AMSN

ACADEMY OF MEDICAL-SURGICAL NURSES

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Mentoring Program

SITE COORDINATOR GUIDE

Academy of Medical-Surgical Nurses

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TABLE OF CONTENTS

OVERVIEW

The Academy of Medical-Surgical Nurses (AMSN) is delighted that you are assuming the role of site coordinator for the AMSN Mentoring Program in your agency. This program is designed to foster professional development in new graduate nurses and other nurses assuming a new role. It is intended to increase their confidence, job satisfaction, and intent to stay in their position. Your willingness to participate in the project speaks highly of your commitment to the development of professional nurses.

Overview

The AMSN Mentoring Program is designed to guide a mutual relationship between an experienced nurse (mentor) and a new nurse or nurse transitioning to a new role (mentee). It is a framework for the passage of wisdom, caring, and confidence between new and experienced nurses. The program is based on the principles of adult learning with a focus on meeting the needs of the mentee.

The nursing shortage, the hectic work environment, and statistics on the numbers of new graduate nurses who leave their first nursing position within the first year were critical factors in the decision of AMSN to develop this program. Developed initially as a more structured Nurses Nurturing Nurses (N3) program, it has evolved over time from an AMSN-directed program to an online mentoring program, and now a self-directed format. The intent of this format is to provide valid resources to help mentors, mentees, and site coordinators become knowledge-able and effective in their roles.

While the initial focus of this program was limited to the new graduate nurse, it is now applicable to other nurses who are new to their positions such as charge nurses, nurse managers, educators, and clinical nurse specialists. The ultimate goal is to contribute to the personal and professional development of medical-surgical nurses through relationships that are nurturing and supportive.

Objectives

The program provides information on mentoring along with guidelines and tools to facilitate a successful mentoring relationship. It is designed to meet the following objectives.

The AMSN Mentoring Program objectives are:

- ➢ Develop supportive and encouraging relationships
- ➢ Guide nurses in their professional, personal, and interpersonal growth
- ➢ Promote mutuality and sharing based on the needs of colleagues
- ➢ Communicate information concerning expectations, learning opportunities and stressors

Site Coordinator Role

As the site coordinator, you will find this guide helpful in designing and implementing your role in facilitating the mentor-mentee relationship. You may use the information and tools provided in the AMSN Mentoring Program in any manner you deem appropriate for your agency. You are encouraged to review all of the materials provided with this program (ie, Site Coordinator Guide, Mentor Guide, and Mentee Guide) and use them to customize the mentoring program for your agency.

The mentoring process begins as the mentee is linked with an expert nurse mentor. As the site coordinator, you may identify mentors and match them with their mentees. The criteria for mentors and mentees are provided in this guide. You may also refer to the *Introduction to Mentoring* article provided in this guide for more information on matching mentors and mentees.

Once each mentor and mentee have been connected, your role will be to follow up with them to see that they are meeting, the relationship is developing, and they are following the Mentoring Program Plan. For the rest of the time, your major responsibility

will be to see that the mentor and mentee are evaluating the progress of the relationship at predetermined intervals. The specifics of the evaluation process are discussed below.

For more details about your role, refer to the Site Coordinator Role Description in this guide.

Orientation

As the site coordinator, you may be responsible for providing your mentors and mentees with an orientation to the mentoring program. Below are orientation guidelines.

Mentor
Prior to your meeting, provide each mentor with the *AMSN Mentoring Program Mentor Guide* or any materials you customize for your program. The guide will explain the mentoring program and offer instructions for proceeding. This orientation meeting may include the following.
  ➢ An overview of the mentoring program and highlights from the mentoring materials
  ➢ Roles and responsibilities as mentors
  ➢ The evaluation process
  ➢ Opportunity for questions and concerns

You will also provide the mentors with contact information for their respective mentees and indicate that each mentor and mentee should meet within two weeks, or other specified time.

Mentee
Prior to your meeting, provide each mentee with the *AMSN Mentoring Program Mentee Guide* or any materials you customize for your program. Your orientation meeting may include the following.
  ➢ An overview of the mentoring program and highlights from the mentoring materials
  ➢ The evaluation process
  ➢ Opportunity for questions and concerns

You will give each mentee some information about their mentor and indicate that the mentor should be in contact with them within a specified period of time. If this does not occur, you should request that the mentee let you know.

Evaluation Process

To determine the effectiveness of the mentoring program, several evaluation tools are included. Your role in the evaluation process is to encourage your mentors and mentees to complete the evaluation tools at specified intervals (ie, 3, 6, and 12 months). A Timeline is provided in this guide to assist you in organizing and coordinating the mentoring program and evaluation process. You may choose to collect the completed tools and compile data on all of the mentoring relationships in aggregate for a comprehensive evaluation of your mentoring initiative.

Confidentiality

The mentoring relationship is confidential. Mentees may choose to disclose the identity of their mentors, but the mentors should not disclose any information, with the exception of:
  ➢ Violation of hospital / agency policy
  ➢ If mentee is not reliable in keeping appointments in a timely way or not participating in the mentoring program in some other manner--the mentor should contact you should this occur.

Ensure the mentor and mentee understand the importance of confidentiality.

Contact Information

For questions, concerns, or suggestions regarding the AMSN Mentoring Program, contact the AMSN National Office via telephone at 866-877-2676 or by email at amsn@ajj.com.

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Academy of Medical-Surgical Nurses

Mentoring Program

Introduction to Mentoring

Mentoring is a reciprocal and collaborative learning relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship. It is a process where the more experienced person assists in the learning and development of the less experienced individual. The mentor often serves as a guide, expert, counselor, wise teacher, and role model.

Traditional views of mentoring describe it as a relationship that occurs spontaneously and is based on a chemistry between two people. Mentoring may also occur through structured programs where a mentor-mentee dyad is selected, paired, or matched by others rather than by the individuals themselves. Both types of mentoring relationships can be effective as long as the mentor and mentee are committed to it and agree to identify and meet the needs of the individual being mentored.

A mentoring program will help to:
- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal, and interpersonal growth
- Promote mutuality and sharing based on the needs of the mentor and mentee
- Communicate information concerning expectations, learning opportunities, and stressors

Matching Mentors and Mentees

Planned mentoring programs will match a mentee with a mentor. Providing a good fit between the mentee and mentor can either make or break the relationship and the ultimate success of the mentoring program. A successful relationship is even more beneficial when the individuals involved like each other, understand their responsibilities, have a mutual desire to build a relationship, realize they both have something to offer and learn from the other, and both share the goal of excellence in their nursing practice.

A good fit between the mentor and mentee occurs when mentors are caring, compassionate, genuine, and willing to disclose information about themselves and about what they know. Mentees, on the other hand, need to be open to accept feedback and be willing to learn more about themselves and their expected role. Matches are often more likely to be successful when mentors and mentees are involved in selecting their partners. However, mentoring relationships can be successful when the two individuals are selected by others such as a selection team or a site coordinator.

Guidelines for matching the mentor and mentee can be very helpful. These guidelines may be based on skills, expertise, availability, learning/facilitation style and fit, experience, interpersonal skills and behavior, professional interest, personality, accessibility, education background, gender, willingness/interest, and compatibility.

Foundations of Mentoring

Inherent in mentoring are two important foundational concepts — principles of adult learning and the novice to expert continuum. While these concepts will be most beneficial in helping mentors be effective in their roles, they can also be helpful for mentees to gain a better understanding of the mentor role. It is likely that mentees, especially if they have experienced a successful mentoring relationship, will themselves become mentors in the future.

Adult Learning Principles

The mentoring relationship involves the mentee as an adult learner engaged in a life experience that presents new opportunities for growth and development. The astute mentor is knowledgeable of adult learning principles and applies them to the mentoring relationship as a development process.

Mentoring is a partnership between the mentor as a teacher and the mentee as a learner. The quality of this partnership determines the true value of the learning experience. As adult learners, mentees assume responsibility for their own learning and behavior. As teachers, mentors act as guides and facilitators of learning. The partnership must be based on the belief that the learner is at the center of any significant adult learning activity. Learners must be involved in all phases of the learning process - needs identification, planning, participation, and evaluating the learning outcome.

As facilitators of adult learning, mentors approach mentoring as a development sequence which requires an awareness of the mentees' learning needs and their stages on the learning curve. In considering mentees as unique adult learn-

Table 1.
Adult Learning Principles

• Adults need time to learn at their own pace.
• Adults have unlimited potential for growth and development.
• Moving from the simple to the complex gives the adult a sense of achievement.
• Learning involves moving from dependency on the teacher/facilitator to increasing self-directedness, but at different rates for different people.
• The learning environment is characterized by physical comfort, mutual respect and trust, freedom of expression, and acceptance of differences.
• Learning must be based on learners' needs. Facilitators help learners diagnose the gap between what they know and what they need to know or do.
• Adults are motivated by the desire to immediately use or apply their new knowledge or skills. When learners need to do something now that they do not know how to do, they have a "readiness to learn." This is what is meant by the "most teachable moment."
• Adults are responsible for their own learning and take an active role in the learning process.
• Adult education is learner-centered. It begins with the learners and where they are, and takes into consideration what will be meaningful for them.
• Adults are what they have done. They have a deep investment in the value of their life experiences. Adult education includes and builds upon the life experiences of the learners.
• Learning should begin at a level equal to the learner's comprehension level.
• Adult education fosters critical reflective thinking.
• Problem posing and problem solving are fundamental aspects of adult education.
• Adult education is concerned with the development of the whole person, including their attitudes, feelings, and emotions.
• Learning can happen anywhere.
• Learning is enhanced by repetition.
• Much significant learning is acquired through doing.
• A positive or negative self-concept can promote or inhibit learning respectively.
• Stress reduces one's ability to learn.
• Learners need to know how they are progressing on their learning goals. This is accomplished through self-evaluation and feedback from others.

Source: Cohen, 1995; Knowles, 1980; Lindeman, 1961; Rogers, 1979.

ers, mentors must be flexible and willing to make adjustments in the learning experience based on the mentees' maturity and learning styles. Effective mentoring becomes a continuous learning process that is a synthesis of events, experiences, thoughts, observations, feedback, and analyses.

Further adult learning principles that are beneficial to the mentoring relationship are included in Table 1.

Novice to Expert Continuum

As we begin a new role, we find ourselves at a novice level. Through experience we learn and progress to higher levels of performance. Most of us have moved along the novice to expert continuum perhaps several times in our lives. We've reached the expert level only to realize our life circumstances or goals change, and we find ourselves a novice once again. Since we've been there before, we know the stages and hopefully can progress more quickly along the continuum.

Becoming a novice can be frustrating for individuals who are new to a position. For example, a person may have been a nursing student for a few years and felt fairly comfortable with the student role. Then they became a graduate nurse which is a real world situation and the nurse finds herself a novice in this role. The same may be true for an experienced staff nurse who transfers to a new unit or becomes a charge nurse. When these nurses take on a new role, things change. The new role requires a new skill set. A mentoring relationship will help the nurse accelerate through the novice to expert continuum.

Benner's (1984) Novice to Expert model explains how the acquisition of new skills requires a progression through stages or levels, and discrete capabilities distinguish the stage of development reached. There are five levels that one passes through in the acquisition and development of a skill:

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

This model fits perfectly with the stages of growth for nurses who assume new roles. As they learn their new roles and grow, they progress along the novice to expert continuum (see Figure 1).
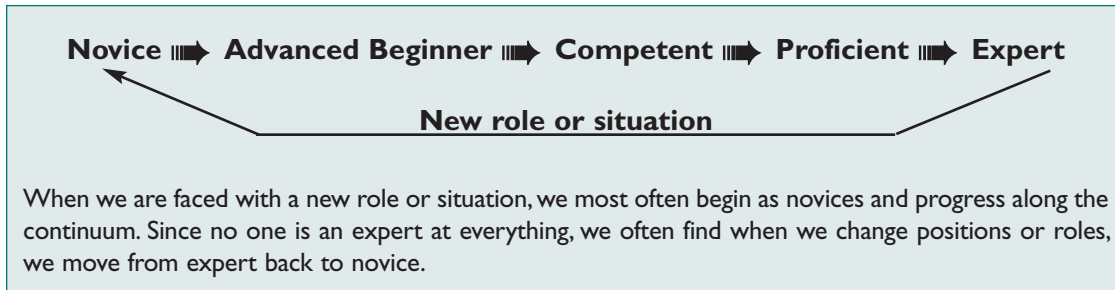
Novice

When nurses take on new and unfamiliar roles, they often begin at the novice stage. Novices use rules and facts to guide their actions. They adhere to these rules without consideration for the context of the situation. These rules are limiting since no rule can tell the novice which tasks are most relevant in an actual situation and when it is acceptable to make exceptions to the rule. Novice nurses are unable to view situations as a whole, rather they see the individual parts. It is difficult or near impossible for them to put all the parts together and see the big picture. They are concerned with the tasks at hand and cannot do more than one thing at a time.

Consider a new graduate nurse who is conducting a patient assessment and documenting in a new charting program. The focus tends to be on the mechanics of charting rather than the patient and patient needs. The patient assessment is disjointed and focused on individual body systems rather than integrating the assessment data and viewing the patient holistically.

Figure 1.
Novice to Expert Continuum

Novice ➠ **Advanced Beginner** ➠ **Competent** ➠ **Proficient** ➠ **Expert**

New role or situation

When we are faced with a new role or situation, we most often begin as novices and progress along the continuum. Since no one is an expert at everything, we often find when we change positions or roles, we move from expert back to novice.

Source: Benner, 1984; Hnatiuk, 2009.

Moving from Novice to Advanced Beginner and Beyond

Most novices want to feel and be seen as competent immediately upon taking on a new role. It is uncomfortable knowing one does not have a firm grasp of a new role. Both mentees and mentors must realize there are developmental stages to pass through before one actually reaches a high level of performance. This is normal and patience is the key to maintaining control of the situation. Not only do mentors need to be patient with their mentees, but mentees must be patient with themselves as well. Mentees will more quickly become successful in their roles when they listen actively to what is going on and are willing to act like sponges, soaking up as much learning as possible.

Mentors can best help their mentees by using adult learning principles to help them learn, grow, and progress through the novice to higher level stages. Knowing the characteristics of these stages helps to understand the development process and realize the time and commitment needed to progress to the next levels. Patience and a willingness to share and learn are the keys.

With time and experience, novice nurses continue to experience the real world and progress to the advanced beginner stage and beyond. The characteristics of the advanced beginner to expert stages are described in Table 2.

Phases of the Mentoring Relationship

The mentoring relationship can be characterized in three phases — beginning, middle, and closing. The characteristics of each phase are depicted in Table 3.

Characteristics of Successful Mentoring

Successful mentoring relationships must be built on trust, openness to self-disclosure, affirmation, and willingness and skill in giving and receiving feedback. Although the old cliché states "trust must be earned," a positive mentoring relationship needs to begin on the right foot — that is, both individuals trusting each other unless or until something happens to erode that trust. Establishing an early psychological foundation of *trust* is a prerequisite to promoting meaningful reflection and self-disclosure in future interactions.

Self-disclosure is another characteristic of a successful relationship. Both the mentor and mentee must be willing to share things about themselves, including those situations that may not have been pleasant experiences. The mentee must reveal vulnerable and weak areas so the mentor may provide support and guidance. The mentor must be willing to share personal mistakes since these real situations can provide valuable learning experiences for the mentee. Sharing mistakes in a humorous way can help alleviate some of the fear and anxiety the mentee may be experiencing.

Another characteristic is *affirmation*. The mentor must believe that the mentee will be successful and repeatedly make statements that affirm the mentee's knowledge and expertise. The mentor must believe in the mentee's capacity for success even though the mentee may be unaware of it. It is equally helpful for the mentor to show respect for the mentee's past, present, and future accomplishments.

The fourth characteristic of a successful relationship is *willingness and skill in giving and receiving feedback*. This is important for both the mentor and mentee since one of our greatest learning opportunities occurs through the feedback we give to and receive from others. Both individuals must offer constructive feedback, positive and negative, to assure that common needs and goals are being met. They need to know how the other is doing in the relationship to determine their future direction. It is most helpful if, early in the relationship, the mentor and mentee agree on how to give each other feedback.

The mentor will be faced with the difficult decision of when it will be appropriate to provide the mentee with negative constructive feedback. In the beginning of the relationship, both individuals may be strangers. Confrontation is difficult enough when two people have an established relationship. The implications of confrontative behavior at the beginning of a relationship must be carefully weighed. Timing on the part of the mentor is critical. Confrontative feedback too early in the relationship when the mentee primarily needs support can be unproductive and detrimental to the relationship.

Table 2.
Characteristics of Advanced Beginner to Expert Stages

Advanced Beginner

Advanced beginners demonstrate marginally acceptable performance. They have encountered enough real situations to realize there is recurrent meaning in the components of the situation. Nurses at the advanced beginner stage need assistance in determining priorities because they cannot readily sort out what is significant in complex situations. Their work centers on organizing and completing tasks. They become anxious when they feel they are losing control of the task environment. They are concerned with the current situation with little regard for the past or future. They rely on protocols or procedures to guide their actions and believe the protocols are appropriate for all contexts.

Advanced beginners are often working at the edges of their safety and knowledge. They are fully responsible for their actions, while at the same time feel largely dependent on more experienced individuals such as the mentor. Guidelines and applicable examples are helpful for them.

Competent

As advanced beginners gain confidence through experience with actual situations, they move to the competent stage of performance. Nurses at the competent stage begin to see their role in terms of long-range plans or goals. They focus their energy on accomplishing what they planned and controlling the activities and events in the situation. They are able to differentiate between important and insignificant components of a situation. These nurses are able to set priorities.

They feel responsible for and emotionally attached to the decisions they make. Decisions are analytical and they are invested in the outcome. Successful outcomes can be very satisfying, while unsuccessful outcomes are not easily forgotten. Since nurses at the competent stage are emotionally invested in their decisions, it is important at this stage to encourage them to talk about their feelings and anxieties and verbalize the questions they have.

The competent stage is characterized by not needing help, putting tasks in order, and planning based on goals and predictions. At the competent level, the nurse's abilities to view the whole situation may be hampered by their emphasis on structuring their work by specific plans and goals. They may lack speed and flexibility. However, it is at this stage that they feel they have mastered their roles.

Proficient

With continued practice and experience, nurses at the competent stage move to the proficient level. This stage is characterized by the ability to recognize the big picture and think systematically. Proficient nurses are guided by their experience to anticipate what to expect in a given situation and how to modify their plans to respond to these events. Systems thinking improves their decision making ability.

Proficient nurses are able to organize and analyze, interpret and understand, and manipulate the environment to respond to the situation at hand. Their actions are now ordered by the situation as it unfolds rather than by preset plans. Proficient nurses read situations well and are able to set priorities. Leaving things out is no longer a worry because they are confident in their ability to notice the important things and filter out those that are unimportant.

Expert

Proficient nurses may make the transition to the expert stage, although not all individuals will attain the expert level of practice. This may be a matter of choice or a matter of ability. Experts function much differently from the other stages of development. When things are running smoothly and experts find themselves in familiar territory, they are immediately and directly able to grasp the situation. Important aspects of a situation stand out, and they are able to readily dismiss those that are unimportant. They know when they have a firm grasp of the situation and when they don't.

Expert nurses are often great historians and can explain why decisions were made in the past. They are often a rich source of information and quite capable of providing sound advice. Expert nurses possess a sense of intuition about certain situations as a result of extensive experience. Experts are quick and skillful in their actions. They zero in on problems and are fluid, flexible, and highly proficient. They are able to manage a variety of tasks or activities at the same time. They display a sense of calmness and control. Experts selectively filter information and pass on the important aspects to appropriate individuals.

Experts no longer rely on rules to govern their practice. It is often difficult for experts to explain the thinking process they use in reaching a decision. They no longer think in steps or increments. Often the expert nurse is not the best teacher for the novice because it is difficult for the expert to explain decisions or actions in enough detail for the novice to grasp and learn.

Source: Benner, 1984.

Table 3.
Phases of the Mentoring Relationship

Beginning Phase – Characteristics

Mentors and mentees focus on interpersonal relationship building through establishing trust and nonjudgmental acceptance, articulating expectations of the relationship and each other, engaging in meaningful dialogue, determining well-defined learning goals, and initiating relevant self-disclosure. Mentees tend to put mentors on a pedestal and emulate behaviors. Mentors feel rewarded by the mentor role and value and nurture the development of the mentees. They may exchange and discuss their resumes/CVs.

Middle Phase – Characteristics

A safe and positive psychological climate is established and nurtured. Mentors request detailed information from the mentees and offer specific suggestions about current plans and progress in achieving goals. Mentees feel enhanced self-esteem due to the coaching and progress made. Mentees develop and confirm new skills. This phase is characterized by a high degree of interaction and intellectual exchange.

Mentors progressively suggest new avenues for learning, then move toward tactics for solving new and more complex situations and problems. As the relationship builds, feedback (positive, but especially constructive) is given and taken in a more comfortable and growth-producing way. Mentors encourage less and less reliance and the mentees become more autonomous in their roles.

Closing Phase – Characteristics

The formal part of mentoring comes to closure when mentees feel comfortable functioning on their own. Mentors encourage the mentees to reflect critically on outcomes, goal achievements, and future plans. Mentors motivate mentees to take risks, make decisions without certainty of the results, overcome difficulties in the journey to reach their career goals, and become independent adult learners. Mentees achieve greater autonomy and become empowered. Both may mutually seek to dissolve the relationship. They may alternate between feelings of loss and liberation.

Mentors remain interested and stay in touch with the mentees to provide continuing support and a safety net if needed. Mentors may feel they have shared everything they know and are proud of the mentees. As separation occurs, the relationship may transform into a friendship or peer mentoring in which both individuals take turns in mentoring each other through their nursing and life experiences. Mentoring that progresses and ends on a positive note will be memorable throughout the lives of both mentors and mentees. Mentees may themselves become mentors some day. Both partners reflect on the success of the mentoring relationship, share best mentoring practices, thoughtfully consider any stumbling blocks and what was learned from them, determine ways to improve future mentoring, and celebrate the successes.

The mentee also needs to provide feedback to the mentor so the mentor is aware of the behaviors that are contributing to the success of the relationship and those that need to be altered. Mentors who have achieved success in their own lives learn more about themselves and their own competency through feedback from mentees.

Mentoring fosters mentee competence through mutual respect, trust, and admiration. The mentor brings to the relationship knowledge and expertise. The mentee brings enthusiasm and a desire to learn. Through a common vision and purpose, they blend together their qualities and create a synergistic relationship which helps each rise to a level higher than either could do alone.

Mentee Role

Mentoring doesn't just happen. It involves a significant expenditure of time and energy on the part of the mentor and especially the mentee. Successful mentees are willing to assume responsibility for their own learning and growth. They seek challenging assignments and responsibilities. While they are receptive to feedback and coaching by the mentor, they also are willing to constructively give feedback. If they are not receiving the feedback they need or desire, mentees assert themselves and ask for it.

The demonstration of accountability, or living up to promises and commitments, is important. Mentees learn to achieve a balance between their own independence and reliance on the mentor. Over time, the independence will most likely dominate and the relationship will change. After spending time with a mentor, mentees often feel refueled and inspired to make a difference in their practice. Other benefits of mentoring for the mentee include:

- Increased self-confidence
- Enhanced leadership skills
- Accelerated cultural acclimation
- Advancement opportunities
- Stress reduction
- Improved networking ability
- Political savvy
- Legal and ethical insight

Mentor Role

Mentors are willing and committed to assist in the developmental growth of the mentee. This involves a reasonable amount of time and personal investment over an extended period of time. It is not unusual for mentors to believe they don't have enough time to spend on the mentoring relationship. However, the time invested is time well spent for both individuals and the hospital or facility as a whole.

The mentor's primary purpose is to help the mentee learn the ropes, their role, the political environment, and the culture of the unit or organization in a formal, yet informal way. Frequent communication offering affirmation and sup-

port will help the mentee progress through the program in a timely manner.

The mentor may wear many hats such as teacher, supporter, protector, facilitator, counselor, guide, model, nurturer, predictor, coach, door-opener, idea-generator and bouncer, feedback-giver, eye-opener, energizer, standard-prodder, problem-solver, and challenger. These roles may sound like a tall order to fill, and they are. However, they demonstrate the importance of the mentor role. To be most effective in this role, mentors must have clear perceptions about themselves and how they are or are not able to wear all of these hats.

Mentors are the guides in establishing the criteria by which a successful relationship is developed and evaluated. They create a warm and accepting environment that allows the mentees to control the relationship, while at the same time permitting the mentees to be themselves and voice relevant concerns and needs. Mentors are not distant and idealized role models. Rather, they are personable, approachable, reasonable, and competent individuals who are committed to helping mentees achieve the success of which they are capable.

Effective mentors are confident enough in their own knowledge, skills, and successes that they do not perceive mentees or their accomplishments as threatening. They are committed to seeking situations that will benefit the mentees' development. They also praise the mentees' accomplishments and publicize them to others. Mentors often recommend their mentees for significant projects or promotions.

Mentors bring experience and wisdom. They provide their mentees with insights that would otherwise have been gained only through trial and error. They ask a lot of questions, especially "why?", which encourages mentees to stop and reflect on situations and potential alternatives. Mentors are good at linking together different bits and pieces of their mentees' lives, such as work and home, thoughts and feelings, successes and failures. They try to look at the bigger picture and the future. At times, this may be difficult for mentees because their focus is on the here and now. This type of mentoring can lead to breakthroughs or peak experiences, creating memorable occasions that last for decades.

Ideal mentor qualifications and characteristics include:
- Commitment to the mission and goals of the organization or unit
- Strong interpersonal skills
- Exemplary leadership skills
- Willingness to assist in the mentee's growth
- Willingness to learn from the mentee
- Personal power and charisma
- Ability to think strategically
- Ability to share credit and successes
- Ability to help the mentee learn from mistakes
- Ability to embrace diversity

- Patience
- Willingness to take risks and share lessons learned
- Accountability — living up to expectations and meeting deadlines
- Time/availability
- Personable and approachable
- Respect and consideration of the mentee

Mentors benefit from the mentoring relationship by learning, acquiring insight, and meeting challenges alongside their mentees. Mentors receive much satisfaction in seeing another person grow and be successful, knowing they played a part in making it happen.

Potential Problems with Mentoring

Mentoring, just like any type of relationship, can have its problems or drawbacks. If the mentoring relationship is forced, it can fuel discontent, anger, and resentment. There is no guarantee that two people on a blind date will like each other even if a computer dating program matches them perfectly. The same is true of mentoring. Sometimes people are in different stages of personal development. Other times the mentor-mentee match simply doesn't work. It is no one's fault as not all chemistries are compatible. Personality clashes may exist. Sometimes one partner grows faster than the other or in a different direction and a strain on the relationship may occur.

One common problem that occurs is the lack of follow up and commitment to sustain the relationship. Other problems with mentoring include mentors who overburden the mentee with work and responsibilities and vice versa. Mentees may become a clone of the mentor and lose their individuality. Mentees may feel mentors are supervising their work too closely or perhaps being neglectful when mentees need their assistance. Mentees may also become too dependent on mentors. An unfavorable incident may occur in which the mentor or mentee feels betrayed or let down. Jealousy and personal or ethical disagreements may also strain the relationship.

Gender issues may arise between mentors and mentees of the opposite sex. Differences in communication styles can create misunderstandings. Women may manage conflict differently than men. They may delegate authority and make decisions differently. These differences may cause the relationship to separate rather than to build. Perceptions by others may cause problems if rumors begin that a romantic relationship is developing between the mentor and mentee.

Mentors or mentees who are experiencing failure may cause one another to feel guilty or embarrassed because they are associated with each other. If the mentor fails or falls out of favor within the unit or facility, the mentee, through association with the mentor, may also fall out of favor.

A final problem with mentoring is the case of toxic mentors. These are mentors who are detrimental to the success of the mentee. They may be unavailable or inaccessible to the

mentee or may throw the mentee to the wolves to either sink or swim. Toxic mentors may also block the mentee's progress or criticize the mentee in various ways.

Both mentors and mentees can learn from the problems that others have encountered in the mentoring relationship. If signs of these problems are beginning to develop in the relationship, both individuals have a responsibility to confront the situation and actively plan a resolution or dissolution. *Prior* to entering into a mentoring relationship, both parties should agree to a no-fault separation if one or both individuals realize the relationship is not working effectively.

Developing Expectations

Mentors and mentees should initiate and discuss their relationship. They should begin to learn about each other by exchanging resumes/curriculum vitae and discussing pertinent life experiences. Formulating expectations of the relationship and of each other can be a particularly powerful way of planning for the success of the relationship.

Expectations are the perceptions of the way we should behave in our roles or positions. In other words, expectations define what to do under various circumstances. Developing clear expectations can build a strong relationship. It also provides a framework for behaviors that are acceptable and unacceptable. Unclear expectations can break down communication and trust, essential elements of the mentoring relationship.

Some of us think we know what others expect of us without having to discuss our expectations. In most cases, this is not true. After all, if others do not know what you expect of them, how will they ever meet your expectations? Once expectations are developed, the mentor and mentee must agree to meet those expectations. Developing expectations will help to confront problems head on. While confrontation is usually not easy, clearly stated expectations help to take some of the pain out of confrontation because the person has essentially broken an agreement that he or she has made.

Expectations are statements of expected behaviors. They are a) observable, b) achievable and stated in a positive way, c) reviewed frequently for currency, and d) important, meaningful, and real to both the mentor and the mentee.

You may be thinking, "What does an expectation look like?"

Below are some examples.

I expect my mentor to:
- Be committed and share in the responsibilities of the relationship.
- Encourage me to take risks, support me in these endeavors, and help me learn from my mistakes.
- Encourage my progressive independence, but continue to provide guidance and feedback as needed.
- Keep all information we discuss confidential unless otherwise agreed.

