**What student nurses reveal about and learn from mentors when using stories of clinical practice**

**Abstract**

This article considers findings from a narrative research analysis and illustrates what student nurses can reveal about their mentoring when using their stories of clinical practice experience. The data is drawn from student nurses stories of clinical practice experience when engaged in the care of patients, and their perceived learning from it.

The purpose of this article is two fold, first, to advocate the use of story as a tool to assist mentors in their role, and second, to express to them the concerns, sensitivities and priorities of students while gaining clinical placement experience. The implication of these findings is they can serve to develop a greater level of insight into understanding student nurses concerns, sensitivities and priorities. It can facilitate mentors’ important role in student nurses’ learning when involved in care and presented as stories.

The paper attempts to illustrate the value of story as a learning tool in the workplace, and that by looking at a number of student nurses’ stories of clinical practice, shows that by paying attention to student nurses concerns, sensitivities and priorities can improve on the already significant role played by the mentor in student learning.

*Key words: Narrative methods, narrative research, students, story, learning, and mentor*

**Introduction**

The use of stories as a means to illustrate the role of the mentor from a student perspective can facilitate the exploration of the contextual learning that takes place in clinical practice. Throughout this article, methods are exemplified by using a study that was developed for application with student nurses’ written stories, to explore story as a potential aid to learning from clinical practice. The narrative data was analysed as defined by Edwards (2016), and incorporated the holistic content and analysis of form approach with the stories, learning accounts and focus group mind maps.

In this article stories and student accounts of their own learning from it (learning accounts) were submitted by the participants in the research and analysed in an attempt to develop the idea of learning about and from mentors using story. This attempts to look beyond the current use of story within nurse education. This article presents a small part of the findings, which identified a better understanding of the significance of the role of the mentor within the student world of practice.

**The study**

Aim

The aim of the study was to demonstrate the potential of story as an aid to learning and to offer a space for student nurses’ voice to be heard.

Methodology

The research was a narrative research methodology using students’ written stories as a research endeavour, and the role of the participants as researchers. The full research account is a transformation by the researcher of what was received from the participants and focuses directly on the phenomena under study i.e. student learning from experiences of clinical practice when engaged in caring for individuals using written stories.

Ethics

Ethical approval was applied for in both the University where the Doctorate in Education (EdD) was registered, and in the work place where the research would take place. Permission was granted, to obtain stories, and the learning student nurses perceived they had gained from experiencing them. The students that gave consent understood their contribution was voluntary, they could withdraw at any time, the stories were completely anonymous, and the story and learning account given and the analysis of it could be used for any publication or conference presentation.

It bears noting that as a narrative researcher it was important to remain faithful to the written stories and learning accounts, thus, I did not add, remove or change any of the words. According to Stenhouse (2013) keeping loyal to participants’ own language styles enables the audience to obtain a glance into the participants’ own articulation of their practical experience. The researcher’s position here is as a truthful, honest and open researcher who remains faithful to the nature of narrative research.

Participants

The participants were attending a suburban London university, either undertaking an undergraduate Diploma/Degree in Nursing (pre-registration) in their second or third year or completing a post-graduate course at Degree or Masters level but had a number of years experience as a staff nurse. Participants were invited to choose an experience from their clinical practice and it down as a story and then identify their learning from it following a process devised by the researcher. The students could structure their story how they chose, drawing on their own language resources.

Data collection process

The students who agreed to participate wrote their stories and learning from them outside of the classroom and submitted them to me independently to maintaining anonymity. The participants were provided with an information sheet, consent form, and six cues to writing a story, which also included some of my own stories as examples. The participants were given the option as to whether they used the cues or not. This information was circulated as a means to stimulate the remembering of a story and informed the first stage of data collection; no analysis took place at this stage.

In the second stage, participants were asked to write down a chosen story, which could either be one they had previously written or a new story as they remembered it. Stage three involved students writing about what learning they considered had occurred from their written story i.e. an analysis of their perceived learning from the experience. The students’ analysis of their perceived learning from their story was referred to as ‘learning accounts’. The 55 participating students submitted a total of 55 written stories and learning accounts and this article presents the findings from the main theme and sub-themes related to learning from and with others e.g. mentors.

