

In this essay I have chosen to explore the skills and qualities required to establish and maintain an effective working relationship with my mentor in practice in the role of supervisee. I will discuss communication skills, willingness to learn, self-awareness, assertiveness, open-mindedness, reflective skills as criteria of mentee to establish working relationship with mentor.

The term mentor originates from Greek mythology, was first introduced in academic and business world of north America (Laurent 1998) used in United Kingdom with the implementation of project 2000 in the national health service (Bracken 1989) to help smooth transition from student to professional. (Philips et al 1996, Grey M and Smith 1999). The dictionary defines a mentor as a trusted counselor or guide. A mentor is generally an influential, experienced individual with whom mentee establish a personal relationship and who actively helps mentee reach their goals. The terms mentorship are designated to staff nurses who engage in a multitude of roles supporting student nurses in the clinical setting. (Quinn 2000). And reducing the theory practice gap (Earnshaw 1995). Mentorship is a mechanism that promotes safe and effective practice, maintains standards and accountability, and develops nurse practitioners autonomy.

Proctor (1998) has grouped supervisees' skills under three functions: formative, supportive and normative. Supervisee should be keen, capable, trustworthy, attentive, and be able to ask questions (Hart 1982). Myric and Younge (2002) talk about the need for collaborative relationship. Bulmer (1997) identifies the importance of Commitment, time keeping or punctuality, ability to accept constructive criticism as characteristics of mentee. Mentee should be Honest about how they work what they think and what they feel (Driscoll 2000). Mentee should open to feedback, assertiveness, willingness to learn, open and available for learning opportunities, have good communication skills, reflective skills, open mindedness, ability to build and maintain trust (Bond M and Holland 1998, Page S and Wosket V 2001).

Open-mindedness includes an active desire to listen to more sides than one. Open mindedness is needed to give full attention to alternative possibilities: to recognise the possibility of error even in the beliefs that are dearest to us. It is an ability to consider other points of view and other approaches to problem in light of one's own ideas. It is an attitude, which encourage the individual to grapple with new ideas. Sometimes supervisee may not feel comfortable talking about their practice perhaps because they do not feel confident and are afraid to be criticised. They

may be reluctant to engage in any meaningful reflections saying that everything is fine and there are no problems some supervisee want to hide because they feel threatened by supervisor.

Self-awareness. An awareness of attitude is essential for the identification of learning needs of supervisee (Hawkins and shohet(1989). The appropriate recognition of the nurses' own feelings, the frame work to understand those feelings and the ability to contain those feelings allowed a clear understandings of difficulties that the patient was experience (Philips et al 1998). Rawlinson defines self-awareness as bringing into consciousness (those) various aspect of our understandingly of ourselves. Constructive appreciation of the self is essential. Supervisee is needed to feel that the supervision not judging them (Bulmer 1997, Fyffe 1997, Roden 1997).

Assertiveness. Assertive behaviour is defined as setting goals, acting on those goals in a clear and consistent manner and taking responsibility for the consequences of those actions. The assertive nurse is able to stand up for the rights of others and her own rights. Ability to say no, ask for favours, appropriately express both positive and negative thoughts and feelings, initiate, continue and terminate interaction is the main skills of assertiveness (Lazarus

Assertiveness needs to be learnt and practiced. Effective nursing encompasses the mastery of assertive behaviour. Studies show that non-assertive behaviour in a professional nurse is related to lower level of awareness (schutzener 1992). Continued patterns of non-assertive responses have adverse psychological effects on the nurse and a negative influence on the standard of care the nurse delivers (mc canton and Harieo 1990) Supervisee will need to know their own strength to recognise their uncertainties and to become assertive.

Assertive is itself is stressful because of the uncertainly regarding how others might react to this new action.

Feedback. Feedback enables students to monitor strength and weakness of their performance (Sadler 1989) constructive feedback gives messages to students about their effectiveness and worth- their self esteem (Gipps 1994) feedback, therefore has an indirect effect on learning by how the academic self esteem of the students affected (Gipp 1994).

Communication. Communication is key to effective supervision. Supervisee should have attentive and active listening skills. He must be

able to comment openly, objectively and constructively (Stuart C 2003).

Reflective skills. Reflective practice then is about using reflection to enlighten, develop and improve professional action. It is an “empowering and motivational process, which enables individuals to be more effective and assume greater responsibility for their own practice”(Neary 2000).

