1. Introduction:

Nursing practice is a multifaceted stream and requires expertise in the medical, social and behavioural aspects. Hence, learning in the nursing practice is affected by many aspects like mentor, head nurse physician, family members, emotional status of the nurse student, skills, and interest of the nurse student. From above mentioned factors, mentor is of prime importance for the learning of the nurse student. If relation between mentor and student is not positive, it results in the strain and nervousness in the student which results in the learning deficiency in the student and loss of learning in the student. Mentor should be knowledgeable, skilful, good teaching capability, good managing skills, influential and with pressure handling capability. Mentor possessing stated qualities can have cohesive team, handle extreme situation with calmness and upgrade teamwork. This ultimately results in the generation of quality nursing students which can be very helpful in the healthcare services and overall wellbeing of the society (Lofmark et al, 2008).

Good mentor in the nursing practice bring positive attitude in the nursing student about the nursing profession, holistic approach towards the nursing practice and fruitful association with the other stakeholders of the nursing practice like physician, pharmacist and fellow nurses. Good mentor can improve student approach towards patient and patient family members. Nursing practice requires good communication skills and mentor can improve communication skills of nurse students with patient, family members and other stakeholders of the healthcare profession (Ali & Panther, 2008; Nash and Scammel, 2010).

In nursing practice mentorship requires at both the stages like classroom mentorship and mentorship at the clinical scenario. Out of this mentorship in the clinical scenario gives experience about the real cases and more realization of the nursing practice and this clinical scenario mentorship has its unique value (Jonsen et al, 2013). As evidence based nursing is important aspect of the nursing practice, clinical scenario nursing practice gain more importance because evidence based practice gives the learning from the previous clinical cases of the same type.

In this essay, mentor's role in bringing positive change in the student with underperformance is discussed. Also, behaviour of the student responsible for the underperformance and student's learning is discussed. Relevant stepladders to improve performance of the student are discussed. There are different learning theories available and these theories are discussed. In this precise prominence is given for teaching in the clinical setting and the appliance of different evaluation criteria are discussed.

2. Main Body:

2.1 Character of underperformance student:

In nursing practice few students remain underachievers, even though they underwent proper training in the clinical scenario. Probable reasons for this underperformance of these students may be lack interest in the job, incompetent skills development, inadequate grasping power, unsuitable shifts in the hospital and seeking benefit as settling phase of the new job. It is evident that around 50 % of the recruitments in the nursing practice are not meeting the evaluation criteria for the recruitment as a professional nurse (Duffy and Hardicre 2007). Mentor can recognize characteristics of the underperformance students. These characteristics includes: Apathetic approach which comprises of inadequate proactiveness for acquiring information and skilfulness, unreliable which comprises of ignorant, inadequate attendance and sudden leave, anxiety, inadequate self-belief, inexperienced nursing practice in clinical scenario, insufficient theoretical and classroom knowledge, inadequate nursing practice to the patients, lack of good communication skills with patient, family members, mentor and fellow nurse, personal problems, ill health and lack of interest and drive due to prior failures.

2.2 Self-awareness and emotional intelligence:

Emotional intelligence is the characteristic of individual which helps to evaluate emotions of individual person, group of people and community. In nursing practice, emotional intelligence has important place as nurses should understand feelings of the patient and patient family to communicate with the. This helps to realize exact physical and psychological condition of the patient and report same to the doctor and plan nursing intervention accordingly. Nurses with good emotional intelligence, improve moral of the patient and help patients to come out of the physical and psychological stress. This helps to positive feeling in the patient family which can be very helpful in speedy recovery of the patient. Self-awareness is a basic element of the emotional intelligence. Self-awareness is the capability of nurse to evaluate oneself and gain own confidence. This self-awareness gives nurse self-belief to the nurse to handle critical cases in the nursing practice and provide holistic care to the patient. Emotional intelligence also helpful to the mentor to identify skills and qualities in student (Clancy, 2004). Emotional intelligence also helpful to nurses to maintain proper coordination and communication with other stakeholders of healthcare profession like doctors and pharmacist.