I expect my mentee to:
- Be willing to try new ideas, make mistakes, and learn from the experience.
- Accept my guidance and feedback in the constructive manner in which it is given, but be willing to challenge my thinking and ideas.
- Work diligently in progressing through the mentoring program to be successful in my new position.
- Keep all information we discuss confidential unless otherwise agreed.

Evaluating the Mentoring Relationship

Mentoring is primarily a close personal relationship and a process of working together as partners to achieve mutually agreed upon goals. This relationship and process should be carefully monitored on a regular basis to ensure its effectiveness or to resolve conflicts or problems before they are detrimental to the relationship.

Throughout the mentoring program, the mentee and mentor should determine set intervals to check on the progress of the mentoring process. They should provide feedback to each other on the strengths of the program, quality of the interpersonal dynamics, progress made to date, areas for improvement, and future direction. In addition to periodic feedback during the mentoring program, both the mentor and mentee should evaluate the strengths and limitations of the overall mentoring program.

Benefits for the mentors, mentees, and the organization or unit can be determined along with recommendations for improvement of the program. Once the formal mentoring program goals are achieved, does not mean the mentoring relationship must end. Hopefully, the relationship will continue for as long as both individuals agree to the need for and value of it.

Adapted with permission from Hnatiuk, 2009.

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Site Coordinator Role Description

Role

The site coordinator is committed to and responsible for overseeing all site-based activities related to the mentoring program.

Qualifications

- ➢ Possesses organizational skills and a working knowledge of her/his organization
- ➢ Is familiar with group process
- ➢ Is committed to improving retention of first year nurse graduates and other nurses transitioning to new roles

Responsibilities

- ➢ Familiarizes self with all components of the AMSN Mentoring Program
- ➢ Recruits mentors and mentees using the AMSN Mentoring Program guidelines
- ➢ Assigns mentor/mentee teams if not already established
- ➢ Conducts an orientation for mentors and mentees. Reviews responsibilities with both mentors and mentees and encourages/assists the dyad in developing the Mentoring Program Plan.
- ➢ Establishes timelines for periodic review of mentoring progress
- ➢ Counsels or disbands dysfunctional or nonproductive relationships and reassigns as necessary
- ➢ Maintains the confidentiality of information shared between the site coordinator, the mentors, and the mentees

Mentor Role Description

Role

The mentor is an experienced nurse committed to helping the mentee transition to a new position.

Qualifications

The mentor is an experienced professional nurse who is skilled in communication. With this in mind, the mentor:

- Has more than 3 years of nursing experience
- Has an understanding of the science of nursing and nursing standards and principles
- Is proficient or expert in the field according to Benner "novice to expert" framework
- Is able to make a minimum of a one-year commitment to the mentoring program
- Is successful in building caring relationships

Responsibilities

- Demonstrates proficient or expert practice
- Communicates in a clear, concise, and professional manner while also being a good listener
- Keeps written records as required
- Conducts consistent scheduled meetings with the mentee to set goals, provide feedback and evaluate progress
- Has a positive attitude and is a role model
- Serves as an immediate resource person
- Provides moral support, guidance and advice
- Encourages the mentee to develop to her/his fullest potential
- Helps the mentee develop her/his own vision for the future
- Encourages progressive independence in the mentee
- Completes all required forms in a timely manner
- Performs well under stress and is even-tempered
- Demonstrates interpersonal problem-solving skills
- Adheres to the general principles of volunteerism

Mentee Role Description

Role

The mentee is a new nurse beginning her/his first job as a professional nurse or a nurse who is transitioning to a new role.

Qualifications

➢ Is a novice with untested judgment and organizational skills
➢ Is flexible
➢ Is willing to attend scheduled meetings with the mentor on a regular basis
➢ Is able to accept constructive criticism as well as feedback and encouragement

Responsibilities

➢ Communicates effectively with the mentor and site coordinator, if applicable
➢ Agrees to complete all materials, self-assessment tools, and required evaluation forms in a timely manner
➢ Schedules meetings with the mentor and develops the meeting agenda

Mentor _____ Mentee _____ Start Date _____

<table>
<tr><td colspan="2" align="center">**Timeline Checklist**</td></tr>
</table>

This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.

Pre-Program Preparation	

Mentor

Date Completed	Activity
	1. Completes orientation with site coordinator
	2. Reads and completes the following:
	a. *AMSN Mentoring Program Mentor Guide*
	b. *Introduction to Mentoring* article
	c. Mentor Self-Assessment tool
	d. Background Information – Mentor Form
	e. Tips for Successful Mentoring
	f. "Remember When" Exercise
	g. Guidelines for Meeting with Your Mentee
	h. Background Information tool
	3. Contacts mentee to arrange first meeting

Mentee

Date Completed	Activity
	1. Completes orientation with Site Coordinator
	2. Reads and completes the following:
	a. *AMSN Mentoring Program Mentee Guide*
	b. *Introduction to Mentoring* article
	c. Background Information tool
	d. Confidence Scale for New Nurses, if applicable
	e. The Ideal Mentor Exercise
	f. Mentoring Meeting Agenda
	g. Guidelines for Meeting with Your Mentor
	h. Mentoring Program Plan, selected components

Mentor _____   Mentee _____   Start Date _____

Timeline Checklist continued

This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.

Week One

Mentor

Date Completed	Activity
	1. Meets with mentee
	a. Exchanges background and contact information with mentee. Discusses significant life experiences and expertise
	b. Discusses the Specialty of Medical-Surgical Nursing tool, if applicable
	c. Jointly develops the Mentoring Program Plan with the mentee. Uses the results of the following tools completed by the mentee:
	1. Confidence Scale for New Nurses, if applicable
	2. Ideal Mentor Exercise
	d. Establishes a schedule for bi-weekly or subsequent meetings

Mentee

Date Completed	Activity
	1. Meets with mentor
	a. Follows the Mentoring Meeting Agenda
	b. Exchanges background and contact information with mentor. Discusses significant life experiences
	c. Discusses the Specialty of Medical-Surgical Nursing tool, if applicable
	d. Jointly develops the Mentoring Program Plan with the mentor. Uses the results of the following tools completed by the mentee:
	1. Confidence Scale for New Nurses, if applicable
	2. Ideal Mentor Exercise

Mentor _____ Mentee _____ Start Date _____

Timeline Checklist continued

This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.

3 Months	

Mentor

Date Completed	Activity
	1. Completes the Assessment of the Relationship with the Mentee and the Mentoring Program Satisfaction Survey
	2. Encourages the mentee to complete the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor Form
	d. Mentoring Program Satisfaction Survey
	3. Discusses the results of the above with the mentee
	4. Revisits and makes any revisions to the Mentoring Program Plan

Mentee

Date Completed	Activity
	1. Completes the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor
	d. Mentoring Program Satisfaction Survey
	2. Discusses the above completed tools with the mentor
	3. Revisits and makes any revisions to the Mentoring Program Plan

Mentor _____   Mentee _____   Start Date _____

Timeline Checklist continued

This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.

6 Months

Mentor

Date Completed	Activity
	1. Completes the Assessment of the Relationship with the Mentee and the Mentoring Program Satisfaction Survey
	2. Encourages the mentee to complete the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor Form
	d. Mentoring Program Satisfaction Survey
	3. Discusses the results of the above with the mentee
	4. Revisits and makes any revisions to the Mentoring Program Plan

Mentee

Date Completed	Activity
	1. Completes the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor
	d. Mentoring Program Satisfaction Survey
	2. Discusses the above completed tools with the mentor
	3. Revisits and makes any revisions to the Mentoring Program Plan

Mentor _____   Mentee _____   Start Date _____

Timeline Checklist continued

This timeline may be used to organize and coordinate the mentoring program for the mentor and mentee. The checklist may also be used to keep track of the mentoring progress. The tools identified for the mentor and mentee may be found in the AMSN Mentoring Program Mentor and Mentee Guides.

12 Months	

Mentor

Date Completed	Activity
	1. Completes the Assessment of the Relationship with the Mentee and the Mentoring Program Satisfaction Survey
	2. Encourages the mentee to complete the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor Form
	d. Mentoring Program Satisfaction Survey
	3. Discusses the results of the above with the mentee
	4. Celebrates the success of the relationship
	5. Determines if or how the relationship will continue into the future

Mentee

Date Completed	Activity
	1. Completes the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor
	d. Mentoring Program Satisfaction Survey
	2. Discusses the results of the above with the mentor
	3. Celebrates the success of the relationship
	4. Determines if or how the relationship will continue into the future

Site: _____   Site Coordinator _____

Mentor / Mentee Progress Record

This tool may be used by the site coordinator to track the progress of a group of mentors/mentees.

Mentor / Mentee ID	Names	Date for Evaluations			
		At Start & 2 Weeks	3 Months	6 Months	12 Months
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				
	Mentor:				
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About the Academy of Medical-Surgical Nurses

You care deeply about your patients and giving them your best. It's why you became a nurse. The Academy of Medical-Surgical Nurses (AMSN) understands your commitment to your practice, so we offer you the tools to develop personally and professionally. We help you become the most confident, skilled, and well-educated nurse you can possibly be. When you join AMSN, you will be connected with a unified network of nurses who share your compassion and dedication and are advocates for the specialty. We invite you to learn more about AMSN and consider joining. It's one of the best things you'll ever do for yourself and your patients.

AMSN Helps You Succeed!

Our members are nurses like you!

- Staff nurses
- Clinical nurse specialists
- Nurse practitioners
- Nurse managers and administrators
- Educators and faculty
- Researchers
- Students

They practice in a variety of settings

- Hospitals
- Community health clinics
- Home health agencies
- Rehabilitation facilities
- Hospices
- Private practices
- Schools of nursing

AMSN is a vibrant community of medical-surgical nurses who care about
- **Improving patient care,**
- **Developing personally & professionally,**
- **Advocating for the specialty of medical-surgical nursing, and**
- **Connecting with other nurses who share their compassion & commitment**.

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Improve patient care

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- Receive discounts on study resources and courses to prepare for certification.
- Access tools to help you sustain a healthy work environment.

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- Earn free CNE contact hours.
- Be eligible for scholarships, grants, and awards.
- Enhance your leadership skills.

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➤ Network and learn at local chapter meetings and events.
➤ Attend the AMSN Annual Convention and meet others who share your passion for med-surg nursing.
➤ Serve with like-minded, motivated nurses on committees and task forces.

Advocate for the specialty

➤ Have your voice and interests represented nationally.
➤ Use AMSN position statements and standards of practice to help you promote the role of the medical-surgical nurse.

The AMSN mission *is to promote excellence in medical-surgical nursing.*

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Life long learning is essential for nurses to continuously improve patient care, and develop professionally. Education is abundant to the AMSN member. Our education resources include an annual convention, newsletter & journal, print continuing nursing education activities and an organized web based library.

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Mentoring Program

MENTEE GUIDE

Academy of Medical-Surgical Nurses

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TABLE OF CONTENTS

OVERVIEW

The AMSN Mentoring Program is designed to guide a mutual relationship between an experienced nurse (mentor) and a new nurse or nurse transitioning to a new role (mentee). It is a framework for the passage of wisdom, caring, and confidence between new and experienced nurses. The program is based on the principles of adult learning with a focus on meeting the needs of the mentee.

The program provides information on mentoring along with guidelines and tools for a successful mentoring relationship. It is designed to meet the following objectives.
 ➤ Develop supportive and encouraging relationships
 ➤ Guide nurses in their professional, personal, and interpersonal growth
 ➤ Promote mutuality and sharing based on the needs of colleagues
 ➤ Communicate information concerning expectations, learning opportunities, and stressors

The program contains guidelines and tools for the mentor, mentee, and site coordinator. You may use the tools as the program is intended, or select those tools most appropriate to your mentoring needs. To effectively implement this program, some organizations designate a site coordinator to identify and link mentors and mentees, and oversee the timeline and completion of the mentoring tools.

The nursing shortage, the hectic work environment, and statistics on the numbers of new graduate nurses who leave their first nursing position within the first year were critical factors in the decision of the Academy of Medical-Surgical Nurses to develop this program. While the original focus of the program was specific to the new graduate nurse, it became apparent that experienced nurses who change positions (e.g., change nursing units, are promoted to charge nurse or nurse manager, become a clinical nurse specialist, etc.) also benefit from a mentoring relationship.

Your mentor will assist you in developing skills in all of the areas listed below. As the mentoring continues, you will be able to identify growth in these areas.

Interpersonal Skills
 ➤ Communication
 ➤ Feedback
 ➤ Assertiveness
 ➤ Service Behaviors
 ➤ Conflict Management
 ➤ Relationship Building
 ➤ Dealing with Difficult People/Situations

Management Skills
 ➤ Delegation
 ➤ Motivation
 ➤ Team Building
 ➤ Organization Culture
 ➤ Networking
 ➤ Self-Management
 ➤ Self-Care

Organizational Skills
 ➤ Project Management
 ➤ Goal Setting
 ➤ Time Management

Confidentiality
The mentoring relationship is confidential. Mentees may choose to disclose the identity of their mentors, but the mentors should not disclose any information, with the exception of:
 ➤ Violation of hospital / agency policy
 ➤ If mentee is not reliable in keeping appointments in a timely way or not participating in the mentoring program in some other manner.

Where to Go From Here?
Review the information in this guide to determine its contents and the components that will be most helpful to meet your needs as a mentee. If you and your mentor plan to follow this program as it is designed, go to the Directions for the Mentee for step by step directions for beginning and maintaining your mentoring relationship.

AMSN Mentoring Program

Directions for the Mentee

The following steps are suggestions for progressing successfully through the mentoring program. Place a check in the column once you have completed each step.

(✓) when completed	Activities
	1. Review the *AMSN Mentoring Program Mentee Guide*.
	2. Read the Introduction to Mentoring article (Mentee Tool 2) to learn about mentoring, the mentor and mentee roles, and how to engage in a successful mentoring relationship.

	3. Prepare for your first meeting with your mentor by completing the following tools.
	    a. Background Information (Mentee Tool 3)
	    b. Confidence Scale For New Nurses (Mentee Tool 4), if applicable
	    c. The Ideal Mentor Exercise (Mentee Tool 5)

	4. Prepare your first Mentoring Meeting Agenda (Mentee Tool 6) to ensure an organized and productive meeting. Use the Guidelines for Meeting with Your Mentor (Mentee Tool 7) to assist you in establishing the agenda.
	5. Begin to develop the Mentoring Program Plan (Mentee Tool 8). Read the components of this plan and begin to prepare your responses in preparation for joint development of the program plan with your mentor.
	6. Schedule the first meeting with your mentor and provide the Mentoring Meeting Agenda (Mentee Tool 6) in advance of the meeting. Your mentor should also complete the Background Information tool (Mentor Tool 7) and the appropriate components of the Mentoring Program Plan (Mentor Tool 9) prior to the meeting.