**The integral role of the mentor in educating student nurses**

Personal or professional learning is proposed by Calman (2000) to be about learning from friends and colleagues and the groups with who nurses associate. Andrews and Roberts (2003) takes Calman’s (2000) view further by stating senior staff should provide role models and support for juniors and show by example the relevance and importance of learning from others. Thus, mentors should be taking the role of mentorship seriously as it is an integral part of a student nurses’ development. Vinales (2015) agrees that mentors are the ‘gatekeepers’ of the nursing profession and play a vital role in the education of student nurses, but there are demands and pressures, which make the role not an easy one, and as a result mentors can hinder rather than advance pre-registration nurses learning in the clinical environment.

Due to these difficulties and the sub-standard level of mentoring sometimes received by students in clinical practice, Duffy *et al*. (2015) proposed whether all nurses should be mentors or whether it should be taken up by specially trained individuals with specialist skills dedicated to the role? Nevertheless, this leads to other issues such as who should go forward as a specialist mentor? Others such as Ramani *et al.* (2006) and Al-Hamdan *el al.* (2014) have proposed protected time for mentoring, but whether nursing mentors are offered this status is unreported. Yet other method can be put forward to facilitate the role of the mentor.

Eraut (2000), and Finnerty and Collington (2013) recommended that mentors use tools in the workplace. This article puts forward story as a tool that could be used to help student nurses find the true nature of nursing, and to bring the academic side of the course to life. This article also provides extracts from student learning accounts drawn from their stories of clinical practice, to demonstrate additional insight into the concerns, sensitivities and priorities of student nurses while working with their mentors in clinical placement.

**Student nurses concerns about their mentoring experiences**

The concerns felt by student nurses while in practice are related to working with experienced HCPs, the influence of their mentors, delegating tasks and the limitations of their mentor.

Concerns about working with experienced HCPs

In nursing a lot of emphasis is placed on the mentor’s role in supporting student nurses in clinical practice. This is echoed in the students’ words:

“Opportunity to work with experienced and knowledgeable practitioners and observe them providing care”

“Skilful role models help discover knowledge embedded in clinical practice”

“When I noticed the change in Mrs Smith’s Oxygen saturation and respiratory rate, I almost panicked and wanted to handover to my mentor, but she reassured me and told me to check the drug chart for prescribed medication”.

There is great importance on group sharing, and it is worth considering in the context of nursing concerns in the area of working with experienced staff shown by students:

“I felt nervous and a bit scared about these because the staff I was dealing with were much more experienced and I felt my standards were poor compared to theirs”

“She (mentor) did not confirm with other members of staff that I was managing this patient today. This invariably was leading to confusion with other staff who continued to give me tasks to do while I was trying to learn holistic practice”.

Calman (2000) proposes that learning from peers, colleagues and the groups with whom nurses associate contributes to personal and professional learning. Andrews and Roberts (2003) contend that senior staff should provide role models and support for juniors and, by example, show the relevance and importance of learning from others. Vygotsky (1978), through his notion of the zone of proximal development (ZPD), has been influential in developing the view that students best realise their potential development level under guidance from more advanced individuals or in collaboration with others.

Concerns around the influence of their mentor

Related to the above discussion of the students concerns regarding mentoring, students are concerned about the influence of their mentor, which can be positive:

“Positive feedback from mentor regarding performance”

“Was able to understand due to the explanation given to me by my mentor the relationship between VT and electrolyte imbalance e.g. potassium”

“She was supportive and encouraging and allowed me to learn through supervised practical experience”.

or negative:

“Influence of mentors on student learning if not consistent throughout can impact on student learning”

In practice mentors vary in quality and commitment, and poor mentoring can lead to students failing to identify learning from their practice.

Student concerns around uncertainty

First, students are uncertain about the delegation of tasks to other staff members where students appear uncertain or unclear about their role:

“In all of this the other patient had been forgotten and his care could have been delegated to another”.

“I felt unease in delegating to senior staff; I was democratic because I explained why I needed them to undertake the activity”.

“Should have been more democratic in delegating tasks staff a chance to choose”.

Second, students seem to be uncertain about when to seek help:

“Knowing when to seek help when necessary”

“Would have helped if I had called others to assist me. Better organisation of my actions”

“I had to ask a recovery nurse to prepare everything for the dressing change. This made me feel uneasy”.

