

Pilot mentorship program for trainee Advanced Practitioners in Emergency Departments

Martin Troedel, Training Program Director (Emergency & Urgent Care/MSK/Frailty) North West Faculty for Advancing Practice

Introduction

Health Education England published guidance for standards for workplace supervision for Advanced Clinical Practice¹. These minimum standards aim to support trainee advanced clinical practitioners (tACPs) to develop confidence and capability and underpins patient and practitioner safety. Preliminary scoping in secondary care Emergency Departments (ED) notes supervision isn't standardised, with variability between regional departments and within departments. Some tACPs can work in isolation or in emerging teams and services without access to support from established and mature ACP teams and services.

Project summary

A qualitative project to evaluate a pilot mentorship program for tACPs in Emergency & Urgent Care as a resource to support personal, professional, and service development over a 12-month period was undertaken.

Aims

The primary aim was to critically evaluate the effectiveness of the introduction of a pilot mentorship program for tACPs in Emergency & Urgent Care as a resource to support personal, professional, and service development.

Specific aims:

- 1. Critically evaluate a scoping survey of North-West tACPs and ACP's working in ED's to establish the perceived value of mentorship and willingness to participate in a pilot program.
- 2. Appraise the quality experience of tACPs participating in the pilot mentorship program.

Method

- Three MS Forms surveys were designed and promoted across social media and networks to recruit participants and subsequently match and assign mentees and mentors.
- A guidance and toolkit pack were designed and distributed to provide standardisation for mentees and mentors to maximise outcomes within sessions.
- The mentorship programme ran for three months from August to November 2022, it matched mentees and mentors and initiated contact and subsequent meetings during the pilot period.
- A final survey was distributed to provide an understanding whether the pilot was a success: evidencing if mentees and mentors gained beneficial development of their professional/service goals that would be difficult to achieve without this mentorship programme.

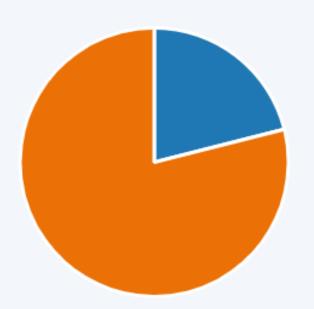
Pilot - participants

First survey



N=57
tACPs 23% (n=13)
ACPs 77% (n=43)
21 pairs of mentees/mentors
matched

Final survey



N=19 tACPs 21% (n=4) ACPs 79% (n=15)



- Role:
- Mentee 47% (n=9)
- Mentor 53%(n=10)

Key findings

- The need to maximise engagement is a challenge. Clinical workload demands were cited as a barrier to participation.
- Three months was cited as a 'short turnaround time' for the pilot programme. There were recommendations for a longer running programme.
- Peer support and sharing experiences were valuable experiences of the pilot programme. The pilot programme was reported to be a safe space to share experiences and build relationships.
- There were positive benefits to building objective and 'impartial' relationships with others from different NHS Trusts.
- Survey recommendations for ways to connect and support tACPs in the ED included future networking and scheduling regional/inter-hospital training days.
- There is strong support for a mentoring program to support and connect tACPs in the ED (average rating of 4.4/5).

Recommendations

- Extend program to all tACP specialties
- Run and evaluate program over 12 months
- Explore opportunities to develop digital mentoring platform from existing platforms or new

What did you like the best about the pilot?



'The sharing of experiences and the fact that it was a safe place.'

References: