as well as the nature of the role itself.

If the organisation is implementing this programme for the first time then information and explanation for student nurses will be essential in order that the mentors are able to complete the programme successfully.

Involvement of the Ward Managers (or similar roles) is also essential in order to ensure adequate time is made available to the mentors to undertake their supportive role with students as well as the key roles of teaching and assessing of learning in practice.

6 CODE OF CONDUCT AND ETHICAL PRACTICE AS A MENTOR, TEACHER AND STUDENT

It is important to acknowledge that all qualified practitioners and teachers involved in the delivery of the Introduction to Mentorship Programme are required to practice within their country's Code of Ethical Conduct for their profession and also ensure that students can then learn by example from their mentors. This would certainly be evident when mentors may have to fail a student in practice or support students who may be struggling with their studies. Gopee (2008) offers us a framework of ethical principles established by Thiroux and Krasemann (2007) in relation to the mentor and mentee (student who is being mentored) roles, which could be used as an example of good practice for those implementing this programme.

These principles are:

- **The value of life** – can refer to ensuring mentees develop the necessary competencies for effective clinical interventions that would restore health and well-being. It can also refer to ensuring mentees acquire the necessary knowledge, skills and attitudes to register as a nurse so that they can earn a livelihood.
- **Goodness and rightness** – refer to the mentor doing good to mentees and patients for service users, and doing the right thing.
- **Justice and fairness** – refer to ensuring that knowledge, skills and attitudes are required by all mentees to the appropriate extent, depth and detail.
- **Truth-telling and honesty** – ensuring incorrect information is not given.
- **Individual freedom** – means that mentees have some freedom in deciding the amount and type of learning and patients or service users have some say in the clinical interventions available (Thiroux & Krasemann, 2007; 166).

7 COMPUTERS AND LIBRARY RESOURCES

Mentors will need access to a library whenever possible and also a computer for writing out documentation and most importantly for searching evidence. They need to have the opportunity to communicate (via email, phone or any other communication means agreed upon) with their Programme Teacher when they are undertaking the study days as well as when they are in the practice environment their mentoring process with a student nurse undertaking the teaching and assessment of student nurses. It has to be noted that the majority of mentors undertaking this programme will also be undertaking their normal work as caring for patients in their own working environment. This is in keeping with the idea of Flexible Learning.

It is essential that this Mentorship programme is seen as collaboration between the clinical learning environment and that of the learning environment in the University and effective communication between the Programme Teacher and the Ward Manager (or equivalent) is a pre-requisite of the mentors starting the actual programme.

It is also to be noted that any mentor undertaking his programme should be given an opportunity to undertake some specific pre-programme reading and that the Teacher in the country / organisation delivering this programme should decide on the material relevant to their needs that can be sent to the mentor, including suitable reading material.

8 NURSING EDUCATION IN EUROPE

The implementation of the EmpNURS Introduction to Mentorship Programme will take place mainly in European countries given that the majority of the evidence based literature as well as the pilot study sites have been in Europe in accordance with the work of the funding body and the need to share best practice across Europe (European Commission, 2005, 2008).

In order for those implementing the programme to identify common practices, opportunities to network and to share best practices, the following links to both documents and resources should be of value.

Web links: Nurse Education in Europe

- <http://faculty.ksu.edu.sa/hisham/Documents/Medical%20Education/English/Nursing%20Education/79.pdf>
- http://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf
- http://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf
- <http://eprints.soton.ac.uk/348772/1/NurseEduProfiles.pdf>