Third, is the issue that causes students’ considerable uncertainty and anxiety, concerns the boundaries that need to exist between nurse and patient?

Becoming too involved emotionally with patients can put students in conflict with their theoretical training (Sorlie *et al.,* 2005) or the NMC code of conduct and other ethical guidelines laid down by the nursing profession (Hochschild, 1983). For example:

“I felt conflict between the person-centred care I wished to provide and the restrictions of operating within the contemporary health system”.

“Nurses cannot allow themselves to get too emotionally attached to the patients”

The nursing profession is divided as to whether it is acceptable to express feelings and become emotionally close to patients. Students have to manage emotional attachment in a way that both promotes caring and compassion as well as resonating with their own identity as nurses, although one student seems to have no hesitation in becoming fond of a patient:

“The more time I spent with the patient the more attached I got to her and I felt a lot of empathy towards her mother”

Advice such as ‘don’t get too attached to patients’ needs to be handled with care, and students have to make their own judgement on the matter. Fourth, students seem to be concerned about how well they face their own emotional challenges:

“I was however nervous because we were all aware that the child was only on the ward for tender loving care and would therefore die on the ward, we did not however know how long before this happened”

“I believe I could have become more actively involved in reassuring the patients and letting them know they were in good hands and they were being taken care of. It can be very emotionally draining”.

The patient’s emotional challenges:

“I did feel very scared for the patient as she was under 16 years old”

“Sometimes patients can be emotionally distressed by their experience in surgery”

And sometimes students were uncertain about their own and the patient’s feelings:

“Nurses are expected to cope with their emotions and their patient’s emotions”

Finally, students are sometimes finding it hard to cope and are uncertain how they can meet the daily pressures of clinical practice:

“Nurses are under pressure’

“The demands of every day practice can often prevent individualised care at a time when a person is most at risk of losing their independence”

If students are not clear about delegating work to other HCPs and coping with the burden of when to ask for help or do not have the confidence to speak out about getting assistance; whether it is acceptable to become emotionally attached to patients or finding it hard to cope. Then mentors should be taking notice to ensure the areas of negotiation and collaboration are areas that are explored more sympathetically within the mentor role.

The concerns students feel about their mentors’ limitations

The role of mentors and mentoring recurs throughout student stories. Facilitation of student learning requires a mentor who is supportive, can act as a good role model, teacher, guide, and assessor; and has the student's interests at heart. The student learning in the stories indicate that the performance of the student’s mentor can often be substandard, as students were caring for patients but had gaps in their knowledge the mentor could not fill. Students wrote:

“Did not know what it all meant, process would help me to gain understanding and interpretation”

“My limited knowledge of bradycardia and the causes of it have encouraged me to do further reading.”

“Patients with conditions that are not understood by myself will continue to be a part of the experience of being a nurse”

Field (2004) states that, to move on in their careers, students need to acquire a high level of learning in nursing practice, which in turn requires stimulating dialogue with a mentor who has a good knowledge of theory and practice. In a study by Al-Hamdan *et al.* (2014) knowledge and skills was the most important quality that students like to see in their mentor. The mentor should be accessible when the student feels unable to complete a task, and give the backup and guidance needed for future development, but is often too busy or finds it difficult to relinquish his/her role to others, which is an issue stressed by students:

“My mentor’s role to facilitate this process as she was not able to fully relinquish the charge of the patients to me and just supervise or be there for me when I needed her.

“There were limitations to my role that required input from my mentor. My mentor was often busy with her own work load, I was required to find her and wait until she had finished the task she was currently completing”.

“Better supervision cannot do anything alone”.

The processes of training staff to undertake the role of mentor are often complex and theory-laden and, as a result, some avoid assuming a mentor / facilitator role. Willis (2012) outlined the need for investment in improving registered nurses skills and paying attention to the healthcare workforce of the future. Like Willis (2012) students recognise the importance of qualified nurses in developing their role as a nurse, stating that:

“Skilful role models help discover knowledge embedded in clinical practice”.

