



What do we know about the implementation and effectiveness of the Key/Super mentor role? A literature review

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Introduction and background

In the UK one of the key personnel responsible for supporting students in clinical practice is the mentor (Price et al., 2011). This role developed in America in the late 1970's (Atwood, 1979) and became established in the UK in the 1990s when the move of nursing into higher education gave students supernumerary status and moved the site of nurse education out of the clinical setting. At this time the mentor took on a key role in supporting students in the clinical environment as well as in assessing their practice (Price et al., 2011; Health, 2001; Myall et al., 2008). In 2007 it became a mandatory part of nurse training that students were allocated a mentor during their clinical placements (NMC, 2006).

Since then, research has identified constraints on the learning environment (Pearcey and Elliott, 2004) which have led to varying levels of effectiveness of mentoring (Nettleton and Bray, 2008). At times both students and mentors are reported to have felt unsupported and lacking a sense of belongingness (Levett-Jones and Lathlean, 2009; Levett-Jones et al., 2009) and students have judged those clinical environments as non supportive where nursing staff were perceived as stressed, intimidating, and not prepared to accept learners (Hartigan-Rogers et al., 2007).

We have learnt, through our scoping work, that some NHS trusts in the HENCEL area have introduced or are introducing 'key mentor' roles where a small number of mentors are given allocated time and enhanced support in order to support other mentors. Initial reports suggest that being a key mentor can boost confidence and provide an opportunity for personal development for those involved. It has also been suggested locally that students value key mentors because they sense that they are highly motivated and provide better support to students. Therefore early anecdote suggests that such roles have potential to improve the overall standard of mentoring. While local evaluations are yet to be carried out, this literature review will gather and evaluate what evidence currently exists about the effectiveness of such roles and any features of their introduction that can enhance this effectiveness.

Aim

The aim of this literature review is to find out what is known about the introduction and effectiveness of a role designed to support and coordinate those acting as mentors within the nursing workforce. The role is referred to as 'key mentor' or 'super mentor' or by other titles.

The intention is to help HENCEL in its decision making about the introduction of such a role.

Search Methods

As in our previous reviews for HENCEL, our search strategy was devised to ensure access to as wide a scope of the available literature as possible therefore we placed few restrictions on the type of literature and no research quality or design criteria were used.

The literature search was carried out between November 2014 and January 2015. We used two approaches. One was a search of research databases and the other was based on the citations in the documents that we discovered. The databases used were CINAHL and PUBMED. Because the role of ‘key’ or ‘super’ mentor is new we used a variety of keywords to try to capture any written research about these or similar roles with different titles. We initially searched only for English language texts published after January 2007 for reasons of policy relevance but extended the time period to 2002 to increase the number of papers included. The following table details the searches and numbers of hits returned. All abstracts of the articles retrieved from the initial extraction process were read carefully by either one of the authors and if matching the topic criteria were included. Abstracts about which there was doubt were read by both reviewers and a consensus reached about whether to include or exclude. The main reason for exclusion was lack of relevance. There were many papers about the role of mentor but few that focussed on a role comparable to the one we wished to investigate.

Search outcome

Table 1. Search Results

(Limiters in all searches: published from January 2002; English language; peer reviewed; research article)

Database	Search terms	No. of hits	No. retained
CINAHL + PUBMED	mentor AND learning AND nurs*	33	3
	Mentor AND support AND nurs*	139	11
	key mentor AND nurs*	11	0
	Super mentor AND nurs*		
	mentor AND role AND nurs*	99	0

After reading each abstract, 14 articles saved to folder for further consideration of relevance. Citation searches revealed a further 17 papers. MT and SM both read all articles and agreed which to retain to review. Some 4 were included from the database search and 6 were included from the citation search. This resulted in 10 papers considered of sufficient relevance for review.

Quality appraisal

Only relevant papers detailing individual research projects or literature reviews were retained. Because our exploratory work showed that the topic had been approached from a range of methodological orientations and because we wanted to gain a comprehensive overview of the topic no design or formal quality criteria were used. The majority of papers included were qualitative research and many used mixed methods.