REFERENCES FOR THE PROGRAMME

HANDBOOKS

- Ali O.A. & Panther W., 2008. Professional development and the role of mentorship. *Nursing Standard, Art & Science* 22(42); 35-39.
- Aston E. & Hallam P., 2011. *Successful mentoring in nursing*. Learning Matters, Exeter, London: Sage.
- Barker E.R., 2006. Mentoring – a complex relationship. *Journal of the American Academy of Nurse practitioners* 18; 56-61.
- Beerendonk A., 2006. Leereenheid competentiegericht opleiding voor werkbegeleiders. *Onderwijs en gezondheidszorg* 30(7); 3-6. (NL)
- Beskine D., 2009. Mentoring students: establishing effective working relationships. *Nursing Standard* 23(30); 35-40.
- Brooks N. & Moriarty A., 2009. Implementation of a peer-support system in the clinical setting. *Nursing Standard* 23(27); 35-39.
- Byrne M.W. & Keefe M.R., 2002. Building research competence through mentorship. *Journal of Nursing Scholarship* 34(4); 391-396.
- Caldwell J. & Corkin D., 2007. Mentorship: The Art of Science. Queens university Belfast (short report) *Paediatric Nursing* 19(4); 31- 32.
- Dadge J. & Dawn C., 2009. Supporting mentors in clinical practice. *Paediatric Nursing* 21(10); 35-36.
- Davis C. & Wilcock E., 2003. Teaching materials using case studies. UK Centre for materials Education. Accessed June 9th 2013 from: <http://www.materials.ac.uk/guides/1-casestudies.pdf>
- Dokter I., 2007. Leren in de beroepspraktijk: Tools voor de 'reflectieve practitioner' *Onderwijs en gezondheidszorg*, 31(2); 1-4. (NL)
- Engeström Y., 2001. Expansive learning at Work: toward activity theoretical reconceptualization. *Journal of Education and Work* 14(1); 133-156.
- European Commission, 2005. Directive 2005/36/EC. Official Journal of the European Union, 30.9.2005. Accessed 20th September 2013 from: <http://www.nepes.eu/files/Directive%202036%20Recognition%20of%20professional%20qualification%20EN.pdf>
- European Commission, 2008. Recommendation of the European Parliament and of the Council of 23 April 2008 on the establishment of the European Qualifications Framework for lifelong learning. Accessed 20th September 2013 from: http://europa.eu/legislation_summaries/education_training_youth/vocational_training/c11104_en.htm
- Flanagan J., Baldwin S. & Clarke D., 2000. Work-based learning as a means of developing and assessing nursing competence. *Journal of Clinical Nursing* 9(3); 360-368.
- Fulton J., Bohler A., Storm Hansen G., Kauffeldt A., Welanders E., Reis Santos M., Thorarinsdottir K. & Ziarko E., 2006. Mentorship an international perspective. *Nurse Education in Practice* 7; 399-406.
- Gopee N., 2008. *Mentoring and Supervision in Health Care*. London: Sage.
- Häggman-Laitila A., Eriksson E., Meretoja R., Sillanpää K. & Rekola L., 2006. Nursing students in clinical practice- Developing a model for supervision. *Nurse Education in Practice* 7; 391-391.

- Heide W. van der, Koetsenruijter R. & Wit K., 2001. Reflectie in de verpleegkundige beroepsuitoefening. Utrecht: Uitgeverij Lemma BV.
- Higgs J. & Titchen A., 2001. Practice knowledge and expertise in the health professions. Oxford: Butterworth-Heinemann.
- Hisschemöller M., 2006. E coaching, snel, intensief en effectief. *Onderwijs en gezondheidszorg* 30; 7-10. (NL)
- Holland K., 2009. Summary: Key factors to ensure a successful partnership. In: Holland K., Warne T. & Howarth M. 2009. Explicating the role of partnerships in changing the health and well-being of local communities in urban regeneration areas: an evaluation of the Warnwarth Conceptual Framework for Partnership Evaluation: A Case Study Approach - Vol 3, University of Salford, Salford.
- Holland K. & Rees C., 2012. *Nursing: Evidence-Based practice Skills*. Oxford: Oxford University Press.
- Holland K. & Roxburgh M., 2012. *Placement Learning in Surgical Nursing*. Edinburgh: Bailliere Tindall Elsevier.
- Hyatt S.A., Brown L. & Lipp A., 2008. Supporting mentors as assessors of clinical practice. *Art & Science*, 22(35); 35-41.
- Jones S., 2010. A mentor portfolio model for ensuring fitness for practice. *Nursing Management* 16(10); 28-31.
- Kolb D.A., 1984. *Experiential Learning: Experience as The Source of Learning and Development*. New Jersey: Prentice Hall.
- McBrien B., 2006. Clinical teaching and support for learners in the practice environment. *British Journal of Nursing* 15(12).
- Mc Veigh H., Ford K., O'Donnel A. & Rushby C., 2009. A framework for mentor support in community-based placements. *Nursing Standard* 23(45); 35-41.
- Mosely L.G. & Davies M., 2007. What do mentors find difficult? *Journal of Clinical Nursing* 17(12); 1627-1634.
- Myall M., Levett-Jones T. & Lathlean J., 2008. Mentorship in contemporary practice: the experiences of nursing students and practice mentors. *Journal of Clinical Nursing* 17(14); 1834-1842.
- Nash S. & Scammell J., 2010. Skills to ensure success in mentoring and other workplace learning approaches. *Nursing Times* 106(2); 17-20.
- Ness V., Duffy K., Mc Callum J. & Price L., 2010. Supporting and mentoring nursing students in practice. *Nursing Standard* 25(1); 41-46.
- Owens D. & Rutherford J., 2007. The Development of Work-Based Learning as Part of Post-Qualifying Education: A Case Study from the School of Nursing, University of Salford, UK. *Industry and Higher Education* 21(5); 361-366.
- Pool A., 2007. Het gebruik van casuïstiek binnen onderwijs en gezondheidszorg. *Onderwijs en gezondheidszorg* 31(5); 1-4. (NL)
- Pool I., Aantjes T. & Mulder H., 2010. Praktijkleren voor alle verpleegkunde studenten binnen het ziekenhuis op één leest. *Onderwijs en gezondheidszorg* 34(2); 8-12. (NL)
- Price A. & Price B., 2009. Role modelling practice with students on clinical placements. *Nursing Standard* 24(11); 51-56.
- Rawaf S., 2007. Learning style preferences of undergraduate nursing students. *Nursing Standard* 21(35); 35-41.
- Saarikoski M., 2003. Mentorship relationship as a tool of professional development of student nurses in clinical practice. *The International Journal of Psychiatric Nursing Research* 9; 1014-1024.