2.3 Mentor in clinical practice:

Role of mentor in the clinical facility is very important for the improvement in the nursing practice of student because learning in the clinical facility give student knowledge of the exact condition of the student. Professional development of the student is completely depends on learning in the clinical facility. In clinical practice, mentor should help student to argument knowledge of nursing in different disease conditions, improve skills and techniques in different nursing practices. In clinical facility, nursing student should be well acquitted with social behaviour and communication skills to communicate with patient, family members, fellow nurses and mentor. Hence, mentor should teach student about the importance of communication skills in the clinical facility for the holistic nursing practice, particularly for the elderly patients. Mentor should also teach student about the effective leaderships skills and give opportunity to the student to develop leadership skills by giving more responsibility. This development of leadership skills in the students, also helpful for the mentor to lessen burden on mentor because student can handle patient independently in the absence of mentor if mentor is engaged with critical patient.

Clinical facility is the excellent platform for the assessment of the nursing student with high merit. Because in clinical facility student can be assessed both in theoretical and practical aspects like medical knowledge, social attitude, practical ease and communication. Mentor should evaluate student very careful because, contribution of the student towards healthcare services is solely dependent on the performance in the clinical facility. Mentor should not neglect small mistakes, hoping these mistakes would be corrected in future. Small mistakes in nursing practice could be very dangerous for the health condition of the patient. (Andrews et al., 2006). In clinical facility, mentor gave student liberty for the self evaluation and this self evaluation is very effective strategy for the improvement of performance of the student. In clinical facility, mentor should monitor on regular basis and give feedback to the student on observations. With this practice, mentor got confidence on the performance of the student and student also started performing every task because mentor has continuous monitoring of the student.

Healthy association between mentor and student helped in the overall improvement of the underperformance student. Mentor developed encouraging, honest and constructive relation with the student.

2.4 Learning theories:

Different kind of learning theories had been stated for the advanced education. Cognitive and behavioural theories were widely used. Cognitive theory gives awareness to the individuals about thinking and awareness of a particular subject. Cognitive theory states that student should be advised to gain knowledge, skills and also make interested to ask questions. Behavioural theory states that learning can be improved by communication between mentor and the student. Behavioural theory is based on the external stimuli like incident and cognitive theory is based on the internal aspect like intelligence.

(Hean, 2009). In previous studies, it has been established that, in nursing practice these theories proved successful in the improvement of the less productive students.

Behavioural theory can be helpful to educate the clinical skills to the student and management and troubleshooting diverse patient situations according. Improvement in the student can be by giving training from the senior staff and other team members. In this external stimuli like improving verbal communication, computer based training and exposure to real cases, plays important role (Quinn, 2007).

Student gets knowledge about biology, physiology and pathology of the disease through cognitive theory which can be helpful for the student for better nursing practice in all types of cases (Basavanthappa, 2003). Cognitive theory gives student theoretical knowledge of subject which can be helpful in practical application in clinical setting. Cognitive theory teaches self learning and this can be successfully applied in underachieving student to increase students interest in the learning.

2.5 Students learning character:

In this case student is underachiever due to unenthusiastic nature of the student. Mentor improved interest of the student by motivating and assigning new things. This can be helpful to turn around the unenthusiastic nature of the student. Theoretical knowledge of the student was weak and student has less technical skills. Theoretical knowledge was improved by updating basic knowledge and current developments. Technical skills were improved by giving more responsibility in the clinical setting. Lesser learning in the student is due to less communication with the mentor because most of the time student was trying to avoid mentor. Mentor made effort to make working environment student friendly so that students communication can be improved.