Data abstraction

MT and SM abstracted basic data from the retrieved literature to a table identifying key features comprising: method of data collection; sample size, sampling and setting; summary of main findings; author recommendations and a comment on the strengths and weaknesses of each paper. See Appendix 1

Results

Summary:

Most studies included in our review were descriptions or 'evaluations' of coordinator or support type roles, sometimes newly introduced into service settings. Often these were mixed methods studies involving combinations of focus groups and interviews and sometimes also surveys. Settings varied from single organisations to national, with some regional studies. Sample sizes varied from single figure interview studies (Magnusson et al., 2007) – sometimes part of an unreported larger study - to 620 involved in the national questionnaire survey by Drennan (2002). The 'evaluation' generally took the form of gathering opinions of mentors and students about the helpfulness and acceptability of those individuals in these roles. Perhaps unsurprisingly, those questioned expressed positive opinions, sometimes after an initial period in which the purpose of these new roles was not properly understood. There was consensus among mentors and students that the introduction of these roles provided a new opportunity for support. Researchers also commented that these roles provided a much-needed link between the service and university sectors. Some papers which were marginal to our research question provided evidence of the kind of support for which mentors expressed a need, for example for better linkage and information from their (Higher Education Institutions) HEIs. As with our previous review of mentorship, we have noted an absence of attempts to measure the impact of initiatives, or good or bad mentoring on student performance or patient outcomes, which we acknowledge present significant methodological challenges.

In this review we provide details of the roles that were the subject of the research as these may be helpful for HENCEL in terms of future planning.

Findings

Our review included studies of new roles with the following titles: Learning Environment Manager, Practice Education Facilitator, Clinical Placement Coordinator and Practice Educator. All of these roles were introduced with the

aim of supporting the work of mentors and supporting students in placements. We found no published studies of 'super mentor' or 'key mentor' roles.

Congdon and colleagues (Congdon et al., 2013) report on an evaluation of a six-month pilot of the role of Learning Environment Manager (LEM) within one large hospital. The LEMs were recruited from among existing qualified mentors in each of six pilot wards and acquainted with the new role and responsibilities at a formal one-day induction programme. The role did not attract financial reward, however each Learning Environment Manager was allocated three hours of dedicated time each week to organise key aspects of practice learning within respective wards. Additionally, the six Learning Environment Managers met formally with the Hospital Clinical Educator every two weeks and established a forum for peer support and the sharing of best practice. The new roles had the support of senior management. The introduction was considered successful within the hospital. At the end of the six months pilot, the scheme was rolled out to the hospital's remaining 43 practice settings with a LEM appointed in each setting, inducted to the role and supported by the Hospital Clinical Educator via the LEM forum during the subsequent 12 month roll-out of the project. The evaluation involved focus groups with key stakeholders including mentors, hospital managers, university staff and students. The evaluation found that the LEM took on routine learning management, for example student allocation, which allowed (according to her) the hospital clinical educator to take on more strategic work. This transfer of responsibility for student allocation to individual practice-settings also helped to maximise placement capacity within the Hospital and the more considered allocation of student to mentor. Mentors themselves appreciated the advice and support of the LEM while students appreciated two-weekly support meetings that the LEMs initiated. LEMs also met regularly with mentors to present and discuss feedback data from students. While the evaluation was conducted in a single setting, it provides useful detail about the role and its perceived benefits.

A similar evaluation of the introduction of a new role, the Practice Education Facilitator, to two Scottish NHS trusts is conducted by McArthur and colleagues (McArthur and Burns, 2008). The evaluation combines a questionnaire survey of 150 clinical and managerial staff (73 responded) and two rounds (at the point of introduction of the role and one year later) of focus groups each including 15 participants, the PEFs and, separately, other staff. Key features of this role were that post-holders were employed by the NHS to ensure that a sense of ownership for supporting learning in practice was held within the NHS organisations with support from their associated universities. The job descriptions were shaped to meet local needs. Among the aims of the role were:

- Establishing and exploring strategies to enhance the clinical learning environment
- Participating in the preparation of new mentors and the on-going development of existing mentors
- Developing sound communication systems and networking mechanisms with managers, mentors, practice areas and Higher Education Institutions (HEIs)

Contributing to the maintenance of a cohesive partnership between the NHS trusts and associated universities
Promoting opportunities for multi-professional and multi-system learning
Identifying existing and potential learning opportunities for students within the organization, ensuring they link with defined learning outcomes
Contributing to the identification, selection and evaluation of practice placements
Contributing to curriculum development
Facilitating feedback from the practice placement to the HEI
Performing evaluations and audits of the practice placement experience for students (page 151)

The survey indicated widespread support for the new role and expectation that those in post would be able to help with chronic perceived problems including one of conflicting pressures felt by mentors. The focus groups revealed expectations on the part of other staff that PEFs would support mentors by addressing practical problems in the learning environment such as updating paperwork and working directly with students. One year later some PEFs reported negative attitudes of some clinical staff toward them and an intention to work more assertively rather than reactively. The researchers report that the main challenge facing those in post is to maintain clinical credibility at the same time as strengthening connections with universities.