- Saarikoski M., Marrow, C., Abreu W., Riklikiene O. & Özbicakci S., 2007. Student nurses' experience of supervision and mentorship in clinical practice: a cross cultural perspective. *Nurse Education in Practice* 7; 407-415.
- Saarikoski M., Isoaho H., Warne T. & Leino-Kilpi H., 2008. The nurse teacher in clinical practice: developing the new sub-dimension to clinical learning environment and supervision (CLES) scale. *International Journal of Nursing Studies* 45; 1233-1237.
- Sadler-Smith E. & Smith P.J., 2004. Strategies for accommodating individuals' styles and preferences in flexible learning programmes. *British Journal of Educational Technology* 35(4); 395-412.
- Salminen L., Stolt M., Saarikoski M., Suikkala A., Vaartio H. & Leino-Kilpi H., 2010. Future challenges for nursing education – A European perspective. *Nurse Education Today* 30; 233-238.
- Schön, D.A., 1983. *The Reflective Practitioner: How professionals think in action*. London: Temple Smith.
- Scott I. & Spouse J., 2013. *Practice Based Learning in Nursing, Health and Social Care: Mentorship, Facilitation and Supervision*, Oxford: Wiley Blackwell.
- Spouse J., 2001. Bridging theory and practice in the supervisory relationship: a socio cultural perspective. *Journal of Advanced Nursing*, 33(4); 512-522.
- Thiroux V.P. & Krasemann K.W., 2007. *Ethics, Theory and Practice*. New Jersey: Pearson/Prentice Hall.
- Tichelaar E., Harps-Timmerman A., Docter M. & Janmaat N., 2012. Dutch students nurses' experience with clinical learning environment: a challenge for the changing role of the nurse teacher. *Nursing Education, Research and Practice* 2; 55-61.
- Timmins F., 2008. *Making sense of Portfolios- A guide for nursing students*. Maidenhead: McGraw Hill, Open University Press.
- Wagner A.L. & Seymour M.E., 2007. A model of Caring Mentorship for Nursing. *Journal for Nurses in Staff Development* 23(5); 201-211.
- Warne T., Johansson UB., Papastavrou E., Tichelaar E., Tomietto M., Van den Bossche K., Moreno M. & Saarikoski, M., 2010. An exploration of the clinical learning experience of nursing students in nine European countries. *Nurse Education Today* 30; 809-815.
- Wilkes Z., 2006. The student-mentor relationship: a review of the literature. *Nursing Standard* 20(37); 42-47.

In addition to this list, *Handbook 2: Guidance for Programme Teacher* includes useful 'Specific Topic References' which make it easier to find sources for planning the sections of the course.