Willingness to learn- John (1997) developed a model to describe this relationship based on the core concept of being available. The issue I have continued to bring to meeting senior. I do not always feel comfortable discharging a client who I think still need nursing care. Mentoring gives me opportunity to express this discomfort and in doing so I usually recognise that my feeling have to do with my agenda to be seen as effective to help people. My mentor enables this process by allowing me to continue talking; something it involves questioning.

Self assessment and reflection on practice

In the early stages of my program I was often frightened by my first encounters with caring for sick and needy patients and working in unfamiliar settings. My mentor was friendly, which encourages me to feel welcome more able to ask questions or to reveal worries that they might otherwise contain. My ability to survive under such stress is through the support, and in some instances the protection, of experienced practitioners (Stuart C C 2003). To establish and maintain an effective working relation with my mentor I need to establishment of good rapport with my mentor, which is only possible by effective communication skills.

To reflect on the practice I kept reflective diary as advised by my mentor. I jot down my thoughts, feelings and preoccupations after every shift, which helps me to pinpoint my concerns more precisely, and thus help make the actual mentoring session more effective. I meet this skill by assessing my needs planning the learning, implement and evaluate.

Once I was asked to go with deaf kids outdoor activities with deaf staff, I refuse to go. The mentor than asked me the reason. Because of my limited knowledge and understanding of sign language, I would not be able to communicate with them and would not be able to communicate and help them when needed. She was happy about my self-awareness and assertiveness.

On the first day of my placement in deaf children's ward the willingness to see involvement of children in their own care encourage me to get permission from one of nursing staff (my mentor was in annual leave) in team to join them. A staff described me that children explore their concerned in the meeting. The nurse-in charge asked me to leave the room, which not only shocked me but also the staff who allow me to join, she kept quite. This made me feel that I am outsider. I felt isolated anxious, insecure and angry. I lost the interest in ward. I hesitated to ask question and participate in any activities in that ward. Students suffering from such experiences rarely managed to compensate for loss of time and confidence ending up in a cycle of deprivation (Bulmer 1997). I voice my concern and identify my needs, which is necessary to find out the ways to reduce stress and anxiety and increase confidence (Klein 2000). Bound et al (1993) believe that support, trust and confidence in the student can help overcome past negative influences and allow the student to act and think differently from the past.

Befriending and counseling skills of my mentor help me tremendously to deal with this emotionally demanding situation, which also help me establish strong rapport with my mentor. This contributes to success in mentor- mentee relation ship and facilitates learning process. I took this event as lesson. The frustration, hesitation and the feeling of insecurity which remained one week until the intervention of my mentor make me self aware to understand the impact of frustration on our thoughts and behavior, this help me develop empathy to the mentally ill and disabled patient. The need of skillful and flexible communication in life. It also makes me to think and evaluate the event and reflect on it and understand power dynamics and importance of good team.

It is important that we know ourselves in order to avoid inadvertently upsetting people or judging people or labelling them due to our own values and prejudices (Vance 2000), Skilful and flexible communication relies on increased self-awareness. Self awareness help me to recognise my own need for personal professional development overcome resistance, under stand the definition and purpose of mentoring, develop reflective skills, open to self disclosure through increased, self-awareness, open to constructive feedback identify from personal strength and limitation. But I still need to develop challenging skills and immediacy, overcome anxieties of being in a position of responsibility.

I was anxious about my ability to perform basic clinical skills. I fail to focus on the clients because I have to concentrate my attention on developing clinical skills. Feedback from my mentor prompts me to thi nk of the clients holistically and to build self-confidence to enable the shift

of focus to the patient (Neary M 2000).

Conclusion

Mentoring is a process that awakens our confidence in our abilities. It is complex developing, nurturing and empowering relationship that requires mutual respects and affirmation. Mentor provides support and helps mentee navigate the informal systems of unwritten policies, procedures and politics (Klein et al 2000). The mentor and mentee work together to develop critical thinking skills and reflective scepticism, which leads individuals to question, and validate continuously (Vance 2000). The mentee must possess an interest and willingness to learn, open and have listening, observation and communicational skills and open to feedback.

Mentoring therefore offers a supportive environment in which we can explore with a skilled facilitator our own thoughts, feelings, attitudes, values and norms as they affect our work. Mentoring is a way in which we can get to know ourselves better by developing and increasing our level of self-awareness. My assertion is that in receiving assistance from skilful knowledgeable, compassionate mentor. I was allowed to gain insight into my own performance knowledge ability and confidence and have had opportunity for someone trust to acknowledge the change the success that have arisen out of my clinical development. I have had a regular opportunity to act constructively.

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