Should mentoring become routine practice in dental nurse education, pre and post registration?

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Introduction

The concept of mentoring was considered by the Ancient Greeks in Homer's *Odyssey* and the theory still stands today within healthcare training. Mentoring is generally considered as a more experienced individual imparting their knowledge to a less experienced mentee.¹ General nursing has embraced mentoring;² however, currently the General Dental Council (GDC) does not have a scheme in place for mentoring dental nurses or other dental care professionals (DCPs) who have just registered as safe beginners.

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Public service professions bear the responsibility of assuring the competence of a large workforce, relying upon staff within the workplace to undertake mentoring. General nurse mentoring is mandatory within the NHS and comprehensive training is given to ensure that nursing and midwifery students are supported and assessed consistently and effectively, thereby ensuring that students, on graduation, are fit for practice at the point of registration.³ The necessity for continuing professional development (CPD) for registrants of the various healthcare regulatory councils ensures that these professionals update their skills and knowledge with current and evidence-based information, which in turn will be passed on to their mentees, thus enriching both parties. Each professional working group may have a commonality of experience, skills and knowledge that underpin the mentorship process; however, each group may address these commonalities differently.¹ The practice of mentoring within other working groups outside of healthcare has the same underpinning ethos, however, terms including 'facilitator', 'problem manager' and 'encourager of opportunities' may have been adopted.⁴ The role of mentor within general nursing is deemed pivotal to the students' clinical learning experience, and mentors who have accepted the role have undertaken a specific preparation course designed and provided by the Nursing and Midwifery

Council (NMC).⁵ There is no formal acceptance of a mentoring role prescribed by the GDC for registered DCPs to undertake a mentoring course that matches that of the NMC.

Different modes of mentoring

There are different modes of mentoring that can be applied which are appropriate to the workplace, and while they have different approaches and theories attached to them, they are intended to have positive and enriching benefits.⁶ The more traditional notion of mentoring where an older, more experienced person mentors the younger, less experienced person in their career, is the most common concept.⁷ Effective mentoring is essential and when appropriately applied can allow students to successfully structure a pathway for themselves, rather than being told what to do or by observation alone.⁵

As stated by the Royal College of Nursing (RCN) (2017), mentoring has proven to be successful for general nursing, declaring that adequately prepared mentors are critical in facilitating the development of future generations of nurses and midwives.⁸ In contrast to this, the GDC recommends that a named GDC registrant must take full responsibility for the trainee, however, this may be delegated to other GDC registrants who are to hand.⁹ In 2018 the GDC introduced new Enhanced CPD rules for dental professionals which were developed

to embrace a more reflective practice style of learning. Just as reflective models¹⁰ suggest, we must look back and see how we have performed and how we can improve. Rolfe¹⁰ introduced a higher level of prescriptiveness in his model with more detail regarding the questions which should be asked and how they can be applied, which in turn should increase their credibility. Although at first

competent to assess their own capabilities and limitations, as well as knowing who to request support and advice from.⁹ Whilst the GDC states that employers who recruit a trainee DCP should identify a supervising GDC registrant to carry out supervision to facilitate learning and support the trainee, there are no rules that say a newly qualified safe beginner should receive the same support.

become routine practice in dental nurse education, both pre and post registration.

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it appears to be more complex than other models, as it focuses on nursing, this model is easy to use and can be adopted into mentor relationships with clear guidance at each stage.¹⁰ Thus, a more experienced member of the dental nursing team who has undertaken a mentorship training course, could develop the reflective findings of a ‘safe beginner’ to enable them to progress, gain knowledge and increase in confidence.

Not all plain sailing: problems with the mentoring relationship

In contrast to the guidance given by the RCN⁸ on how to be an effective mentor, including evidence and reports of successful mentoring, there are aspects of mentoring and the relationships developed that have been proven to be negative, or indeed to have been reported as toxic. Barker¹¹ reported that within the NHS, particularly regarding the subject of protected time, busy workloads and decreasing staffing numbers are the most common difficulties encountered. A study¹² explored whether mentoring within dental practices could reduce the levels of occupational stress. Their study cited similar barriers that have also been reported by Takvorian¹³ who maintained that it is essential that both parties must maintain commitment throughout the mentoring relationship. The GDC has a responsibility to ensure that registered professionals (dentists and DCPs) are safe beginners, and as such, sufficiently

Conclusion

Mentorship programmes within general nursing and the NHS have proven to be an invaluable enabler of professional practice within healthcare. The UK general nursing curriculum sits between clinical practice and theory with both nursing lecturers and mentors acting as professional role models with responsibility for students and safe beginners. This role enables mentors to positively influence and shape the future of the general nursing profession within the NHS, which is a privileged position and recognised by all stakeholders. Evidence has shown that the implementation and sustainability of a productive mentee/mentor relationship significantly improves the learning opportunities of the newly qualified professional, as well as developing the scope and knowledge of the mentor in the process. Should we not adopt similar practices in dentistry across all the dental professions, including dental nursing? As mentor-mentee relationships grow and thrive, so the grass roots of our profession will do likewise, with the benefits of both a more able and resilient dental workforce, and one with better retention rates and more fulfilled individuals. Effective mentoring initiated during training and continuing after qualification is particularly important for dental nurses who are more prone to not renewing their GDC registration and leaving the dental profession. It is indeed now time for mentoring to

References

1. Shaw M, Fulton J. *Mentorship in healthcare*. 1st edition. Cumbria: M&K Update Ltd, 2012.
2. Leigh J, Roberts D. Implications for operationalising the new education standards for nursing. *Br J Nurs* 2017; **26**: 1197-1199.
3. NMC. Standards for competence for registered nurses. NMC, 2010. Available at: <https://www.nmc.org.uk/standards/standards-for-nurses/pre-2018-standards/standards-for-competence-for-registered-nurses/> (accessed August 2021).
4. Clutterbuck D. *Everyone needs a mentor*. 5th ed. London: Kogan Page Ltd, 2014.
5. Aston L, Hallam P. *Successful mentoring in nursing*. 1st edition. London: SAGE Publications Ltd, 2014.
6. Garvey B. *Coaching and mentoring: theory and practice*. 3rd edition. London: SAGE Publications Ltd, 2017.
7. Gopee N. *Mentoring and supervision in healthcare*. 3rd edition. Los Angeles: SAGE Publications Ltd, 2015.
8. Royal College of Nursing. Clinical professional resource. RCN, 2017.
9. GDC. *Standards for the dental team*. 2013. Available at: <https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/standards-for-the-dental-team> (accessed August 2021).
10. University of Cumbria. Rolfe *et al*’s 2001 reflective model. March 2016. Available at: <https://my.cumbria.ac.uk/media/MyCumbria/Documents/ReflectiveModelRolfe.pdf> (accessed June 2020).
11. Barker E R. Mentoring - a complex relationship. *J Am Acad Nurse Pract* 2006; **18**: 56-61.
12. Seath R J G, Radford D R, Mudford L P A, Reed D P. Should mentoring be routinely introduced into general dental practice to reduce the risk of occupational stress? *Br Dent J* 2019; **227**: 121-125.
13. Takvorian L. CNNT case study: Importance of mentoring in nursing education. 1 September 2015. Available at: <https://www.kidney.org/content/cnnt-case-study-importance-mentoring> (accessed April 2021).

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