One report from the national evaluation of the above scheme focussed on evaluating the support provided by PEFs to mentors (Carlisle et al., 2009). A mixed methods approach comprised an initial scoping survey to identify examples of innovative practice and assess capacity for support and mentoring in clinical learning environments. Subsequent work in six case study sites included postal and telephone surveys of mentors and students to gauge the impact of the PEF role as well as additional focus groups. Consensus conferences were also used to consider recommendations from the study. This design enabled the researchers to gather detailed information about the PEF's role and their colleagues' estimations of impact.

In the telephone survey of clinical stakeholders (n=34), the great majority (27) believed that the PEF role had made moderate or substantial impact. A problematic issue of access to student feedback emerged from the focus groups. Of the survey respondents (n=84) approximately two-thirds indicated that the PEF had assisted in this area by developing student evaluation tools, providing feedback to placements after student evaluations and reviewing these evaluations. The focus groups and consensus conference also indicated that PEFs were particularly helpful in supporting mentors with failing students by being accessible and providing timely advice in a way that clinical managers or university based tutors could not. Only a small amount of negativity was expressed from sites where respondents felt that PEFs were not visible.

Another study from Scotland, though employing a simpler approach to data collection and analysis investigated student opinions of a 'lecturer preceptor'

role (Brown et al., 2005). Five focus groups were carried out involving a total of 25 students from one cohort at a single university. This role is described as chiefly concerned with liaison with limited direct involvement in student learning. Despite this distance from students, participants in the focus groups run within this research made positive comments about them, with some saying that even brief contact with lecturer preceptors was reassuring in clinical placements that could otherwise feel alienating. They were described as a useful source of direction, problem solving, motivation and monitoring of student standards. The 'lecturer preceptor' cannot be understood as a key mentor role because it does not appear to involve either supporting mentors or a focus on student learning, however the study does point to the need for overarching roles in situations where, according to the data presented by the authors, support and guidance from mentors appears minimal or at least ineffective.

A study by Carnwell and colleagues examines how managers understand the different roles of mentor, lecturer practitioner and link tutor in Wales (Carnwell et al., 2007). The research team collected data from three NHS trusts and two universities by means of four focus groups, three of senior nurse managers (n=18) and one of nurse education managers (n=4).