“Positive feedback from mentor regarding performance”,

The use of story could develop the mentor role, as stories are accessible and, with permission, could be incorporated in the Guides for Mentors made available on most courses. Field (2004) concludes that, while learning from a mentor can extend existing learning, an appropriate setting is not always provided. In practice, mentors vary in quality and commitment, and poor mentoring can lead to students failing to identify learning from their practice.

Students are engaging with theory and practice in their stories but also linking them to a range of other practice issues. In fact, there is evidence that, when story is used as an aid, theory and practice can be united and reflection-in-action skills enhanced if facilitated by a more experienced practitioner. For example:

“My mentor also highlighted that I have the knowledge; however, having the knowledge is of no use if it is not applied. In effect, I was being told to think as I worked”.

Schon (1987) agrees that more experienced practitioners can create the conditions for a student to incorporate theory and practice as ‘reflection-in-action’. Vygotsky (1978) concludes that more experienced staff members can help the student grow into the intellectual life around them and engage in the complex business of ‘being human’. In addition, the potential for story as an aid to linking theory and practice may help mentors to engage students in their learning about clinical practice and nurse educators in the designing of nurse curricula.

**Student nurses sensitivities to their experiences of being mentored**

In clinical practice situations, students seem sensitive as to who has the authority within health care:

“I was under the supervision of the other doctors and nurses there, and in the resuscitation room in an emergency the doctors mainly take over and the nurses do as the doctor’s request”.

“The doctor also instructed me to discontinue the PCA, intravenous fluids and antibiotics”.

In addition, students seem sensitive to mentors who act in an authoritative and arrogant manner:

“Acting superior, arrogant.”

Student nurses also seem sensitive to not being able to undertake interventions and have to ask their mentor to do these for them:

“I required my mentor to do the administration of medications for my patients”

Student nurses in their 3rd year of training appear to be more sensitive to this than nurses in their 2nd year. This could be due to 3rd year mentors have to verify students’ are safe to practice. The NMC (2008) and Douglas (2016) affirm that mentors during final placement 3rd year students have to confirm they have attained the necessary level of proficiency required for entry to the NMC register.

**Student nurses priorities/ pre-occupations related to working with mentors**

The priorities of student nurses while in practice are related to getting their competencies signed, reporting to mentors and getting mentor feedback.

Student prioritise getting their competencies signed

Students gaining access to clinical skills development have many competencies to get signed off by their mentor to pass their clinical placements. They have to undertake a set number of hours on night duty and often want to experience as many elements of practice as possible, which will contribute to their learning. For example:

“I was up for the task and trusted to undertake this by my mentor”.

“Observed by mentor, who was able to give the information I failed to give, this related to some prescribed medications (electrolytes) the patient had been prescribed”.

“Escorting a seriously ill patient with mentor, handing over the patient, directed to theatre a very useful learning opportunity was given to the student by the mentor”.

“Experiencing night duty with my mentor”.

The mentor has to ensure that the student is aware of what is taking place on the ward on any particular day to ensure their maximum exposure to a variety of clinical practice experiences:

“….attended the first weekly lecture on oncology”

“Need mentor to expose me to relevant experiences”

“Wanted to observe the scan”.

To achieve their competencies, students recognise that they need support and help, and cite situations where mentors were encouraging and supportive:

“She (the mentor) was supportive and encouraging and allowed me to learn through supervised practical experience”.

“My mentor and the other members of staff made it clear to me that I could ask for their help and support at any time”.

“I reminded myself that I was not on my own and I could have full support from my mentor if I needed it”.

“My mentor contributed to this experience with psychological support and minimal verbal guidance”.

To be able to meet the practice competences, students prioritise working under supervision:

“I was also (under supervision from the nursing staff) encouraged to perform minor tasks for the patients for example taking the BP of a diabetic patient”.

“I carried out the above checks under the supervision and with the assistance of the charge nurse supervising me”.

“I required supervision from my mentor with the administration of medications for my patients”.

“Whilst on placement I was engaged in providing care under the direction supervision of a registered nurse to a group of post-surgery patients”.

Students’ prioritise reporting to their mentor

They constantly refer to reporting to their mentor as a priority, to ensure safe practice and to undertake tasks they are unable to perform alone:

“Shared with mentor or senior members of the team”.