	7. During your first meeting:
	    a. Follow your Mentoring Meeting Agenda (Mentee Tool 6) to keep the meeting organized and to focus your discussions.
	    b. Exchange your Background Information (Mentee Tool 3) or resumes/CVs and discuss significant life experiences. Get to know each other and your areas of expertise.
	    c. Discuss the specialty of medical-surgical nursing (Mentee Tool 9), if applicable.
	    d. Discuss the results of the Confidence Scale for New Nurses (Mentee Tool 4), if applicable, and the Ideal Mentor Exercise (Mentee Tool 5).
	    e. Jointly develop the Mentoring Program Plan (Mentee Tool 8) with your mentor. Use the results from the Ideal Mentor Exercise (Mentee Tool 5) to assist in forming expectations of your mentor.

	8. Communicate, communicate, communicate with your mentor throughout your mentoring program!
	9. For subsequent meetings with your mentor, prepare a Mentoring Meeting Agenda and provide it to your mentor in advance of the meeting.

	10. Remember to periodically check the progress of the relationship and the Mentoring Program Plan.
	    a. At 3 months, complete the following tools and discuss with your mentor. Use the information gathered from these tools to determine the strengths of the mentoring relationship and areas for improvement.
	        • Job Satisfaction Scale (Mentee Tool 10)
	        • Intent to Stay in the Job Survey (Mentee Tool 11)
	        • Assessment of the Relationship with the Mentor (Mentee Tool 12). Your mentor should also complete the Assessment of the Relationship with the Mentee (Mentor Tool).
	        • Mentoring Program Satisfaction Survey (Mentee Tool 13). Your mentor should also complete the Mentoring Program Satisfaction Survey (Mentor Tool).
	    b. At 6 and 12 months, or as needed, repeat the steps in 9.a. above.

	11. Periodically and upon completion of the mentoring program, celebrate the success of your partnership and your accomplishments.

AMSN
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Mentoring Program

Introduction to Mentoring

Mentoring is a reciprocal and collaborative learning relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship. It is a process where the more experienced person assists in the learning and development of the less experienced individual. The mentor often serves as a guide, expert, counselor, wise teacher, and role model.

Traditional views of mentoring describe it as a relationship that occurs spontaneously and is based on a chemistry between two people. Mentoring may also occur through structured programs where a mentor-mentee dyad is selected, paired, or matched by others rather than by the individuals themselves. Both types of mentoring relationships can be effective as long as the mentor and mentee are committed to it and agree to identify and meet the needs of the individual being mentored.

A mentoring program will help to:

- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal, and interpersonal growth
- Promote mutuality and sharing based on the needs of the mentor and mentee
- Communicate information concerning expectations, learning opportunities, and stressors

Matching Mentors and Mentees

Planned mentoring programs will match a mentee with a mentor. Providing a good fit between the mentee and mentor can either make or break the relationship and the ultimate success of the mentoring program. A successful relationship is even more beneficial when the individuals involved like each other, understand their responsibilities, have a mutual desire to build a relationship, realize they both have something to offer and learn from the other, and both share the goal of excellence in their nursing practice.

A good fit between the mentor and mentee occurs when mentors are caring, compassionate, genuine, and willing to disclose information about themselves and about what they know. Mentees, on the other hand, need to be open to accept feedback and be willing to learn more about themselves and their expected role. Matches are often more likely

to be successful when mentors and mentees are involved in selecting their partners. However, mentoring relationships can be successful when the two individuals are selected by others such as a selection team or a site coordinator.

Guidelines for matching the mentor and mentee can be very helpful. These guidelines may be based on skills, expertise, availability, learning/facilitation style and fit, experience, interpersonal skills and behavior, professional interest, personality, accessibility, education background, gender, willingness/interest, and compatibility.

Foundations of Mentoring

Inherent in mentoring are two important foundational concepts — principles of adult learning and the novice to expert continuum. While these concepts will be most beneficial in helping mentors be effective in their roles, they can also be helpful for mentees to gain a better understanding of the mentor role. It is likely that mentees, especially if they have experienced a successful mentoring relationship, will themselves become mentors in the future.

Adult Learning Principles

The mentoring relationship involves the mentee as an adult learner engaged in a life experience that presents new opportunities for growth and development. The astute mentor is knowledgeable of adult learning principles and applies them to the mentoring relationship as a development process.

Mentoring is a partnership between the mentor as a teacher and the mentee as a learner. The quality of this partnership determines the true value of the learning experience. As adult learners, mentees assume responsibility for their own learning and behavior. As teachers, mentors act as guides and facilitators of learning. The partnership must be based on the belief that the learner is at the center of any significant adult learning activity. Learners must be involved in all phases of the learning process - needs identification, planning, participation, and evaluating the learning outcome.

As facilitators of adult learning, mentors approach mentoring as a development sequence which requires an awareness of the mentees' learning needs and their stages on the learning curve. In considering mentees as unique adult learn-

Table 1.
Adult Learning Principles

• Adults need time to learn at their own pace.
• Adults have unlimited potential for growth and development.
• Moving from the simple to the complex gives the adult a sense of achievement.
• Learning involves moving from dependency on the teacher/facilitator to increasing self-directedness, but at different rates for different people.
• The learning environment is characterized by physical comfort, mutual respect and trust, freedom of expression, and acceptance of differences.
• Learning must be based on learners' needs. Facilitators help learners diagnose the gap between what they know and what they need to know or do.
• Adults are motivated by the desire to immediately use or apply their new knowledge or skills. When learners need to do something now that they do not know how to do, they have a "readiness to learn." This is what is meant by the "most teachable moment."
• Adults are responsible for their own learning and take an active role in the learning process.
• Adult education is learner-centered. It begins with the learners and where they are, and takes into consideration what will be meaningful for them.
• Adults are what they have done. They have a deep investment in the value of their life experiences. Adult education includes and builds upon the life experiences of the learners.
• Learning should begin at a level equal to the learner's comprehension level.
• Adult education fosters critical reflective thinking.
• Problem posing and problem solving are fundamental aspects of adult education.
• Adult education is concerned with the development of the whole person, including their attitudes, feelings, and emotions.
• Learning can happen anywhere.
• Learning is enhanced by repetition.
• Much significant learning is acquired through doing.
• A positive or negative self-concept can promote or inhibit learning respectively.
• Stress reduces one's ability to learn.
• Learners need to know how they are progressing on their learning goals. This is accomplished through self-evaluation and feedback from others.

Source: Cohen, 1995; Knowles, 1980; Lindeman, 1961; Rogers, 1979.

ers, mentors must be flexible and willing to make adjustments in the learning experience based on the mentees' maturity and learning styles. Effective mentoring becomes a continuous learning process that is a synthesis of events, experiences, thoughts, observations, feedback, and analyses.

Further adult learning principles that are beneficial to the mentoring relationship are included in Table 1.

Novice to Expert Continuum

As we begin a new role, we find ourselves at a novice level. Through experience we learn and progress to higher levels of performance. Most of us have moved along the novice to expert continuum perhaps several times in our lives. We've reached the expert level only to realize our life circumstances or goals change, and we find ourselves a novice once again. Since we've been there before, we know the stages and hopefully can progress more quickly along the continuum.

Becoming a novice can be frustrating for individuals who are new to a position. For example, a person may have been a nursing student for a few years and felt fairly comfortable with the student role. Then they became a graduate nurse which is a real world situation and the nurse finds herself a novice in this role. The same may be true for an experienced staff nurse who transfers to a new unit or becomes a charge nurse. When these nurses take on a new role, things change. The new role requires a new skill set. A mentoring relationship will help the nurse accelerate through the novice to expert continuum.

Benner's (1984) Novice to Expert model explains how the acquisition of new skills requires a progression through stages or levels, and discrete capabilities distinguish the stage of development reached. There are five levels that one passes through in the acquisition and development of a skill:

- Novice
- Advanced beginner
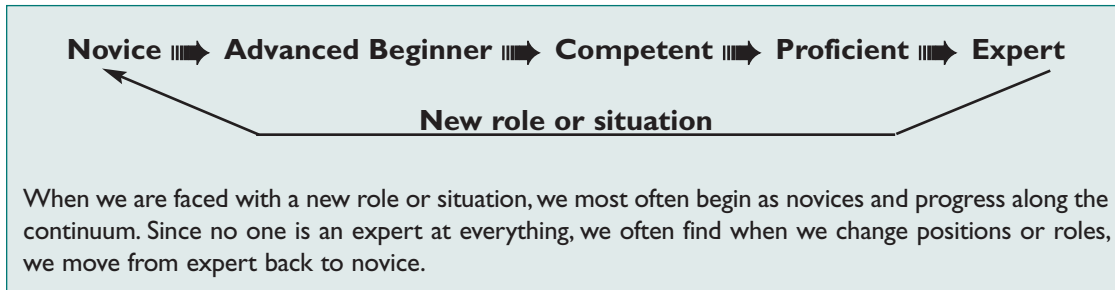- Competent
- Proficient
- Expert

This model fits perfectly with the stages of growth for nurses who assume new roles. As they learn their new roles and grow, they progress along the novice to expert continuum (see Figure 1).

Novice

When nurses take on new and unfamiliar roles, they often begin at the novice stage. Novices use rules and facts to guide their actions. They adhere to these rules without consideration for the context of the situation. These rules are limiting since no rule can tell the novice which tasks are most relevant in an actual situation and when it is acceptable to make exceptions to the rule. Novice nurses are unable to view situations as a whole, rather they see the individual parts. It is difficult or near impossible for them to put all the parts together and see the big picture. They are concerned with the tasks at hand and cannot do more than one thing at a time.

Consider a new graduate nurse who is conducting a patient assessment and documenting in a new charting program. The focus tends to be on the mechanics of charting rather than the patient and patient needs. The patient assessment is disjointed and focused on individual body systems rather than integrating the assessment data and viewing the patient holistically.

Figure 1.
Novice to Expert Continuum

Novice ⇒ **Advanced Beginner** ⇒ **Competent** ⇒ **Proficient** ⇒ **Expert**

New role or situation

When we are faced with a new role or situation, we most often begin as novices and progress along the continuum. Since no one is an expert at everything, we often find when we change positions or roles, we move from expert back to novice.

Source: Benner, 1984; Hnatiuk, 2009.

Moving from Novice to Advanced Beginner and Beyond

Most novices want to feel and be seen as competent immediately upon taking on a new role. It is uncomfortable knowing one does not have a firm grasp of a new role. Both mentees and mentors must realize there are developmental stages to pass through before one actually reaches a high level of performance. This is normal and patience is the key to maintaining control of the situation. Not only do mentors need to be patient with their mentees, but mentees must be patient with themselves as well. Mentees will more quickly become successful in their roles when they listen actively to what is going on and are willing to act like sponges, soaking up as much learning as possible.

Mentors can best help their mentees by using adult learning principles to help them learn, grow, and progress through the novice to higher level stages. Knowing the characteristics of these stages helps to understand the development process and realize the time and commitment needed to progress to the next levels. Patience and a willingness to share and learn are the keys.

With time and experience, novice nurses continue to experience the real world and progress to the advanced beginner stage and beyond. The characteristics of the advanced beginner to expert stages are described in Table 2.

Phases of the Mentoring Relationship

The mentoring relationship can be characterized in three phases – beginning, middle, and closing. The characteristics of each phase are depicted in Table 3.

Characteristics of Successful Mentoring

Successful mentoring relationships must be built on trust, openness to self-disclosure, affirmation, and willingness and skill in giving and receiving feedback. Although the old cliché states "trust must be earned," a positive mentoring relationship needs to begin on the right foot – that is, both individuals trusting each other unless or until something happens to erode that trust. Establishing an early psychological foundation of *trust* is a prerequisite to promoting meaningful reflection and self-disclosure in future interactions.

Self-disclosure is another characteristic of a successful relationship. Both the mentor and mentee must be willing to share things about themselves, including those situations that may not have been pleasant experiences. The mentee must reveal vulnerable and weak areas so the mentor may provide support and guidance. The mentor must be willing to share personal mistakes since these real situations can provide valuable learning experiences for the mentee. Sharing mistakes in a humorous way can help alleviate some of the fear and anxiety the mentee may be experiencing.

Another characteristic is *affirmation*. The mentor must believe that the mentee will be successful and repeatedly make statements that affirm the mentee's knowledge and expertise. The mentor must believe in the mentee's capacity for success even though the mentee may be unaware of it. It is equally helpful for the mentor to show respect for the mentee's past, present, and future accomplishments.

The fourth characteristic of a successful relationship is *willingness and skill in giving and receiving feedback*. This is important for both the mentor and mentee since one of our greatest learning opportunities occurs through the feedback we give to and receive from others. Both individuals must offer constructive feedback, positive and negative, to assure that common needs and goals are being met. They need to know how the other is doing in the relationship to determine their future direction. It is most helpful if, early in the relationship, the mentor and mentee agree on how to give each other feedback.

The mentor will be faced with the difficult decision of when it will be appropriate to provide the mentee with negative constructive feedback. In the beginning of the relationship, both individuals may be strangers. Confrontation is difficult enough when two people have an established relationship. The implications of confrontative behavior at the beginning of a relationship must be carefully weighed. Timing on the part of the mentor is critical. Confrontative feedback too early in the relationship when the mentee primarily needs support can be unproductive and detrimental to the relationship.

Table 2.
Characteristics of Advanced Beginner to Expert Stages

Advanced Beginner

Advanced beginners demonstrate marginally acceptable performance. They have encountered enough real situations to realize there is recurrent meaning in the components of the situation. Nurses at the advanced beginner stage need assistance in determining priorities because they cannot readily sort out what is significant in complex situations. Their work centers on organizing and completing tasks. They become anxious when they feel they are losing control of the task environment. They are concerned with the current situation with little regard for the past or future. They rely on protocols or procedures to guide their actions and believe the protocols are appropriate for all contexts.

Advanced beginners are often working at the edges of their safety and knowledge. They are fully responsible for their actions, while at the same time feel largely dependent on more experienced individuals such as the mentor. Guidelines and applicable examples are helpful for them.

Competent

As advanced beginners gain confidence through experience with actual situations, they move to the competent stage of performance. Nurses at the competent stage begin to see their role in terms of long-range plans or goals. They focus their energy on accomplishing what they planned and controlling the activities and events in the situation. They are able to differentiate between important and insignificant components of a situation. These nurses are able to set priorities.

They feel responsible for and emotionally attached to the decisions they make. Decisions are analytical and they are invested in the outcome. Successful outcomes can be very satisfying, while unsuccessful outcomes are not easily forgotten. Since nurses at the competent stage are emotionally invested in their decisions, it is important at this stage to encourage them to talk about their feelings and anxieties and verbalize the questions they have.

The competent stage is characterized by not needing help, putting tasks in order, and planning based on goals and predictions. At the competent level, the nurse's abilities to view the whole situation may be hampered by their emphasis on structuring their work by specific plans and goals. They may lack speed and flexibility. However, it is at this stage that they feel they have mastered their roles.