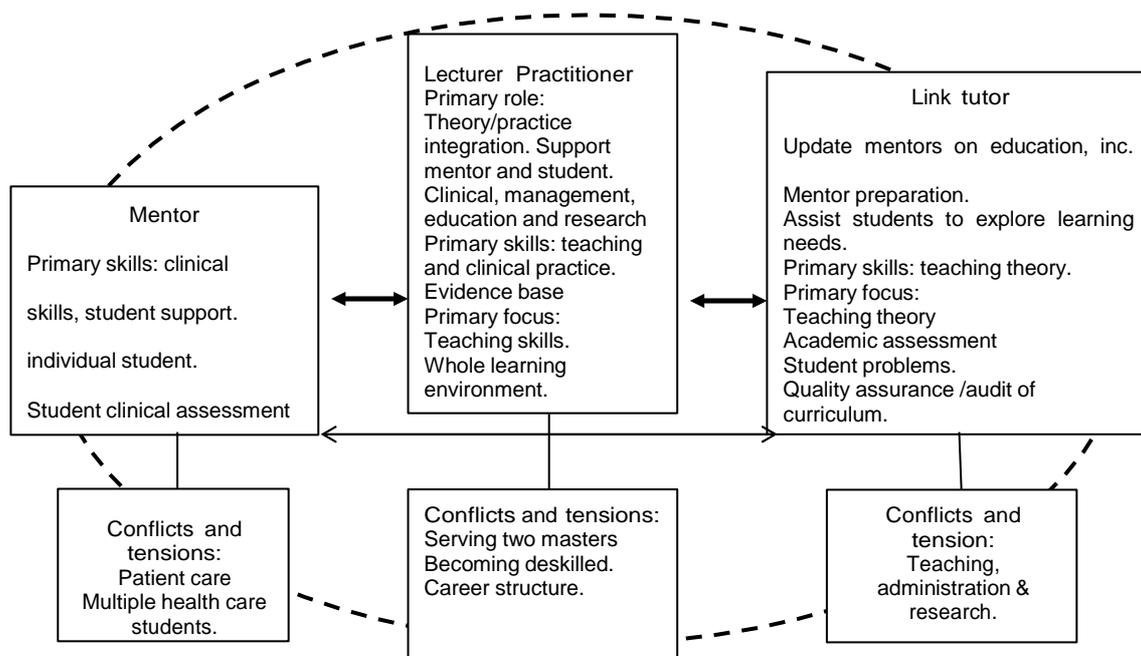


Figure 1 Roles and inter-relationships of mentors, lecturer practitioners and link tutors. (p. 928)

Figure 1 summarises their respondents' analysis of the tensions inherent in the three roles. Their respondents had particular concerns about the work of mentors: they considered that they did not always have sufficient theoretical knowledge to help students make theory/practice links and gave examples of what they felt was mentors' reluctance to give students negative reports. They suggested an alternative team relationship between mentors and students that could facilitate learning relationships more effectively than a number of individual relationships. They proposed that the role of lecturer practitioners should be strengthened regarding their liaison work between education and clinical practice and in auditing placements, along with a strategic involvement in NHS trust policy. They further proposed that link tutors take a role in mentor preparation and updating and manage placement review with NHS managers, mentors and lecturer practitioners. It should be emphasised that these results represent the opinions, albeit informed, of a small number of managers in a single health economy.

Drennan reports a national evaluation of the clinical placement coordinator (CPC) in Ireland (Drennan, 2002). The CPC is an experienced nurse who provides dedicated support to student nurses in a variety of clinical settings however, unlike the mentor/preceptor the CPC does not have a client/patient caseload. They are employees of the hospital and are responsible to the Director of Nursing, based in clinical areas but remaining supernumerary to the clinical team providing direct patient/client nursing care. Drennan collected evaluation data through focus groups and interviews (n=166 combined) undertaken in ten organisations. The findings of this phase of the study informed the development of questionnaires used in surveys (120 CPCs, 300 other nurses and 200 students) in the same organisations. Good reliability is reported for the questionnaire and the sampling strategy and the sample is described in detail. Findings included variability and some confusion of role for the CPCs a result, according to some, of the speed and lack of consultation within the clinical setting with which the role was initially introduced. Some students described an ambiguity in the CPC's role regarding 'support' and

'policing' as some CPCs appeared to be tasked with recording student presence and absence.

Jowatt and McMullan (2007) evaluated the introduction of 23 practice educators introduced across 11 NHS Trusts in south and southwest England to support mentors and students using a survey of mentors (97/284 responded) and students (131 out of 284 responded) and focus groups for the practice educators themselves (4 groups of 6). The following features of the role were seen as successful by respondents: their dedicated time to support mentors and students; their ability to flexibly support mentors in a way that fitted in with the mentors' work and their clinical credibility and accessibility. Their joint appointment between the NHS trust and university was seen as potential strength (as a link and receiving support from both) and weakness (with conflicting priorities). The amount of time allocated to the role was seen as crucial. The post holders worked between 0.25 and 0.8 whole time equivalents and it was agreed that time allocation below 0.5 WTE was not effective or realistic.

The final two articles are from a team based at the University of Surrey. Research by Magnusson and colleagues (Magnusson et al., 2007) reports the findings from a regional project that aimed to map the pattern and availability of clinical placements for healthcare students by the collection of quantitative placement data (such as location, specialty, and number of mentors) as well as in-depth interviews with Clinical Placement Managers (CPMs). The role of CPMs was to manage the provision of high quality clinical placements for all professions within healthcare trusts, support managers, assessors and supervisors in practice, provide strategic links between the Workforce Development Confederation, Higher Education and associated Trusts which provide practice placements for students. The study combined analysis of placement data with in-depth interviews with CPMs in post. The CPMs were generally highly experienced and well-qualified nurses or midwives. Their effectiveness in managing placement capacity was linked to their close knowledge of each ward setting and their one to one relationships built up with mentors. Their knowledge was seen as more useful and responsive than the information gained from audit. CPMs responded differently to what some saw as a tension between the drive to increase the number of placements and the requirement to maintain the quality of the learning experience. The researchers saw the CPMs as an important link between service and the universities.