“Informing the mentor of issues that relate directly to the patient’s condition”

“Regularly consulted with my mentor”.

Sometimes students felt frustrated in their student role, as they had to wait for their mentor to undertake tasks they were not yet permitted to perform:

“My mentor allowed me to plan the patient’s care, and was available for advice and assistance and to perform those tasks which I was unqualified to carry out myself (such as administering intravenous medication)”.

“There were limitations to my role that required input from my mentor”.

“My mentor was often busy with her own workload, I was required to find her and wait until she had finished the task she was currently completing”.

“In order to maintain safe practice I had to delegate the administration of the patient medicines which she has through her femoral line to the registered nurse”.

However, as students become more confident, they rely less on their mentor and begin to work more autonomously:

“Learning to work independently with less support from my mentor”

“I was allocated my own patients to manage with minimal supervision from my mentor. My mentor and the other members of staff made it clear to me that I could ask for their help and support at any time”.

“We agreed that I would work within my limitations as a student and seek her advice or direction as required”.

“My mentor was nearby to observe my nursing skills, communication skills and give me reassurance. I had relied upon some assistance from my mentor. My mentor contributed to this experience with psychological support and minimal verbal guidance”.

Prioritising mentor feedback

It is important for students to gain feedback from their mentor:

“My mentor was pleased with my work”.

“My mentor reinforced important issues by emphasising how infection to bone tissue was difficult to cure and increased the patient’s prospects of morbidity and mortality”.

“Although the criterion highlighted by my mentor was my lack of speed, the greater and more important implication was the risk presented to the patient should the wound become infected and pathogens spread to and compromise bone tissue”.

There is evidence in one student’s story of struggling to find meaning in a feedback given by a mentor. The nurse is told to do the dressing more quickly, and warned of the possible consequences:

“My learning is that if wounds are not dealt with in a timely manner infection can set in; therefore, I as a practitioner would fail in my duty of care to the patient. If a hospital acquired infection (HAI) sets in, such as MRSA, the patient may require an extended hospital stay. The infected patient becomes a source of infection to his carers and other patients if infection control policy is not adhered to. Should the infected limb require amputation, this too will necessitate prolonged hospital care and if mobility is compromised pressure wounds could set in compromising and distressing the patient further.

The patient’s social, work and home life will be affected; specifically dependants of the patient who may be devastated if that infection resulted in the patient’s death. If I as the nurse or the hospital were found to be negligent the patient or patient’s family could take legal action and seek recompense. The increased financial burden for the extra care, materials etc. or defending legal action can seriously affect the trust’s funds resulting in reduced or loss of services, staff or hospital closure”.

The student struggles with the feedback when the mentor tells her/him to work more quickly. Interestingly, the mentor added a rationale as to why s/he needed to ‘hurry up’, which was an increased risk of bone infection if a hip replacement wound is left exposed for too long.

The unpredictable nature of feedback can cause stress and lead to a loss of concentration and poor performance, perpetuating further anxiety. Clynes (2008) notes that students often do not understand that concerns highlighted by the mentor are directed towards ensuring improved clinical performance and quality patient care. The question from the mentor, in this instance, was posed in a supportive manner, which eased any troubled feelings the student may have had. Due to the follow- up explanation by the mentor, the student learned to direct actions professionally and confidently, leading to improved quality of care. The mentor reinforced important issues by emphasising how infection to bone tissue was difficult to cure and increased the patient’s prospects of morbidity and mortality. The student states:

“I had given the patient adequate care and consideration to minimise distress and relieve pain during the dressing procedure, and was demonstrated in the patient’s relaxed posture, gesture (a smile of trust and confidence in the student’s knowledge and ability) and speech (asking questions)”.

Learning from feedback in a supportive and informed way, and the story told about it, might reasonably be considered a vehicle for enhancing such support and enlightenment. Such considerations may well decide whether students pass or fail a particular clinical placement:

**Discussion**

A mentor can have a major influence on a student’s learning in and from clinical practice. Yet, there are barriers to the mentor role, as mentors are not always recognised by employers, leaving them feeling unrewarded and ill prepared. Willis (2015, p.3) suggested a need for improvement to a career in nursing or caring. A view supported by the NMC who have recently introduced revalidation as a means to ensure nurses stay up-to-date in professional practice and develop new skills.