Proficient

With continued practice and experience, nurses at the competent stage move to the proficient level. This stage is characterized by the ability to recognize the big picture and think systematically. Proficient nurses are guided by their experience to anticipate what to expect in a given situation and how to modify their plans to respond to these events. Systems thinking improves their decision making ability.

Proficient nurses are able to organize and analyze, interpret and understand, and manipulate the environment to respond to the situation at hand. Their actions are now ordered by the situation as it unfolds rather than by preset plans. Proficient nurses read situations well and are able to set priorities. Leaving things out is no longer a worry because they are confident in their ability to notice the important things and filter out those that are unimportant.

Expert

Proficient nurses may make the transition to the expert stage, although not all individuals will attain the expert level of practice. This may be a matter of choice or a matter of ability. Experts function much differently from the other stages of development. When things are running smoothly and experts find themselves in familiar territory, they are immediately and directly able to grasp the situation. Important aspects of a situation stand out, and they are able to readily dismiss those that are unimportant. They know when they have a firm grasp of the situation and when they don't.

Expert nurses are often great historians and can explain why decisions were made in the past. They are often a rich source of information and quite capable of providing sound advice. Expert nurses possess a sense of intuition about certain situations as a result of extensive experience. Experts are quick and skillful in their actions. They zero in on problems and are fluid, flexible, and highly proficient. They are able to manage a variety of tasks or activities at the same time. They display a sense of calmness and control. Experts selectively filter information and pass on the important aspects to appropriate individuals.

Experts no longer rely on rules to govern their practice. It is often difficult for experts to explain the thinking process they use in reaching a decision. They no longer think in steps or increments. Often the expert nurse is not the best teacher for the novice because it is difficult for the expert to explain decisions or actions in enough detail for the novice to grasp and learn.

Source: Benner, 1984.

Table 3.
Phases of the Mentoring Relationship

Beginning Phase – Characteristics

Mentors and mentees focus on interpersonal relationship building through establishing trust and nonjudgmental acceptance, articulating expectations of the relationship and each other, engaging in meaningful dialogue, determining well-defined learning goals, and initiating relevant self-disclosure. Mentees tend to put mentors on a pedestal and emulate behaviors. Mentors feel rewarded by the mentor role and value and nurture the development of the mentees. They may exchange and discuss their resumes/CVs.

Middle Phase – Characteristics

A safe and positive psychological climate is established and nurtured. Mentors request detailed information from the mentees and offer specific suggestions about current plans and progress in achieving goals. Mentees feel enhanced self-esteem due to the coaching and progress made. Mentees develop and confirm new skills. This phase is characterized by a high degree of interaction and intellectual exchange.

Mentors progressively suggest new avenues for learning, then move toward tactics for solving new and more complex situations and problems. As the relationship builds, feedback (positive, but especially constructive) is given and taken in a more comfortable and growth-producing way. Mentors encourage less and less reliance and the mentees become more autonomous in their roles.

Closing Phase – Characteristics

The formal part of mentoring comes to closure when mentees feel comfortable functioning on their own. Mentors encourage the mentees to reflect critically on outcomes, goal achievements, and future plans. Mentors motivate mentees to take risks, make decisions without certainty of the results, overcome difficulties in the journey to reach their career goals, and become independent adult learners. Mentees achieve greater autonomy and become empowered. Both may mutually seek to dissolve the relationship. They may alternate between feelings of loss and liberation.

Mentors remain interested and stay in touch with the mentees to provide continuing support and a safety net if needed. Mentors may feel they have shared everything they know and are proud of the mentees. As separation occurs, the relationship may transform into a friendship or peer mentoring in which both individuals take turns in mentoring each other through their nursing and life experiences. Mentoring that progresses and ends on a positive note will be memorable throughout the lives of both mentors and mentees. Mentees may themselves become mentors some day. Both partners reflect on the success of the mentoring relationship, share best mentoring practices, thoughtfully consider any stumbling blocks and what was learned from them, determine ways to improve future mentoring, and celebrate the successes.

The mentee also needs to provide feedback to the mentor so the mentor is aware of the behaviors that are contributing to the success of the relationship and those that need to be altered. Mentors who have achieved success in their own lives learn more about themselves and their own competency through feedback from mentees.

Mentoring fosters mentee competence through mutual respect, trust, and admiration. The mentor brings to the relationship knowledge and expertise. The mentee brings enthusiasm and a desire to learn. Through a common vision and purpose, they blend together their qualities and create a synergistic relationship which helps each rise to a level higher than either could do alone.

Mentee Role

Mentoring doesn't just happen. It involves a significant expenditure of time and energy on the part of the mentor and especially the mentee. Successful mentees are willing to assume responsibility for their own learning and growth. They seek challenging assignments and responsibilities. While they are receptive to feedback and coaching by the mentor, they also are willing to constructively give feedback. If they are not receiving the feedback they need or desire, mentees assert themselves and ask for it.

The demonstration of accountability, or living up to promises and commitments, is important. Mentees learn to achieve a balance between their own independence and reliance on the mentor. Over time, the independence will most likely dominate and the relationship will change. After spending time with a mentor, mentees often feel refueled and inspired to make a difference in their practice. Other benefits of mentoring for the mentee include:

- Increased self-confidence
- Enhanced leadership skills
- Accelerated cultural acclimation
- Advancement opportunities
- Stress reduction
- Improved networking ability
- Political savvy
- Legal and ethical insight

Mentor Role

Mentors are willing and committed to assist in the developmental growth of the mentee. This involves a reasonable amount of time and personal investment over an extended period of time. It is not unusual for mentors to believe they don't have enough time to spend on the mentoring relationship. However, the time invested is time well spent for both individuals and the hospital or facility as a whole.

The mentor's primary purpose is to help the mentee learn the ropes, their role, the political environment, and the culture of the unit or organization in a formal, yet informal way. Frequent communication offering affirmation and sup-

port will help the mentee progress through the program in a timely manner.

The mentor may wear many hats such as teacher, supporter, protector, facilitator, counselor, guide, model, nurturer, predictor, coach, door-opener, idea-generator and bouncer, feedback-giver, eye-opener, energizer, standard-prodder, problem-solver, and challenger. These roles may sound like a tall order to fill, and they are. However, they demonstrate the importance of the mentor role. To be most effective in this role, mentors must have clear perceptions about themselves and how they are or are not able to wear all of these hats.

Mentors are the guides in establishing the criteria by which a successful relationship is developed and evaluated. They create a warm and accepting environment that allows the mentees to control the relationship, while at the same time permitting the mentees to be themselves and voice relevant concerns and needs. Mentors are not distant and idealized role models. Rather, they are personable, approachable, reasonable, and competent individuals who are committed to helping mentees achieve the success of which they are capable.

Effective mentors are confident enough in their own knowledge, skills, and successes that they do not perceive mentees or their accomplishments as threatening. They are committed to seeking situations that will benefit the mentees' development. They also praise the mentees' accomplishments and publicize them to others. Mentors often recommend their mentees for significant projects or promotions.

Mentors bring experience and wisdom. They provide their mentees with insights that would otherwise have been gained only through trial and error. They ask a lot of questions, especially "why?", which encourages mentees to stop and reflect on situations and potential alternatives. Mentors are good at linking together different bits and pieces of their mentees' lives, such as work and home, thoughts and feelings, successes and failures. They try to look at the bigger picture and the future. At times, this may be difficult for mentees because their focus is on the here and now. This type of mentoring can lead to breakthroughs or peak experiences, creating memorable occasions that last for decades.

Ideal mentor qualifications and characteristics include:

- Commitment to the mission and goals of the organization or unit
- Strong interpersonal skills
- Exemplary leadership skills
- Willingness to assist in the mentee's growth
- Willingness to learn from the mentee
- Personal power and charisma
- Ability to think strategically
- Ability to share credit and successes
- Ability to help the mentee learn from mistakes
- Ability to embrace diversity

- Patience
- Willingness to take risks and share lessons learned
- Accountability — living up to expectations and meeting deadlines
- Time/availability
- Personable and approachable
- Respect and consideration of the mentee

Mentors benefit from the mentoring relationship by learning, acquiring insight, and meeting challenges alongside their mentees. Mentors receive much satisfaction in seeing another person grow and be successful, knowing they played a part in making it happen.

Potential Problems with Mentoring

Mentoring, just like any type of relationship, can have its problems or drawbacks. If the mentoring relationship is forced, it can fuel discontent, anger, and resentment. There is no guarantee that two people on a blind date will like each other even if a computer dating program matches them perfectly. The same is true of mentoring. Sometimes people are in different stages of personal development. Other times the mentor-mentee match simply doesn't work. It is no one's fault as not all chemistries are compatible. Personality clashes may exist. Sometimes one partner grows faster than the other or in a different direction and a strain on the relationship may occur.

One common problem that occurs is the lack of follow up and commitment to sustain the relationship. Other problems with mentoring include mentors who overburden the mentee with work and responsibilities and vice versa. Mentees may become a clone of the mentor and lose their individuality. Mentees may feel mentors are supervising their work too closely or perhaps being neglectful when mentees need their assistance. Mentees may also become too dependent on mentors. An unfavorable incident may occur in which the mentor or mentee feels betrayed or let down. Jealousy and personal or ethical disagreements may also strain the relationship.

Gender issues may arise between mentors and mentees of the opposite sex. Differences in communication styles can create misunderstandings. Women may manage conflict differently than men. They may delegate authority and make decisions differently. These differences may cause the relationship to separate rather than to build. Perceptions by others may cause problems if rumors begin that a romantic relationship is developing between the mentor and mentee.

Mentors or mentees who are experiencing failure may cause one another to feel guilty or embarrassed because they are associated with each other. If the mentor fails or falls out of favor within the unit or facility, the mentee, through association with the mentor, may also fall out of favor.

A final problem with mentoring is the case of toxic mentors. These are mentors who are detrimental to the success of the mentee. They may be unavailable or inaccessible to the

mentee or may throw the mentee to the wolves to either sink or swim. Toxic mentors may also block the mentee's progress or criticize the mentee in various ways.

Both mentors and mentees can learn from the problems that others have encountered in the mentoring relationship. If signs of these problems are beginning to develop in the relationship, both individuals have a responsibility to confront the situation and actively plan a resolution or dissolution. *Prior* to entering into a mentoring relationship, both parties should agree to a no-fault separation if one or both individuals realize the relationship is not working effectively.

Developing Expectations

Mentors and mentees should initiate and discuss their relationship. They should begin to learn about each other by exchanging resumes/curriculum vitae and discussing pertinent life experiences. Formulating expectations of the relationship and of each other can be a particularly powerful way of planning for the success of the relationship.

Expectations are the perceptions of the way we should behave in our roles or positions. In other words, expectations define what to do under various circumstances. Developing clear expectations can build a strong relationship. It also provides a framework for behaviors that are acceptable and unacceptable. Unclear expectations can break down communication and trust, essential elements of the mentoring relationship.

Some of us think we know what others expect of us without having to discuss our expectations. In most cases, this is not true. After all, if others do not know what you expect of them, how will they ever meet your expectations? Once expectations are developed, the mentor and mentee must agree to meet those expectations. Developing expectations will help to confront problems head on. While confrontation is usually not easy, clearly stated expectations help to take some of the pain out of confrontation because the person has essentially broken an agreement that he or she has made.

Expectations are statements of expected behaviors. They are a) observable, b) achievable and stated in a positive way, c) reviewed frequently for currency, and d) important, meaningful, and real to both the mentor and the mentee.

You may be thinking, "What does an expectation look like?"

Below are some examples.

I expect my mentor to:
- Be committed and share in the responsibilities of the relationship.
- Encourage me to take risks, support me in these endeavors, and help me learn from my mistakes.
- Encourage my progressive independence, but continue to provide guidance and feedback as needed.
- Keep all information we discuss confidential unless otherwise agreed.

I expect my mentee to:
- Be willing to try new ideas, make mistakes, and learn from the experience.
- Accept my guidance and feedback in the constructive manner in which it is given, but be willing to challenge my thinking and ideas.
- Work diligently in progressing through the mentoring program to be successful in my new position.
- Keep all information we discuss confidential unless otherwise agreed.

Evaluating the Mentoring Relationship

Mentoring is primarily a close personal relationship and a process of working together as partners to achieve mutually agreed upon goals. This relationship and process should be carefully monitored on a regular basis to ensure its effectiveness or to resolve conflicts or problems before they are detrimental to the relationship.

Throughout the mentoring program, the mentee and mentor should determine set intervals to check on the progress of the mentoring process. They should provide feedback to each other on the strengths of the program, quality of the interpersonal dynamics, progress made to date, areas for improvement, and future direction. In addition to periodic feedback during the mentoring program, both the mentor and mentee should evaluate the strengths and limitations of the overall mentoring program.

Benefits for the mentors, mentees, and the organization or unit can be determined along with recommendations for improvement of the program. Once the formal mentoring program goals are achieved, does not mean the mentoring relationship must end. Hopefully, the relationship will continue for as long as both individuals agree to the need for and value of it.

Adapted with permission from Hnatiuk, 2009.

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Mentor Initials:_____   Mentee Initials: _____   Date: _____

Background Information

Completed by the Mentee

Personal Information: Age: _____   Sex: ☐ Female   ☐ Male

Education relationship for preparation as a registered nurse:

☐ Diploma
☐ Associate Degree
☐ Baccalaureate Degree in Nursing

☐ Other. Please indicate:
_____

Date of graduation from nursing school: Month_____ Year_____

Education (check highest degree achieved):

☐ Diploma
☐ Associate Degree
☐ Baccalaureate Degree in Nursing
☐ Baccalaureate Degree in other field
☐ Other. Please indicate:_____

☐ Masters Degree in Nursing
☐ Masters Degree in other field
☐ Doctoral Degree in Nursing
☐ Doctoral Degree in other field

Practice Setting:

Current position: _____   Clinical practice specialty:_____

Is this your first position as a registered nurse? ☐ Yes

☐ No. List your employment history as a registered nurse:

Is nursing your first career? ☐ Yes

☐ No. Describe your other career choices:

How would you like this mentoring program to benefit you?

Mentee Initials _____   Mentor Initials_____   Date _____

Confidence Scale For New Nurses
Completed by the Mentee

If this is your first position as a nurse, complete this tool as a self-examination of your confidence in performing the following activities. For each item, circle your degree of confidence according to the scale of 1-5.