The study by O'Driscoll and colleagues (O'Driscoll et al., 2010) investigated responsibility for leadership for student learning in the light of changes brought about by Project 2000. The research design was multi-phase with a literature review and stakeholder study (including a survey of 4,793 nursing students – 20% response) informing data collection via an ethnographic case study. This comprised observation, a combination of interviews and focus groups and analysis of curricular documents. The study took place in 2007 across four sites. Link lecturers, the authors found, expressed uncertainty about their leadership role in the learning environment while the importance of the ward manager for leadership of learning emerged strongly in the trained

nurses' interviews. Nevertheless, mentors emerged, unsurprisingly, as the key to day-to-day responsibility for learning though mentors faced a number of barriers. These included the difficulty of role-modeling care work in the context of nursing roles which are increasingly concerned with more technical work and the fact that nurses may feel pressurised to mentor for career development, that they may have inadequate training to be a mentor and the difficulty of taking responsibility for students without any concomitant workload reduction. They concluded that while the diminished presence of link lecturers in the clinical areas should make the role of the practice development/practice educator nurse crucial to ensuring a high quality learning environment, these nurses are tending to offer leadership for student learning in specialist areas only and some may not see themselves as having a wider role in the leadership of pre-registration learning. They also concluded that while ward managers may retain strategic responsibility for learning at a ward level, changes to their role prevent them from having a more direct role in student learning. Their final recommendation is for measures that go some way to reconnect education and practice.

Discussion

The review identified only a small number of papers. These were concerned with investigating roles similar to those termed super or key mentor. The papers are spread in time across a period of change in nurse education in the UK and some report on studies carried out in different policy contexts. Though some of the samples used are small, there are a number of larger regional and multi site studies. The studies have included attention to the views of nurses, managers, mentors and students. The majority of the studies were evaluations of the introduction of new roles.

The roles were found to deliver certain benefits:

- Student allocation to wards and individual mentors was done by someone with good knowledge of those areas in terms of characteristics and capacity
- It was often seen as beneficial for the post holder to be employed by the NHS but to have strong links with their partner universities – joint appointment could lead to conflicting priorities
- There was sometimes initial misunderstanding about the purpose of these new roles
- Some organisations appointed placement coordinators who did not have additional clinical workloads and so were able to work on their role undistracted
- The amount of time allocated to these roles was seen as crucial with time allocation of less than 0.5 whole time equivalent seen as ineffective

Team mentorship between groups of mentors and students was proposed by participants in one study.

Summary

In short, new roles approximating to 'super mentor' or 'key mentor' can provide

- **support**, to students but particularly to mentors
- **knowledge** of individual clinical areas to facilitate placement decisions
- **liaison** between the NHS organisation and universities and/or commissioners

Implications for key or super mentor role

There is evidence to suggest the need for supernumerary coordinator roles and their usefulness. The research suggests that posts are held:

By experienced nurse/mentors with intimate knowledge of the clinical settings where they work and clinical credibility with mentors and students

By individuals employed within NHS organisations and accountable to senior managers

By individuals with established strong links with partner universities

By post holders who devote at least 0.5 WTE to their role and are freed from clinical duties

And that the remit of these roles is made clear to all who relate to them and to the post holders themselves

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Appendix 1: Table 1 Summary of literature