Thus, students working with mentors using students own stories or those of the patients on the wards, as a learning activity, goes some way to support the Willis (2015) recommendations and the NMC revalidation process to generate a research culture, making improvements to skills and the education of nursing, building the foundation for nurses to continue to be fit for practice in an every changing health care environment.

Edwards (2013) provides some evidence that story can facilitate student nurses to gain insight into and understanding of their practice and themselves as nurses. Incorporating student stories/ experiences in the mentor/ student relationship can facilitate understanding of a patient’s journey and be used to help students to develop insight into their own learning and future learning needs.

The data presented tends to show a gradual recognition by students of their own learning and hint at the role of stories themselves in making this recognition explicit. They become aware of their stories at the same time as they attempt to find meaning in the care given. From their stories and their identification of their own learning, students may notice aspects of themselves and of the situations around them that they may not otherwise have seen. They can become aware of their own emotions and feelings, the tensions or conflicts in care, and the harsh reality of clinical practice environments.

The use of story as a way to improving mentorship begins to formulate what Willis (2012, p5) referred to as:

‘Creating a more robust framework to shape the caring workforce’

Thus, I would encourage NHS organisations and HEI to see story as part of the ‘framework’ alluded to by Willis (2012) and one way to begin to find a solution to the problem of improving mentorship, and this article as a means of disseminating this idea more widely. Exploring practice through real life patient stories can make it possible for students to respond to circumstances in an informed way, question inappropriate care practices, adapt to acquire reflection-in-action skills, and help them to link theory to practice, to impact positively on patient care.

The inclusion of stories can serve to uphold the premise of the NMC Code of Professional Standards of Practice (NMC, 2015, p3) by helping nurses to promote safe and effective practice, facilitate employer organisations to support their staff, and educators to inform students what it means to be a professional,

In summary, the inclusion of using stories in the mentor/ student relationship can first, allow the engagement in the importance of the mentors’ role in developing caring, compassion and empathy amongst student nurses. Second, the use of stories can give the opportunity to engage with a holistic rather than fragmented understanding of caring for patients at the bedside. Third, serve to bring the academic side of the course to life through a deeper understanding of the patient’s journey.

The student learning from their stories, first, can enable mentors to gain a deeper insight into identifying what student nurses are experiencing in clinical practice when involved in the care of individuals. Second, the presentation of these results allows the participants (student nurses) in the research to get their voices heard in relation to what they are concerned about, sensitive to and prioritise while being mentored (Table 1).

**Table 1 – What students are concerned about, sensitive to and prioritise when being mentored**

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| --- | --- | --- |
| **Student nurses concerns when being mentored** | **Student nurses sensitivities to their experiences of being mentored** | **Student nurses priorities/ pre-occupations related to working with a mentor** |
| Students concerns are:   * About working with experienced HCPs * Around the influence of their mentor * Around uncertainty: * Delegation of tasks to other staff members * About when to seek help * Of the boundaries between nurse and patient * The feelings they have about the mentors’ limitations | Students are sensitive to:   * Who has the authority in health care * Mentors who act authoritatively and arrogant * Having to ask the mentor to undertake interactions they are not yet able to. | Students priorities and/or pre-occupations:   * Getting competencies signed * Reporting to their mentor * Receiving mentor feedback |

**Conclusion**

The use of story is about an engagement with student nurses, practice and learning experience and can be used by mentors as a tool to explore workplace learning. In addition, this study used student stories and learning accounts to help identify their concerns, sensitivities and priorities of being mentored while caring for individual patients at the bedside.

The use of representing the findings drawn from a narrative study in developing the mentors role, educators, hospital managers, mentors are invited to engage with the student nurses experiences in a way that differs from presentation in the usual academic reporting style. Such interpretative activity can sensitise mentors to the issues student nurses are experiencing in the student/ mentor relationship, and has the potential to influence increased understanding of nurses health experiences when involved in the care of individuals at the beside.

This insight into what students’ nurses reveal through their stories of clinical practice can lead to more effective mentorship. It can enhance the student experience of mentorship in clinical practice, serve to support other aspects of mentorship and potentially reduce the concerns of students on a new placement.

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