

Nurse mentors for preregistration house officers

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Newly qualified junior doctors experience 'reality shock' when they start work on the wards. This article describes the development of a nurse mentorship scheme which uses the skills and expertise of senior ward nurses to help them through this transition. It has proved to be both popular and successful.

Despite their extensive training, preregistration house officers (PRHOs) often find the transition from medical student to doctor to be traumatic. Kramer (1974) describes this as 'reality shock', 'the specific shock-like reaction of new workers when they find themselves in a work situation for which they have spent several years preparing and for which they thought they were going to be prepared and then suddenly find they are not'.

Long gone are the days of ward-based doctors who were knocked into shape by ferocious dragons called ward sisters. Today they are faced with a high turnover of patients, spread across many wards, short lengths of stay and recurrent winter crises. These compound the situation and heighten the anxiety for the PRHO.

Thus Mid Essex Hospitals Trust, in partnership with the North Thames Deanery, wanted to improve the lot of PRHOs. Drawing on the positive aspects of the past and the greater skills of the present day senior nurse, we have initiated a scheme whereby PRHOs were provided with a nurse mentor.

The nurse mentorship scheme originated from a series of focus groups run by the deanery. These looked at ways of improving the PRHO year. These groups concluded that some of the problems faced by newly qualified doctors were caused by a lack of key clinical skills. These were not Mrs Heather Pearce is Project Sister and Dr David Blainey is Consultant Physician and Clinical Tutor in the Medical Academic Unit, Broomfield Hospital, Chelmsford, Essex CM1 7WE

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just procedures such as venepuncture, cannulation and catheterization but also the less tangible skills like communication, team working and time management. The nurse mentorship scheme offered a mechanism to assist in the transition from student to doctor, provided a structure for enhanced learning and support for these skills, and could be taught well by senior nurses.

PILOT STUDY

Preparation for a pilot study, aimed at developing an understanding of the wider role of the PRHO, was gained by one of the authors (HP) shadowing a junior doctor. This ensured an appreciation of some of the problems associated with the job, including those associated with 'on-calls' and moving between wards, and identified any structural problems such as weekend phlebotomy, and out of hours cannulation which could be addressed before the pilot.

The pilot study was carried out on two general medical wards and ran for two 6-month periods covering the first and second placements of the PRHO. It included 4 PRHOs, 2 nurse mentors and 2 consultants. Both the mentors and the doctors indicated that it was beneficial. The main advantages for the participants were identified as:

PRHO

- The PRHO had an established point of contact at ward level, thus ensuring that they felt valued and cared for
- Nurses were able to teach clinical and non-clinical skills in an effective way

- Team working was improved
- The PRHO developed a greater understanding of the role of others within the team.

Nurse

- Nurses felt their skills and knowledge were being recognized
- Nurse mentors felt they had a greater responsibility for the development of the PRHOs clinical skills which enhanced the working relationship
- Nurse mentors felt that they were able to offer a fairer evaluation of the PRHOs abilities.

The pilot study also identified some problems:

- Time (as usual) was limited
- The unpredictable nature of ward work prevented the mentors and PRHO getting together as often as they would have liked.

For the pilot project the ward sisters and the consultants already worked closely together, and all had been involved in the project from early on. Even so, we considered that the project and the results could be transferred to other areas, and it became clear that the other PRHOs wanted to take part.

EXPANSION OF THE PROJECT

In July 1998, ward sisters and their deputies from all acute medical and surgical wards attended a workshop about the project. The results of the pilot were presented, and there was discussion of the potential advantages, expectations and commitment. Some staff had reservations, but they were all prepared to commit to the

scheme. Expected outcomes were identified as:

- Enhanced patient care as a result of an improved, open relationship between all disciplines, accurately reflecting the clinical skills of all grades
- The formalization and acknowledgement of the skills and abilities of senior nurses in the development of PRHOs, thus contributing to senior nurses' own development
- Improved discharge planning for patients, with greater understanding of the process resulting in earlier discharge and appropriate follow-up care
- Fulfilling the requirements of the General Medical Council (GMC) by improving the supervision of PRHOs
- Support of the trust's risk management strategy by reducing the incidence of clinical error through effective supervision.

New PRHOs starting in August 1998 were informed of the project, by letter, before they started working with the trust and then as part of their induction programme. All PRHOs were keen to be involved in the project and anxious to know the name of their mentor.

OUTCOMES

The initial outcomes of the scheme were evaluated in October by the use of a questionnaire. This asked if they knew who their mentor was, if they felt they had spent enough time, and whether they found it helpful. There was space for comments. We found:

- PRHOs did know who their mentor was

- They felt the scheme and the time spent with their mentor was helpful
- They did not feel they had spent enough time with their mentors and they wanted this to be better structured.

'A great insight into the problems of junior doctors, and a method of overcoming them.' (Nurse mentor)

'The frankness of the views expressed between us really enhanced our working relationship.' (Nurse mentor)

'Very good, excellent, it was very helpful, especially at the beginning when I didn't know what to do or expect.' (PRHO)

PROBLEMS AND DIFFICULTIES

August was a bad time to start. Staffing on the wards (in particular in surgery) was at an all-time low, recruitment was proving difficult and there had been changes in leadership on three of the eight wards. The August starting date also proved to be difficult with many key mentors away for their annual holiday at the most important time of the scheme.

THE WAY FORWARD

It was agreed by all the participants that the mentorship of PRHOs should continue.

Everyone involved in the project felt it was a means of enhancing learning for doctors and nurses, and made the transition from student to doctor a bit less traumatic.

We are considering changing the scheme as a result of our experience. This would include:

- Selecting nurse mentors on the basis of individual experience and motivation, not just on grade or status
- Spending more time with nurse mentors, to identify practical ways of developing the scheme, recognizing staffing constraints, shift patterns and the nurse's own development
- Incorporating clinical supervision for the nurse mentors as a means of using the experience gained as a structured method of self development and providing evidence towards their Post-Registration Education and Practice (PREP) requirements (UKCC, 1995). PREP is a statutory requirement for nurses who wish to remain on the register.

CONCLUSIONS

We feel that the nurse mentor scheme has a great deal to offer in the supervision of newly qualified PRHOs and in helping to reduce the shock of becoming a doctor. We look forward to the day when the GMC requires a nurse as well as a consultant to 'sign up' the PRHO at the end of their preregistration year.

HM

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Kramer M (1974) *Reality Shock: Why Nurses Leave Nursing*. CV Mosby Co, St Louis
UKCC (1995) *PREP and You*. UKCC, London

KEY POINTS

- Preregistration house officers find the transition from being a student to working traumatic.
- Senior ward nurses who work closely with preregistration house officers can help or hinder this process.
- A formal nurse mentorship scheme can use the expertise of senior nurses to provide support to newly qualified preregistration house officers.
- Both nurses and preregistration house officers felt they had benefited from the scheme with greater understanding of each other's roles and responsibilities.
- A nurse mentorship scheme can enhance team working at ward level.