I AM CONFIDENT OF…	Not at all Confident	A little Confident	Fairly Confident	Confident	Very Confident
1. Working with the nurses on the unit.	1	2	3	4	5
2. Functioning independently in providing patient care.	1	2	3	4	5
3. Taking care of a regular assignment of patients.	1	2	3	4	5
4. Performing patient care activities (i.e., bathing, feeding, medication administration, wound care, etc.).	1	2	3	4	5
5. Discussing the patient's condition with the physician.	1	2	3	4	5
6. Interpreting laboratory tests.	1	2	3	4	5
7. Making clinical decisions about my patients' care.	1	2	3	4	5
8. Delegating appropriate patient care activities to unlicensed assistants.	1	2	3	4	5
9. My ability to refuse to follow a physician's order if I question its correctness for the patient.	1	2	3	4	5
10. Teaching patients about their disease.	1	2	3	4	5
11. Teaching patients about their diagnostic procedures.	1	2	3	4	5
12. Teaching patients about their medications.	1	2	3	4	5
13. Assessing changes in the patient's condition.	1	2	3	4	5
14. Responding to a code on the unit.	1	2	3	4	5
15. Initiating consults with the physician if your assessment indicates such a need.	1	2	3	4	5
16. Withholding a medicine that is contraindicated for a patient despite pressure from nursing peers to carry out the order	1	2	3	4	5
17. Assuming complete responsibility for my own professional actions without expecting to be protected by the physician or hospital in the case of malpractice.	1	2	3	4	5
18. Accurately documenting pertinent patient care information.	1	2	3	4	5
19. Reporting incidents of physician harassment or inappropriate nurse behaviors to the unit manager or administrator.	1	2	3	4	5
20. Carrying out patient care procedures utilizing your professional judgment to meet the individual patient's needs even when this means deviating from the hospital procedure manual.	1	2	3	4	5
21. Declining a temporary reassignment to a specialty unit when you lack the education and experience to carry out the demands of the assignment.	1	2	3	4	5
22. Initiating referrals to social service and dietary at the patient's request.	1	2	3	4	5
23. Writing nursing orders to increase the frequency of vital signs of a patient whose condition is deteriorating even in the absence of a medical order to do so.	1	2	3	4	5
24. Initiating clinical research to investigate a recurrent clinical nursing problem.	1	2	3	4	5
25. Offering clinical assistance to other nurses when needed.	1	2	3	4	5
26. Developing effective communication channels in my work place for nurses' input regarding the policies that affect patient care.	1	2	3	4	5

The Ideal Mentor Exercise

Completed by the Mentee

This tool is designed to determine your perceptions of the ideal characteristics of a mentor. After completing this tool, share with your mentor some of the qualities that you think would support the mentoring relationship. Your discussion will help you determine your expectations of your mentor. These expectations will be included in your Mentoring Program Plan.

1. An ideal mentor should have the following <u>general</u> skills:

2. An ideal mentor should have the following <u>interpersonal</u> skills:

3. If I were a mentor:

Mentor Initials: _____   Mentee Initials: _____   Date: _____

Mentoring Meeting Agenda

This tool may be used by the mentee to create an agenda for meetings with the mentor.

1. Goals for This Meeting
2. Topics/Issues to Discuss
3. Accomplishments During This Meeting
4. Tentative Goals for Next Meeting
5. Other
6. Next Meeting Date and Time

Copy this tool for each meeting

Guidelines For Meeting With Your Mentor

The purpose of the meetings with your mentor is to provide an environment of open communication where you can discuss any and all aspects of your transition to your new position. You are encouraged to make the most of these meetings by sharing your thoughts, issues, and questions with your mentor. The following guidelines will assist you in making your mentoring experience beneficial to you and your mentor.

For each meeting with your mentor, you are asked to fill in your goals on the Mentoring Meeting Agenda form. You and your mentor will fill out the rest of the agenda form at each meeting. Also bring your calendar to each meeting so you may schedule your next meeting with your mentor.

Your Mentor has volunteered to participate in this important relationship and is available to support you in your role development. It is up to you to set goals and the agenda for each meeting with your mentor.

Agenda Preparation

When you are ready to prepare your Mentoring Meeting Agenda, you might consider the following:
- Your immediate needs for the next few weeks/months
- Items you have identified based on the tools provided with this program (i.e., Job Satisfaction Scale, Intent to Stay in the Job Survey, Mentoring Program Plan Background Information, The Specialty of Medical-Surgical Nursing, Confidence Scale for New Nurses, and the Assessment of the Relationship with the Mentor)
- The current demands of your work
- Feedback received from others
- Something that went wrong recently
- Something that went very well that you'd like to utilize more often
- Short-term goals
- Long-term goals
- Questions
- Concerns / Issues
- Wishes

Tips for Successful Mentoring

- Be comfortable with the uncertainty of this type of new relationship.
- Meet in an environment where there will be few, if any, interruptions.
- Clarify roles, responsibilities, and confidentiality with your mentor.
- Utilize the relationship as a growth and development opportunity. Refrain from saying, "Oh I don't have any issues, problems, or development needs this week/month, so we don't need to meet."
- Make appointments in advance and keep them. If you need to cancel, re-schedule immediately.
- Hang in there…as you know, good relationships take time. It is the consistent, quality time together that can build a relationship of trust, wherein positive development and success can occur.
- Agree to a no-fault termination of the relationship if it isn't working or when the time is right.

Mentor Initials: _____   Mentee Initials: _____   Date: _____

Mentoring Program Plan
Completed by the Mentor and Mentee

The purpose of this plan is to set and provide continued direction for the progress of the mentoring program. The plan is developed collaboratively by the mentor and mentee. The mentee's self-assessment results should be used as baseline data to determine the mentee's learning needs. This tool serves as a guide to develop goals and expectations, and a method for communication. Complete your responses to each of the sections.

GOALS:

What do you both want to achieve with this mentoring program?

What do you want your outcomes to be?

EXPECTATIONS: What are your expectations of each other? (Refer to the Introduction to Mentoring Article for assistance in developing expectations.)

I expect my mentor to...

I expect my mentee to...

COMMUNICATION AGREEMENT: By what method(s) and how often will you communicate with each other?

EVALUATION: Determine periodic points at which you will discuss the progress of the mentoring program and the relationship. Develop future actions and renegotiate this plan as needed.

The Specialty of Medical-Surgical Nursing

This tool may be used to discuss the specialty of medical-surgical nursing. Medical-surgical nursing is a stimulating and, yes, demanding career.

Medical-Surgical Nurses:

Have a Vast Set of Skills
➢ Are knowledgeable in all aspects of medical-surgical nursing care
➢ Have excellent assessment, technical, organizational, and prioritization skills
➢ Teach patients, families, peers, and other health professionals

Are Advocates for Patients
➢ Understand the importance of measuring and improving the quality of care delivered
➢ Consider patient safety to be the top priority
➢ Support patients in their efforts to identify what is in their best interests

Welcome Diversity
➢ Care for patients of all ages
➢ Manage the care of patients with multiple medical, surgical, and/or psychiatric diagnoses
➢ Manage the care of patients with diagnoses across all medical specialties
➢ Celebrate that there is always something new to learn
➢ Can practice in hospitals, clinics, outpatient surgery centers, MD offices, long-term care facilities, and other practice sites

Make A Difference In People's Lives Every Day
➢ Provide comfort and attention to people who, at that moment, need someone to take an interest in their lives
➢ Heal patients physically and emotionally through intuitive experiences that rely on observation and touch
➢ Assist patients in returning to their highest level of functioning
➢ Provide dignity and respect in end-of-life decisions-making and care

Are The Backbone Of Every Adult Care Clinical Agency
➢ Most patients are eventually cared for by medical-surgical nurses

Medical-surgical nurses can and do, "DO IT ALL!"

About the Academy of Medical-Surgical Nurses

You care deeply about your patients and giving them your best. It's why you became a nurse. The Academy of Medical-Surgical Nurses (AMSN) understands your commitment to your practice, so we offer you the tools to develop personally and professionally. We help you become the most confident, skilled, and well-educated nurse you can possibly be. When you join AMSN, you will be connected with a unified network of nurses who share your compassion and dedication and are advocates for the specialty. We invite you to learn more about AMSN and consider joining. It's one of the best things you'll ever do for yourself and your patients.

AMSN Helps You Succeed!

Our members are nurses like you!

➢ Staff nurses
➢ Clinical nurse specialists
➢ Nurse practitioners
➢ Nurse managers and administrators
➢ Educators and faculty
➢ Researchers
➢ Students

They practice in a variety of settings

➢ Hospitals
➢ Community health clinics
➢ Home health agencies
➢ Rehabilitation facilities
➢ Hospices
➢ Private practices
➢ Schools of nursing

AMSN is a vibrant community of medical-surgical nurses who care about
➢ **Improving patient care,**
➢ **Developing personally & professionally,**
➢ **Advocating for the specialty of medical-surgical nursing, and**
➢ **Connecting with other nurses who share their compassion & commitment**.

Member Benefits

Improve patient care

➢ Enjoy innovative articles in *MEDSURG Nursing* journal, *MedSurg Matters!* newsletter, and *MedSurg Nursing Connection* e-newsletter.
➢ Get the latest information on evidence-based practice and research.
➢ Receive discounts on study resources and courses to prepare for certification.
➢ Access tools to help you sustain a healthy work environment.

Develop personally and professionally

➢ Boost your learning with the AMSN Online Library, featuring original articles, convention sessions, and more (www.prolibraries.com/amsn).
➢ Earn free CNE contact hours.
➢ Be eligible for scholarships, grants, and awards.
➢ Enhance your leadership skills.

Connect with other nurses

➢ Network and learn at local chapter meetings and events.
➢ Attend the AMSN Annual Convention and meet others who share your passion for med-surg nursing.
➢ Serve with like-minded, motivated nurses on committees and task forces.

Advocate for the specialty

➢ Have your voice and interests represented nationally.
➢ Use AMSN position statements and standards of practice to help you promote the role of the medical-surgical nurse.

The AMSN mission *is to promote excellence in medical-surgical nursing.*

Education

Life long learning is essential for nurses to continuously improve patient care, and develop professionally. Education is abundant to the AMSN member. Our education resources include an annual convention, newsletter & journal, print continuing nursing education activities and an organized web based library.

Our Online Library is your one stop for multiple types of education activities. The AMSN Online Library contains archived sessions from past conventions, a certification review course, select posters from the past convention, self learning modules, and print education activities from our publications. The Online Library allows you to complete the learning activity, evaluate the activity and print your CNE certificate. Members have access to free CNE through the *MedSurg Matters!* newsletter and through the *MEDSURG NURSING* journal, each published six times a year. Other CNE is available free or for a discounted fee to the membership.

To learn more, visit the Academy of Medical-Surgical Nurses Web site
www.amsn.org or call 866-877-2676

Certified Medical-Surgical Registered Nurse (CMSRN)

Are you seeking a higher level of practice?

AMSN recommends and endorses the certification exam provided by the Medical-Surgical Nursing Certification Board. Successful completion earns you the credential of CMSRN® - Certified Medical-Surgical Registered Nurse. The exam is accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC).

The test is available to nurses
➢ who have been RNs for at least 2 years
➢ have accumulated a minimum of 2,000 hours of practice with the past 3 years
➢ have a minimum of 2 years practice in a medical-surgical setting. Practice includes clinical, management and education.

AMSN can help you prepare for the exam. Visit the AMSN Store at *www.amsn.org* to purchase study resources.

To learn more, visit the Medical-Surgical Nursing Certification Board Web site
www.msncb.org or call 866-877-2676

Mentee Initials _____   Mentor Initials_____   Date _____

Job Satisfaction Scale
Completed by the Mentee

The following 26 items indicate dimensions of satisfaction with your job. For each item, circle your degree of satisfaction with your work experience according to the scale of 1-5.

Item	Degree of Satisfaction						
1. Importance of work	Insignificant	1	2	3	4	5	Significant
2. Responsibility	Little	1	2	3	4	5	Much
3. Opportunity to use skills and abilities	Low	1	2	3	4	5	High
4. Ability to be creative	Low	1	2	3	4	5	High
5. Decision-making power	Low	1	2	3	4	5	High
6. Autonomy	Low	1	2	3	4	5	High
7. Variety of work	Routine/Monotonous	1	2	3	4	5	Varied
8. Interest level	Boring	1	2	3	4	5	Interesting
9. Complexity	Simple	1	2	3	4	5	Complex
10. Workload	Light	1	2	3	4	5	Heavy
11. Staffing	Inadequate	1	2	3	4	5	Good
12. Working conditions	Poor	1	2	3	4	5	Good
13. Tension/pressure	Low	1	2	3	4	5	High
14. On-job stress	Relaxed	1	2	3	4	5	Great
15. Recognition for work done	Nonexistent	1	2	3	4	5	Given
16. Opportunity for professional development	Low	1	2	3	4	5	High
17. Opportunity for advancement	Poor	1	2	3	4	5	Good
18. Relationship with colleagues	Competitive	1	2	3	4	5	Helpful
19. Relationship with immediate supervisor	Non-Supportive	1	2	3	4	5	Supportive
20. Relationship with unit manager	Autocratic	1	2	3	4	5	Fair Treatment
21. Relationship with VP/Director of Nursing	Autocratic	1	2	3	4	5	Fair Treatment
22. Satisfaction with patient care given	Low	1	2	3	4	5	High
23. Enjoyment of work	Low	1	2	3	4	5	High
24. Status	Not Respected	1	2	3	4	5	Respected
25. Morale	Poor	1	2	3	4	5	Good
26. Motivation to work	Low	1	2	3	4	5	High

Mentee Initials _____   Mentor Initials_____   Date _____

Intent to Stay in the Job Survey

Completed by the Mentee

Each of the statements below is something that a person might say about his or her job. Indicate your own personal feelings about your job by circling your degree of agreement with each statement according to the scale of 1-7.

Statement	Disagree Strongly	Disagree	Disagree Slightly	Neutral	Agree Slightly	Agree	Agree Strongly
1. It's hard for me to care very much about whether or not the work gets done right.	1	2	3	4	5	6	7
2. My opinion of myself goes up when I do this job well.	1	2	3	4	5	6	7
3. Generally speaking, I am very satisfied with this job.	1	2	3	4	5	6	7
4. Most of the things I have to do on this job seem useless or trivial.	1	2	3	4	5	6	7
5. I usually know whether or not my work is satisfactory on this job.	1	2	3	4	5	6	7
6. I feel a great sense of personal satisfaction when I do this job well.	1	2	3	4	5	6	7
7. The work I do on this job is very meaningful to me.	1	2	3	4	5	6	7
8. I feel a very high degree of personal responsibility for the work I do on this job.	1	2	3	4	5	6	7
9. I frequently think of leaving this job.	1	2	3	4	5	6	7
10. I feel bad and unhappy when I discover that I performed poorly on this job.	1	2	3	4	5	6	7
11. I often have trouble figuring out whether I'm doing well or poorly on this job.	1	2	3	4	5	6	7
12. I feel I should personally take credit or blame for the results of my work on this job.	1	2	3	4	5	6	7
13. I am generally satisfied with the kind of work I do on this job.	1	2	3	4	5	6	7
14. My own feelings generally are not affected much one way or the other by how well I do on this job.	1	2	3	4	5	6	7
15. Whether or not this job gets done right is clearly my responsibility.	1	2	3	4	5	6	7

Mentee Initials _____   Mentor Initials_____   Date _____

Assessment of the Relationship With the Mentor

Completed by the Mentee

Complete this survey by <u>circling</u> the response that best describes your perception about your relationship with your mentor. If some of the situations have not occurred, circle 6 ("N/A not applicable").