2.6 SMART approach:

SMART is standard to fix objective for achieving particular goal. Aspects such as Specific (S), Measurable (M), Attainable (A), Realistic (R), and Time-related (T) were applied to fix goals and objective at the time of interview. With specific aspect, it was determined that student should be trained in two specialized departments. In measurable aspect, it was decided that performance would be evaluated and one department in which student performed well would be assigned. In the designated department student would perform well and goal would be attainted and this would be realistic with existing knowledge of the student in the same department. All these activities would be completed in four weeks after joining (Kerridge, 2012).

2.7 Clinical environment on the student learning experience:

It was established that there was less learning for the nursing students in the clinical facility due to inability to transfer classroom and theoretical knowledge in the actual practice in the clinical facility (Myall et al., 2008). Learning in the clinical setting requires skills to acquire knowledge about medical intervention and social behaviour to communicate with the student. Mentor having dual function of teaching in classrooms and teaching in the clinical environment had been advised for the enhancement in the learning of the student in clinical environment. This approach facilitates association between theory and practice for understanding of the student and also improved the results in terms of learning of the student (Lambert and Glacken, 2004). Enhancement in the work environment of the clinical facility can be helpful in improving learning in the student. Improvements in the clinical facility can be accomplished by improving ward environment, by enhancing communication among the staff members, positive approach of the mentor, stimulus of by the mentor for superlative performance, effortless resource access, quality improvement by accurate documentation of different procedures and information about the handling procedures of instruments, conclusive exchange of ideas on the nursing practice through discussions (Saarikoski et al., 2002; Saarikoski and Leino-Kilpi, 2002). Emotional aspects also have major role in the learning of the student in the clinical facility like fear, nervousness and strain (Chesser-Smyth, 2005).

2.8 Orientation to the team clinical area:

Student was given the orientation and induction of the cardiology unit as a component of teaching programme. Student was introduced to the shift timings and visitor visitor's timings of the department, physician round schedule and patient's meal schedule.

Student was introduced to different diseases in the cardiology like blood pressure, heart failure etc. Also, student was introduced to all the instruments in the cardiology unit like blood pressure testing apparatus, electrocardiogram etc. Student was allowed to involve in the nursing practice in the department. Thus, orientation of the cardiology unit facilitated to progress the knowledge of the student related to cardiology unit and builds skills and acquires techniques to monitor the patients (Harris, 2013).

2.10 Record keeping:

Record keeping is the fundamental component of quality improvement in any organisation. It helps in facilitating proper planning of the tasks and evaluating the timely outcome of the tasks. Mentor maintained separate record for the attendance of the student as student was irregular in attendance in the hospital. Mentor also maintained record of student's training activities and outcome record of the each training session was also maintained. These records were helpful for the mentor to evaluate progress of the student. Also, these records helped student for self assessment. Mentor presented these records to management about the suitability of the student in the clinical practice.

2.11 Two way feedback from student and mentor:

Two way feedbacks between mentor and student helped in improving mentorship and learning programme. Feedback from the student about the mentorship helped mentor to recognize issues faced by the student in clinical practice. Hence, mentor worked in that direction for the improvement of the student. Mentor made timely amendments in the mentoring programme based on the feedback from the student. Mentor gave positive feedback about the improvement of the student. This helped to improve morale boost of the student to perform better. Negative feedback from the mentor about the student helped student for the self assessment and made efforts to work on these deficiencies in nursing practice.

2.12 Evaluation:

This mentoring and learning process was evaluated based on the four criteria. These criteria include professional nursing practice, health care delivery, holistic health care management and professional and personal development of the student.

In professional nursing practice, unreliable conduct of the student was assessed. Apathetic nature, lack of enthusiasm, learning inability and poor theoretical knowledge were evaluated

in the health care delivery. Inexperienced clinical practice and reduced patient services were evaluated in the holistic health care management. In personal and professional development, anxiety and poor communication with mentor, other nurses, patient and patient family members were evaluated. Student assessment record was maintained for the above mentioned assessment criteria. . For each behaviour, student was assessed two times, in the middle of the task and at the end of the task. Successful evaluation of the student helped in qualifying the student for nursing practice (Hand, 2006).