	Name/title etc.	Method of data collection	Sample size, sampling and setting	Summary of main findings	Authors' conclusion/recommendations	Strengths/weaknesses of paper
1	Enhancing the strategic management of practice learning through the introduction of the role of Learning Environment Manager. Congdon, Graham; Baker, Tracey; Cheesman, Amanda; Nurse Education in Practice, 2013; 13 (2): 137-41.	Focus groups with key stakeholders incl. mentors after a six month pilot of the new role	Large hospital setting with 49 'practice settings'; Not given. The LEM role was part of the daily work of a designated experienced nurse with mentorship qual in each setting	The Learning Environment Manager role was found to provide mentors with high levels of support which in turn helped to promote positive practice learning experiences	the re-establishment of practice teaching as a valued nursing activity is central to the quality of the student learning experience facilitated by nurses in practice.	Details of the role provided in the paper (p 138). Method described as a 'process evaluation'.
2	An evaluation, at the 1-year stage, of a 3-year project to introduce practice education facilitators to NHS Tayside and Fife. McArthur GS; Burns I. Nurse Education in Practice 2008 May; 8 (3): 149-55.	Questionnaire survey and focus groups with those in new roles (PEF) and others	Survey in 2 Scottish NHS trusts 73/150 (49% response). Two rounds of focus groups each n=15 in total. Data collected at the outset and one year later	Survey: respondents expected PEFs to improve support for mentors and students as mentors seen as experiencing role strain. Focus groups: PEFs expected that they give practical help to improve teaching by support	Some mentors thought PEFs were intended to work directly with students rather than support them. There was some misunderstanding about their role and questions about their clinical credibility. PEFs become more assertive over year 1.	Specific initiative in only two trusts. The paper provides details of the role and its principal purpose (page 151)
3	Clinical learning environments: an	'interviews, focus groups,		students need to have continuity of		Many details missing from abstract. No access to full text

	<p>evaluation of an innovative role to support preregistration nursing placements. Clarke CL; Gibb C; Ramprogus V; Learning in Health & Social Care, 2003 Jun; 2 (2): 105-15.</p>	questionnaires and secondary data analysis'		support; clinical staff derive benefits from an enhanced understanding of the needs of learners through the work of the practice placement facilitator (PPF); and that if the role and function of the PPF post is unclear and/or poorly maintained there will be detrimental effects		
4	<p>Practice-based learning: the role of practice education facilitators in supporting mentors. Carlisle C; Calman L; Ibbotson T; Nurse Education Today, 2009 Oct; 29 (7): 715-21. (journal article - research, tables/charts) ISSN: 0260-6917 PMID: 19345449, Database: CINAHL</p>	Impact evaluation – mixed methods – incl. use of scoping survey, 6 case study sites, expert panel, and 2 consensus conferences	Survey of all PEF in Scotland – 84 respondents (71%) Case study sites - Postal survey of pre- and post-reg students – 31 (21%) and mentors – 69 (26%), telephone survey of key stakeholders – 34 (32%), focus groups – 31 Conference 1 to	PEF role is widely accepted in Scotland. Some of the benefits of the role include developing quality, innovative practice learning environments, working to support mentors with failing students, building mentor confidence in dealing with weak students. Although they help in getting evaluations of practice from	Ensure continuity of PEF role – as way of developing staff confidence as mentors, and increasing / maintaining quality of practice learning environments. Find ways of getting feedback to clinical areas in timely manner – particularly where it might be negative – to help areas address any issues. Theme of belonging	Complex methodology – aims of project guided data analysis. Interesting examples of good practice noted in study, of different ideas / practices developed by PEFs Useful source of ideas for what has worked, in terms of supporting clinical environments.

			identify case study sites – 19 Conference 2 x review of findings - 21	students, there can still be delays in getting this feedback to relevant clinical areas / mentors in a timely manner. Partnership working, with mentors and HEIs seen as key.	– but in sense of clinical staff, perhaps, benefitting from belonging to HEI, in terms of partnership working / support structures (?)	
5	Brown, L., Herd, K., Humphries, G. & Paton, M. 2005, "The role of the lecturer in practice placements: what do students think?", Nurse Education in Practice, vol. 5, no. 2, pp. 84-90.	This study aimed to gain insight into, and to create an understanding of, student nurses' experiences with lecturer preceptors – it was a retrospective qualitative study of the experiences of a group of senior student nurses who were involved in a formal, sustained teaching/ learning relationship with nurse educators during the first	Purposive sampling – 25 students participated in 5 focus group discussions, each with 2 facilitators – all Year 3 Adult students from one HEI in UK	Interesting links with research on fact that students “perform” when they know lecturer is around, and fact that some feel they need to be pushed to learn rather than become autonomous Physical presence of lecturer preceptor is key to improving learning and experiences in practice – it is not enough for linking via telephone, as this is seen as more formal	The role that the lecturer preceptor has a diverse, yet crucial role to play in supporting the student experience during practice placements.	Strengths – Notion that students feel they benefit from outside / impartial ally in form of lecturer preceptor – someone who bridges gap between HEI and practice. Weakness – Relatively old, and limited to one cohort of students Transferability may be limited to areas which utilise similar support roles