	To what degree has your mentor…	Not at All	A Little	Some-what	Quite a Bit	Very Much	N/A
1.	Been available to talk/meet with you when you wanted to talk/meet.	1	2	3	4	5	6
2.	Talked with you about your professional development.	1	2	3	4	5	6
3.	Helped you strategize activities to meet your professional goals.	1	2	3	4	5	6
4.	Allowed you to openly express your feelings about your current work environment.	1	2	3	4	5	6
5.	Been non-judgmental when listening to your evaluation of the workplace.	1	2	3	4	5	6
6.	Assisted with introductions to people who could help you professionally.	1	2	3	4	5	6
7.	Expressed confidence in you and your abilities as a nurse.	1	2	3	4	5	6
8.	Assisted you with long-range career planning.	1	2	3	4	5	6
9.	Discussed with you ways to handle challenging patient situations.	1	2	3	4	5	6
10.	Discussed with you ways to handle difficult situations with your co-workers.	1	2	3	4	5	6
11.	Discussed with you ways to handle difficult situations with a physician.	1	2	3	4	5	6
12.	Discussed with you ways to handle difficult situations with your unit manager.	1	2	3	4	5	6
13.	Encouraged you to act as a patient advocate.	1	2	3	4	5	6
14.	Talked with you about clinical decisions you made.	1	2	3	4	5	6
15.	Demonstrated that she/he cared about you.	1	2	3	4	5	6
16.	Advocated for you in the workplace.	1	2	3	4	5	6
17.	Gave you feedback on your assessment of your performance as a nurse.	1	2	3	4	5	6
18.	Fostered your independence as a nurse.	1	2	3	4	5	6
19.	Communicated in such a way as to enhance your self-esteem.	1	2	3	4	5	6
20.	Guided you in assessing your immediate learning needs.	1	2	3	4	5	6
21.	Offered you insight into the workings of clinical agencies.	1	2	3	4	5	6
22.	Offered you insight into human behavior in the workplace.	1	2	3	4	5	6
23.	Guided you in assessing your future potential.	1	2	3	4	5	6
24.	Been a role model for you.	1	2	3	4	5	6
25.	Been supportive of you overall.	1	2	3	4	5	6

Mentee Initials _____   Mentor Initials_____   Date _____

Mentoring Program Satisfaction Survey

Completed by Mentee

As your participation in this mentoring program progresses, it is important to evaluate its effectiveness. For each item, circle your degree of satisfaction with the program according to the scale of 1-5.

Item	Degree of Satisfaction						
1. To what degree does this program assist you in developing supportive relationships?	Little	1	2	3	4	5	Much
2. To what degree does this program contribute to your professional growth?	Little	1	2	3	4	5	Much
3. To what degree does this program contribute to your personal growth?	Little	1	2	3	4	5	Much
4. To what degree does this program enhance your ability to communicate with your nurse colleagues?	Little	1	2	3	4	5	Much
5. To what degree does this program enhance your ability to communicate with patients?	Little	1	2	3	4	5	Much
6. To what degree does this program enhance your ability to communicate with physicians?	Little	1	2	3	4	5	Much
7. To what degree does this program enhance your ability to communicate with other health care providers?	Little	1	2	3	4	5	Much
8. To what degree does this program enhance your ability to problem-solve work-related issues?	Little	1	2	3	4	5	Much
9. How satisfied are you with communication with your mentor?	Little	1	2	3	4	5	Much
10. How satisfied are you with the discussions at your meetings with your mentor?	Little	1	2	3	4	5	Much
11. To what degree do you think this program is helpful in your transition to the work place?	Little	1	2	3	4	5	Much
12. Overall, how satisfied are you with this program?	Little	1	2	3	4	5	Much
13. Additional Comments							

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Mentoring Program

MENTOR GUIDE

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TABLE OF CONTENTS

The AMSN Mentoring Program is designed to guide a mutual relationship between an experienced nurse (mentor) and a new nurse or nurse transitioning to a new role (mentee). It is a framework for the passage of wisdom, caring, and confidence between new and experienced nurses. The program is based on the principles of adult learning with a focus on meeting the needs of the mentee.

The program provides information on mentoring along with guidelines and tools for a successful mentoring relationship. It is designed to meet the following objectives.
  ➢ Develop supportive and encouraging relationships
  ➢ Guide nurses in their professional, personal, and interpersonal growth
  ➢ Promote mutuality and sharing based on the needs of colleagues
  ➢ Communicate information concerning expectations, learning opportunities, and stressors

The program contains guidelines and tools for the mentor, mentee, and site coordinator. You may use the tools as the program is intended, or select those tools most appropriate to your mentoring needs. To effectively implement this program, some organizations designate a site coordinator to identify and link mentors and mentees, and oversee the timeline and completion of the mentoring tools.

The nursing shortage, the hectic work environment, and statistics on the numbers of new graduate nurses who leave their first nursing position within the first year were critical factors in the decision of the Academy of Medical-Surgical Nurses to develop this program. While the original focus of the program was specific to the new graduate nurse, it became apparent that experienced nurses who change positions (e.g., change nursing units, are promoted to charge nurse or nurse manager, become a clinical nurse specialist, etc.) also benefit from a mentoring relationship.

As a mentor, you will assist your mentee in developing skills in all of the areas listed below. As the mentoring continues, you will be able to identify growth in these areas.

Interpersonal Skills
  ➢ Communication
  ➢ Feedback
  ➢ Assertiveness
  ➢ Service Behaviors
  ➢ Conflict Management
  ➢ Relationship Building
  ➢ Dealing with Difficult People/Situations

Management Skills
  ➢ Delegation
  ➢ Motivation
  ➢ Team Building
  ➢ Organization Culture
  ➢ Networking
  ➢ Self-Management
  ➢ Self-Care

Organizational Skills
  ➢ Project Management
  ➢ Goal Setting
  ➢ Time Management

Confidentiality
The mentoring relationship is confidential. Mentees may choose to disclose the identity of their mentors, but the mentors should not disclose any information, with the exception of:
  ➢ Violation of hospital / agency policy
  ➢ If mentee is not reliable in keeping appointments in a timely way or not participating in the mentoring program in some other manner.

Where to Go From Here?
Review the information in this guide to determine its contents and the components that will be most helpful to meet your needs as a mentor. If you and your mentee plan to follow this program as it is designed, go to the Directions for the Mentor for step by step directions for beginning and maintaining your mentoring relationship

AMSN Mentoring Program

Directions for the Mentor

The following steps are suggestions for assisting your mentee in progressing successfully through the mentoring program. Place a check in the column once you have completed each step.

(✓) when completed	Activities
	1. Review the *AMSN Mentoring Program Mentor Guide***.**
	2. Read the Introduction to Mentoring article (Mentor Tool 2) to learn about mentoring, the mentor and mentee roles, and how to engage in a successful mentoring relationship.
	3. Ensure your mentee receives and reads the *AMSN Mentoring Program Mentee Guide***.**
	4. Complete the Mentor Self-Assessment (Mentor Tool 3). This assessment will help to determine your mentoring strengths and areas that need further development. The content of this guide and the references and additional readings at the end of the guide may be used as learning resources to enhance your mentoring skills.
	5. Prepare for your first meeting with your mentee by reviewing and completing the information in the following tools. • Tips for Successful Mentoring (Mentor Tool 4) • "Remember When" Exercise (Mentor Tool 5) • Guidelines for Meeting with Your Mentee (Mentor Tool 6) • Background Information (Mentor Tool 7)
	6. Schedule time to begin the mentoring relationship with your mentee. Exchange your completed Background Information tools or resumes/CVs and discuss significant life experiences. Get to know each others' areas of expertise. Consider using The Specialty of Medical-Surgical Nursing (Mentor Tool 8) to discuss this specialty of nursing.
	7. Jointly develop the Mentoring Program Plan (Mentor Tool 9) with your mentee. Use the results of the following tools completed by your mentee: Confidence Scale for New Nurses (Mentee Tool 4), if applicable, and the Ideal Mentor Exercise (Mentee Tool 5) to guide in the development of the plan. Remember, mentees will learn best when they can readily apply their learning to an actual situation.
	8. For subsequent meetings with your mentee, encourage your mentee to prepare a Mentoring Meeting Agenda (Mentee Tool 6) and provide it to you in advance of the meeting.
	9. Remember to periodically check the progress of the relationship and the Mentoring Program Plan. a. At 3 months, ask your mentee to complete the following tools and discuss them with you. Use the information gathered from these tools to determine the strengths of the mentoring relationship and areas for improvement. • Job Satisfaction Scale (Mentee Tool 10) • Intent to Stay in the Job Survey (Mentee Tool 11) • Assessment of the Relationship with the Mentor (Mentee Tool 12). You should also complete the Assessment of the Relationship with the Mentee (Mentor Tool 10). • Mentoring Program Satisfaction Survey (Mentee Tool 13). You should also complete the Mentoring Program Satisfaction Survey (Mentor Tool 11). b. At 6 and 12 months, or as needed, repeat the steps in 9.a. above.
	10. Communicate, communicate, communicate with your mentee! Your support, guidance, and progress checks will strengthen the ultimate success of your mentee.
	11. When this formal part of the mentoring program has concluded, discuss with your mentee the effectiveness of this program on their new role, along with the program's strengths and areas for improvement. Communicate this information to the management staff.
	12. Periodically and upon completion of the mentoring program, celebrate the success of your partnership and your mentee's accomplishments!

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Mentoring Program

Introduction to Mentoring

Mentoring is a reciprocal and collaborative learning relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship. It is a process where the more experienced person assists in the learning and development of the less experienced individual. The mentor often serves as a guide, expert, counselor, wise teacher, and role model.

Traditional views of mentoring describe it as a relationship that occurs spontaneously and is based on a chemistry between two people. Mentoring may also occur through structured programs where a mentor-mentee dyad is selected, paired, or matched by others rather than by the individuals themselves. Both types of mentoring relationships can be effective as long as the mentor and mentee are committed to it and agree to identify and meet the needs of the individual being mentored.

A mentoring program will help to:
- Develop supportive and encouraging relationships
- Guide nurses in their professional, personal, and interpersonal growth
- Promote mutuality and sharing based on the needs of the mentor and mentee
- Communicate information concerning expectations, learning opportunities, and stressors

Matching Mentors and Mentees

Planned mentoring programs will match a mentee with a mentor. Providing a good fit between the mentee and mentor can either make or break the relationship and the ultimate success of the mentoring program. A successful relationship is even more beneficial when the individuals involved like each other, understand their responsibilities, have a mutual desire to build a relationship, realize they both have something to offer and learn from the other, and both share the goal of excellence in their nursing practice.

A good fit between the mentor and mentee occurs when mentors are caring, compassionate, genuine, and willing to disclose information about themselves and about what they know. Mentees, on the other hand, need to be open to accept feedback and be willing to learn more about themselves and their expected role. Matches are often more likely to be successful when mentors and mentees are involved in selecting their partners. However, mentoring relationships can be successful when the two individuals are selected by others such as a selection team or a site coordinator.

Guidelines for matching the mentor and mentee can be very helpful. These guidelines may be based on skills, expertise, availability, learning/facilitation style and fit, experience, interpersonal skills and behavior, professional interest, personality, accessibility, education background, gender, willingness/interest, and compatibility.

Foundations of Mentoring

Inherent in mentoring are two important foundational concepts — principles of adult learning and the novice to expert continuum. While these concepts will be most beneficial in helping mentors be effective in their roles, they can also be helpful for mentees to gain a better understanding of the mentor role. It is likely that mentees, especially if they have experienced a successful mentoring relationship, will themselves become mentors in the future.

Adult Learning Principles

The mentoring relationship involves the mentee as an adult learner engaged in a life experience that presents new opportunities for growth and development. The astute mentor is knowledgeable of adult learning principles and applies them to the mentoring relationship as a development process.

Mentoring is a partnership between the mentor as a teacher and the mentee as a learner. The quality of this partnership determines the true value of the learning experience. As adult learners, mentees assume responsibility for their own learning and behavior. As teachers, mentors act as guides and facilitators of learning. The partnership must be based on the belief that the learner is at the center of any significant adult learning activity. Learners must be involved in all phases of the learning process - needs identification, planning, participation, and evaluating the learning outcome.

As facilitators of adult learning, mentors approach mentoring as a development sequence which requires an awareness of the mentees' learning needs and their stages on the learning curve. In considering mentees as unique adult learn-

Table 1.
Adult Learning Principles

• Adults need time to learn at their own pace.
• Adults have unlimited potential for growth and development.
• Moving from the simple to the complex gives the adult a sense of achievement.
• Learning involves moving from dependency on the teacher/facilitator to increasing self-directedness, but at different rates for different people.
• The learning environment is characterized by physical comfort, mutual respect and trust, freedom of expression, and acceptance of differences.
• Learning must be based on learners' needs. Facilitators help learners diagnose the gap between what they know and what they need to know or do.
• Adults are motivated by the desire to immediately use or apply their new knowledge or skills. When learners need to do something now that they do not know how to do, they have a "readiness to learn." This is what is meant by the "most teachable moment."
• Adults are responsible for their own learning and take an active role in the learning process.
• Adult education is learner-centered. It begins with the learners and where they are, and takes into consideration what will be meaningful for them.
• Adults are what they have done. They have a deep investment in the value of their life experiences. Adult education includes and builds upon the life experiences of the learners.
• Learning should begin at a level equal to the learner's comprehension level.
• Adult education fosters critical reflective thinking.
• Problem posing and problem solving are fundamental aspects of adult education.
• Adult education is concerned with the development of the whole person, including their attitudes, feelings, and emotions.
• Learning can happen anywhere.
• Learning is enhanced by repetition.
• Much significant learning is acquired through doing.
• A positive or negative self-concept can promote or inhibit learning respectively.
• Stress reduces one's ability to learn.
• Learners need to know how they are progressing on their learning goals. This is accomplished through self-evaluation and feedback from others.

Source: Cohen, 1995; Knowles, 1980; Lindeman, 1961; Rogers, 1979.

ers, mentors must be flexible and willing to make adjustments in the learning experience based on the mentees' maturity and learning styles. Effective mentoring becomes a continuous learning process that is a synthesis of events, experiences, thoughts, observations, feedback, and analyses.

Further adult learning principles that are beneficial to the mentoring relationship are included in Table 1.

Novice to Expert Continuum

As we begin a new role, we find ourselves at a novice level. Through experience we learn and progress to higher levels of performance. Most of us have moved along the novice to expert continuum perhaps several times in our lives. We've reached the expert level only to realize our life circumstances or goals change, and we find ourselves a novice once again. Since we've been there before, we know the stages and hopefully can progress more quickly along the continuum.

Becoming a novice can be frustrating for individuals who are new to a position. For example, a person may have been a nursing student for a few years and felt fairly comfortable with the student role. Then they became a graduate nurse which is a real world situation and the nurse finds herself a novice in this role. The same may be true for an experienced staff nurse who transfers to a new unit or becomes a charge nurse. When these nurses take on a new role, things change. The new role requires a new skill set. A mentoring relationship will help the nurse accelerate through the novice to expert continuum.