3. Conclusion & Recommendations:

Improvement in the performance of the underachieving student was achieved by executing the mentorship programme in the stepwise manner. Goals were set for mentoring the student using SMART approach at the time of interview. SMART approach aid in planning achievable training schedule. Mentorship programme was started by acquiring the information about the characters of the student responsible for underperformance and the failure. This sort of information helped in planning mentorship task for particular character and its evaluation was also appropriate. Merits essential for mentoring of the student were executed. Furthermore, appropriate theories of mentoring in the nursing profession were applied with particular application in the specific department. In this whole process of mentorship more value was giving to training in the clinical facility because student should be well trained in the clinical facility. Mentoring in the clinical facility comprised of orientation session of the department, training on different instruments, knowledge and skills acquisition of patient condition. With virtue of this there was augmented confidence in the student. In clinical facility communication is very important because student should communicate with different stakeholders like other nurses, mentor, patient and patient family. Hence importance was given for the improvement in the communication skills in the clinical facility. Records of the all the training sessions and evaluation measures were maintained during total duration of training. This approach of mentoring the underperformance student based on the characters responsible for the failure helped in bringing improvement in the student in terms of skills, knowledge, techniques, behaviour, communication and overall nursing practice.

 I learned many aspects in this mentorship programme and augmented self-belief after improving the performance of the underperformance student. Application of the well

researched and well planned approach was the most prominent learning for me in this mentoring programme. Listening to the student's issues, liability of actions taken and well-founded evaluation were the other learning for me.

To summarise, there was enhancement in the on the whole performance of the student post finishing of training session of 4 weeks.

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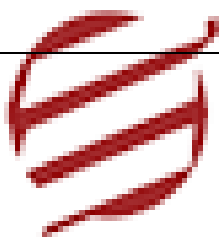
Appendices:

Appendix 1:

Strengths	Weaknesses
1. I have been an successful mentor for 4 years. 2. I am having excellent managerial skills. 3. I have experience of mentoring in both academic and clinical facility. 4. I am prompt and deal with time very well.	1. I am weak in giving adverse or negative feedback. 2. I have scope for improvement in handling critical cases.
Opportunities	**Threats**
1. Due multiple departments in the hospital there is huge scope for the learning of diverse cases. 2. Senior staff is always eager to assist and guide in handling critical cases.	1. Overburden of work.

Appendix 2:

Development Area	Actions Required	Success Criteria	Achievement / Review Date
Apathetic approach	Assigned interested topic to the student.	Observation and evaluation form mentor. Positive feedback from the fellow colleague.	2nd week
Unreliable	Made aware of the professional ethics and rules and regulations of the hospital.	Observation by the mentor and maintenance of daily attendance.	2nd week
Anxiety	Motivated by giving positive feedback.	Observation and evaluation form mentor. Positive feedback from the fellow colleague.	3rd week
Inexperienced nursing practice in clinical scenario	Gave training and asked to watch and go behind senior staff member, Asked to study standard operation procedures and watch videos for clinical practice	Observation and evaluation form mentor. Positive feedback from the fellow colleague.	4th week
Insufficient theoretical and classroom knowledge	Asked to study test books and update knowledge through recent research articles.	Written assessment	4th week
Inadequate nursing practice to the patients	Asked to develop basic and theoretical knowledge. Asked to	Observation and evaluation form mentor.	4th week

	discuss with senior members regarding their familiarity in case studies.	Positive feedback from the fellow colleague. Written assessment.	
Lack of good communication skills with patient, family members, mentor and fellow nurse.	Asked to take part in each discussion. Encouraged to become practical in act and communication.	Observation and evaluation form mentor. Positive feedback from the fellow colleague.	4th week
Lack of interest and drive due to prior failures.	Gave positive feedback for excellent work.	Observation and evaluation form mentor.	4th week