		two years of their course				
6	Carnwell, R., Baker, S., Bellis, M. & Murray, R. 2007, "Managerial perceptions of mentor, lecturer practitioner and link tutor roles", Nurse education today, vol. 27, no. 8, pp. 923-932.	Focus groups – after previous survey (not described here)	Four groups: three of senior NHS managers N=18 and one of education managers n=4	Focused on discussing the role of mentors, lecturer practitioners and link tutors. Each of the 3 features some degree of tension	Managers suggested clinical supervision with mentors to keep them up to date, lecturer-practitioners should take up some mentoring, link tutor should take on some aspects of lecturer-practitioner role. Recommendations: lecturer practitioner be supernumary and incoproate elements of the other 2 roles; review parts of the link tutor role better carried out by LPs and mentor; better collaboration between NHS and HEI.	One trust sample, but Figure 1 (page 928) provides a summary of each role e.g. lecturer practitioner is said to support the mentor. Link tutors were said to provide updates to mentors and provide information link from the HEI
7	Drennan, J. 2002, "An evaluation of the role of the Clinical Placement Coordinator in student nurse support in the clinical area", Journal of advanced nursing, vol. 40, no. 4, pp. 475-483.	Evaluation of new role Questionnaires Focus groups Interviews	10 organisations 166 participants in focus groups and interviews Questionnaires= 120 CPCs 300 nurses 200 students	Evaluation of new Clinical Placement Coordinator (CPC) in Ireland. CPCs were supernumary nurses responsible for managing student placement in the service. Initial role confusion that later improved.	This role is important given the move of education to university as a link between students and groups that support them	Large stratified random sample, instrument based on previous surveys and reliability reported; design enabled researchers to compare different groups

				Students valued their coordinating role		
8	Jowett, R. & McMullan, M. 2007, "Learning in practice – practice educator role", Nurse Education in Practice, vol. 7, no. 4, pp. 266-271.	Evaluation of new role to support mentors Focus groups and questionnaires	4 focus groups no n given. Survey to all 2nd year students 248 and mentors 284 with 46 and 38% response rates	PEs seen as supportive to both students and mentors and a valuable link between the university and service	As above – the role is effective and could be rolled out to providing interprofessional support The role requires at least 0.5WTE to be effective	Locally based study but reasonable sample size Only focus group data reported Not really an evaluation of their effectiveness, only their acceptability
9	Magnusson, C., O’Driscoll, M. & Smith, P. 2007, "New roles to support practice learning – Can they facilitate expansion of placement capacity?", Nurse education today, vol. 27, no. 6, pp. 643-650.	Interviews (part of a mixed method study that included some quantitative scoping data – see below).	7 out of 27 clinical placement managers (CPMs)	CPMs were involved in expanding clinical placement capacity through their local knowledge but there could be a tension between this and maintaining quality of the learning environments	This role can contribute toward increasing the quality and quantity of clinical placements	Small though purposive, maximum variation sample across three counties Analysis includes a typology of CPMs regarding beliefs about quality and quantity of placement areas
10	O’Driscoll, M.F., Allan, H.T. & Smith, P.A. 2010, "Still looking for leadership – Who is responsible for student nurses’ learning in practice?", Nurse education today, vol. 30, no. 3, pp. 212-217.	Case studies including ethnographic work, focus groups, interviews, on-line survey and document analysis	4 NHS trusts in England, ward managers,ment ors, practice educators, practice development nurses and other nurses	Who is providing leadership in learning? link lecturers had a reducing place in practice and role uncertainty; The new practice educator roles ended up supporting mentors,	in theory, responsibility for students’ learning in practice is spread across several roles but the reality is that mentors primarily lead learning on a day to day basis, although they may not have the	Mixed methods study underpinned by large survey.

				monitoring paperwork and dealing with underachieving students;	necessary support, training or capacity to do so. Link lecturers should be supported to maintain a regular presence in practice areas; structured support of mentors by link lecturers and co-mentors is needed; i.e. more supporting roles are necessary	
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