Benner's (1984) Novice to Expert model explains how the acquisition of new skills requires a progression through stages or levels, and discrete capabilities distinguish the stage of development reached. There are five levels that one passes through in the acquisition and development of a skill:

- Novice
- Advanced beginner
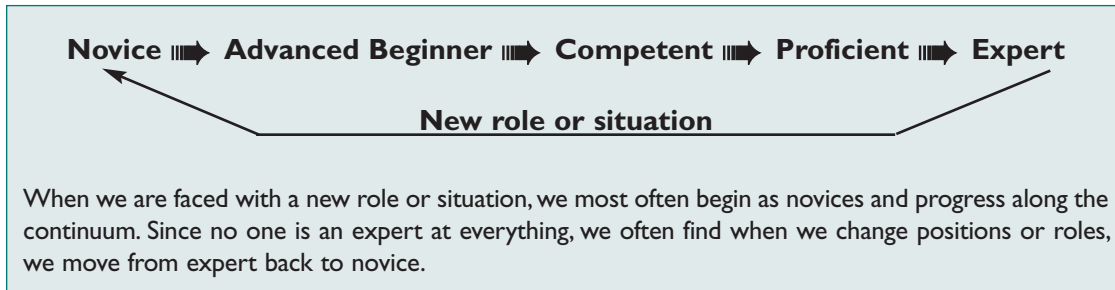- Competent
- Proficient
- Expert

This model fits perfectly with the stages of growth for nurses who assume new roles. As they learn their new roles and grow, they progress along the novice to expert continuum (see Figure 1).

Novice

When nurses take on new and unfamiliar roles, they often begin at the novice stage. Novices use rules and facts to guide their actions. They adhere to these rules without consideration for the context of the situation. These rules are limiting since no rule can tell the novice which tasks are most relevant in an actual situation and when it is acceptable to make exceptions to the rule. Novice nurses are unable to view situations as a whole, rather they see the individual parts. It is difficult or near impossible for them to put all the parts together and see the big picture. They are concerned with the tasks at hand and cannot do more than one thing at a time.

Consider a new graduate nurse who is conducting a patient assessment and documenting in a new charting program. The focus tends to be on the mechanics of charting rather than the patient and patient needs. The patient assessment is disjointed and focused on individual body systems rather than integrating the assessment data and viewing the patient holistically.

Figure 1.
Novice to Expert Continuum

Novice ⇒ **Advanced Beginner** ⇒ **Competent** ⇒ **Proficient** ⇒ **Expert**

New role or situation

When we are faced with a new role or situation, we most often begin as novices and progress along the continuum. Since no one is an expert at everything, we often find when we change positions or roles, we move from expert back to novice.

Source: Benner, 1984; Hnatiuk, 2009.

Moving from Novice to Advanced Beginner and Beyond

Most novices want to feel and be seen as competent immediately upon taking on a new role. It is uncomfortable knowing one does not have a firm grasp of a new role. Both mentees and mentors must realize there are developmental stages to pass through before one actually reaches a high level of performance. This is normal and patience is the key to maintaining control of the situation. Not only do mentors need to be patient with their mentees, but mentees must be patient with themselves as well. Mentees will more quickly become successful in their roles when they listen actively to what is going on and are willing to act like sponges, soaking up as much learning as possible.

Mentors can best help their mentees by using adult learning principles to help them learn, grow, and progress through the novice to higher level stages. Knowing the characteristics of these stages helps to understand the development process and realize the time and commitment needed to progress to the next levels. Patience and a willingness to share and learn are the keys.

With time and experience, novice nurses continue to experience the real world and progress to the advanced beginner stage and beyond. The characteristics of the advanced beginner to expert stages are described in Table 2.

Phases of the Mentoring Relationship

The mentoring relationship can be characterized in three phases – beginning, middle, and closing. The characteristics of each phase are depicted in Table 3.

Characteristics of Successful Mentoring

Successful mentoring relationships must be built on trust, openness to self-disclosure, affirmation, and willingness and skill in giving and receiving feedback. Although the old cliché states "trust must be earned," a positive mentoring relationship needs to begin on the right foot – that is, both individuals trusting each other unless or until something happens to erode that trust. Establishing an early psychological foundation of *trust* is a prerequisite to promoting meaningful reflection and self-disclosure in future interactions.

Self-disclosure is another characteristic of a successful relationship. Both the mentor and mentee must be willing to share things about themselves, including those situations that may not have been pleasant experiences. The mentee must reveal vulnerable and weak areas so the mentor may provide support and guidance. The mentor must be willing to share personal mistakes since these real situations can provide valuable learning experiences for the mentee. Sharing mistakes in a humorous way can help alleviate some of the fear and anxiety the mentee may be experiencing.

Another characteristic is *affirmation*. The mentor must believe that the mentee will be successful and repeatedly make statements that affirm the mentee's knowledge and expertise. The mentor must believe in the mentee's capacity for success even though the mentee may be unaware of it. It is equally helpful for the mentor to show respect for the mentee's past, present, and future accomplishments.

The fourth characteristic of a successful relationship is *willingness and skill in giving and receiving feedback*. This is important for both the mentor and mentee since one of our greatest learning opportunities occurs through the feedback we give to and receive from others. Both individuals must offer constructive feedback, positive and negative, to assure that common needs and goals are being met. They need to know how the other is doing in the relationship to determine their future direction. It is most helpful if, early in the relationship, the mentor and mentee agree on how to give each other feedback.

The mentor will be faced with the difficult decision of when it will be appropriate to provide the mentee with negative constructive feedback. In the beginning of the relationship, both individuals may be strangers. Confrontation is difficult enough when two people have an established relationship. The implications of confrontative behavior at the beginning of a relationship must be carefully weighed. Timing on the part of the mentor is critical. Confrontative feedback too early in the relationship when the mentee primarily needs support can be unproductive and detrimental to the relationship.

Table 2.
Characteristics of Advanced Beginner to Expert Stages

Advanced Beginner

Advanced beginners demonstrate marginally acceptable performance. They have encountered enough real situations to realize there is recurrent meaning in the components of the situation. Nurses at the advanced beginner stage need assistance in determining priorities because they cannot readily sort out what is significant in complex situations. Their work centers on organizing and completing tasks. They become anxious when they feel they are losing control of the task environment. They are concerned with the current situation with little regard for the past or future. They rely on protocols or procedures to guide their actions and believe the protocols are appropriate for all contexts.

Advanced beginners are often working at the edges of their safety and knowledge. They are fully responsible for their actions, while at the same time feel largely dependent on more experienced individuals such as the mentor. Guidelines and applicable examples are helpful for them.

Competent

As advanced beginners gain confidence through experience with actual situations, they move to the competent stage of performance. Nurses at the competent stage begin to see their role in terms of long-range plans or goals. They focus their energy on accomplishing what they planned and controlling the activities and events in the situation. They are able to differentiate between important and insignificant components of a situation. These nurses are able to set priorities.

They feel responsible for and emotionally attached to the decisions they make. Decisions are analytical and they are invested in the outcome. Successful outcomes can be very satisfying, while unsuccessful outcomes are not easily forgotten. Since nurses at the competent stage are emotionally invested in their decisions, it is important at this stage to encourage them to talk about their feelings and anxieties and verbalize the questions they have.

The competent stage is characterized by not needing help, putting tasks in order, and planning based on goals and predictions. At the competent level, the nurse's abilities to view the whole situation may be hampered by their emphasis on structuring their work by specific plans and goals. They may lack speed and flexibility. However, it is at this stage that they feel they have mastered their roles.

Proficient

With continued practice and experience, nurses at the competent stage move to the proficient level. This stage is characterized by the ability to recognize the big picture and think systematically. Proficient nurses are guided by their experience to anticipate what to expect in a given situation and how to modify their plans to respond to these events. Systems thinking improves their decision making ability.

Proficient nurses are able to organize and analyze, interpret and understand, and manipulate the environment to respond to the situation at hand. Their actions are now ordered by the situation as it unfolds rather than by preset plans. Proficient nurses read situations well and are able to set priorities. Leaving things out is no longer a worry because they are confident in their ability to notice the important things and filter out those that are unimportant.

Expert

Proficient nurses may make the transition to the expert stage, although not all individuals will attain the expert level of practice. This may be a matter of choice or a matter of ability. Experts function much differently from the other stages of development. When things are running smoothly and experts find themselves in familiar territory, they are immediately and directly able to grasp the situation. Important aspects of a situation stand out, and they are able to readily dismiss those that are unimportant. They know when they have a firm grasp of the situation and when they don't.

Expert nurses are often great historians and can explain why decisions were made in the past. They are often a rich source of information and quite capable of providing sound advice. Expert nurses possess a sense of intuition about certain situations as a result of extensive experience. Experts are quick and skillful in their actions. They zero in on problems and are fluid, flexible, and highly proficient. They are able to manage a variety of tasks or activities at the same time. They display a sense of calmness and control. Experts selectively filter information and pass on the important aspects to appropriate individuals.

Experts no longer rely on rules to govern their practice. It is often difficult for experts to explain the thinking process they use in reaching a decision. They no longer think in steps or increments. Often the expert nurse is not the best teacher for the novice because it is difficult for the expert to explain decisions or actions in enough detail for the novice to grasp and learn.

Source: Benner, 1984.

Table 3.
Phases of the Mentoring Relationship

Beginning Phase – Characteristics

Mentors and mentees focus on interpersonal relationship building through establishing trust and nonjudgmental acceptance, articulating expectations of the relationship and each other, engaging in meaningful dialogue, determining well-defined learning goals, and initiating relevant self-disclosure. Mentees tend to put mentors on a pedestal and emulate behaviors. Mentors feel rewarded by the mentor role and value and nurture the development of the mentees. They may exchange and discuss their resumes/CVs.

Middle Phase – Characteristics

A safe and positive psychological climate is established and nurtured. Mentors request detailed information from the mentees and offer specific suggestions about current plans and progress in achieving goals. Mentees feel enhanced self-esteem due to the coaching and progress made. Mentees develop and confirm new skills. This phase is characterized by a high degree of interaction and intellectual exchange.

Mentors progressively suggest new avenues for learning, then move toward tactics for solving new and more complex situations and problems. As the relationship builds, feedback (positive, but especially constructive) is given and taken in a more comfortable and growth-producing way. Mentors encourage less and less reliance and the mentees become more autonomous in their roles.

Closing Phase – Characteristics

The formal part of mentoring comes to closure when mentees feel comfortable functioning on their own. Mentors encourage the mentees to reflect critically on outcomes, goal achievements, and future plans. Mentors motivate mentees to take risks, make decisions without certainty of the results, overcome difficulties in the journey to reach their career goals, and become independent adult learners. Mentees achieve greater autonomy and become empowered. Both may mutually seek to dissolve the relationship. They may alternate between feelings of loss and liberation.

Mentors remain interested and stay in touch with the mentees to provide continuing support and a safety net if needed. Mentors may feel they have shared everything they know and are proud of the mentees. As separation occurs, the relationship may transform into a friendship or peer mentoring in which both individuals take turns in mentoring each other through their nursing and life experiences. Mentoring that progresses and ends on a positive note will be memorable throughout the lives of both mentors and mentees. Mentees may themselves become mentors some day. Both partners reflect on the success of the mentoring relationship, share best mentoring practices, thoughtfully consider any stumbling blocks and what was learned from them, determine ways to improve future mentoring, and celebrate the successes.

The mentee also needs to provide feedback to the mentor so the mentor is aware of the behaviors that are contributing to the success of the relationship and those that need to be altered. Mentors who have achieved success in their own lives learn more about themselves and their own competency through feedback from mentees.

Mentoring fosters mentee competence through mutual respect, trust, and admiration. The mentor brings to the relationship knowledge and expertise. The mentee brings enthusiasm and a desire to learn. Through a common vision and purpose, they blend together their qualities and create a synergistic relationship which helps each rise to a level higher than either could do alone.

Mentee Role

Mentoring doesn't just happen. It involves a significant expenditure of time and energy on the part of the mentor and especially the mentee. Successful mentees are willing to assume responsibility for their own learning and growth. They seek challenging assignments and responsibilities. While they are receptive to feedback and coaching by the mentor, they also are willing to constructively give feedback. If they are not receiving the feedback they need or desire, mentees assert themselves and ask for it.

The demonstration of accountability, or living up to promises and commitments, is important. Mentees learn to achieve a balance between their own independence and reliance on the mentor. Over time, the independence will most likely dominate and the relationship will change. After spending time with a mentor, mentees often feel refueled and inspired to make a difference in their practice. Other benefits of mentoring for the mentee include:

- Increased self-confidence
- Enhanced leadership skills
- Accelerated cultural acclimation
- Advancement opportunities
- Stress reduction
- Improved networking ability
- Political savvy
- Legal and ethical insight

Mentor Role

Mentors are willing and committed to assist in the developmental growth of the mentee. This involves a reasonable amount of time and personal investment over an extended period of time. It is not unusual for mentors to believe they don't have enough time to spend on the mentoring relationship. However, the time invested is time well spent for both individuals and the hospital or facility as a whole.

The mentor's primary purpose is to help the mentee learn the ropes, their role, the political environment, and the culture of the unit or organization in a formal, yet informal way. Frequent communication offering affirmation and sup-

port will help the mentee progress through the program in a timely manner.

The mentor may wear many hats such as teacher, supporter, protector, facilitator, counselor, guide, model, nurturer, predictor, coach, door-opener, idea-generator and bouncer, feedback-giver, eye-opener, energizer, standard-prodder, problem-solver, and challenger. These roles may sound like a tall order to fill, and they are. However, they demonstrate the importance of the mentor role. To be most effective in this role, mentors must have clear perceptions about themselves and how they are or are not able to wear all of these hats.

Mentors are the guides in establishing the criteria by which a successful relationship is developed and evaluated. They create a warm and accepting environment that allows the mentees to control the relationship, while at the same time permitting the mentees to be themselves and voice relevant concerns and needs. Mentors are not distant and idealized role models. Rather, they are personable, approachable, reasonable, and competent individuals who are committed to helping mentees achieve the success of which they are capable.

Effective mentors are confident enough in their own knowledge, skills, and successes that they do not perceive mentees or their accomplishments as threatening. They are committed to seeking situations that will benefit the mentees' development. They also praise the mentees' accomplishments and publicize them to others. Mentors often recommend their mentees for significant projects or promotions.

Mentors bring experience and wisdom. They provide their mentees with insights that would otherwise have been gained only through trial and error. They ask a lot of questions, especially "why?", which encourages mentees to stop and reflect on situations and potential alternatives. Mentors are good at linking together different bits and pieces of their mentees' lives, such as work and home, thoughts and feelings, successes and failures. They try to look at the bigger picture and the future. At times, this may be difficult for mentees because their focus is on the here and now. This type of mentoring can lead to breakthroughs or peak experiences, creating memorable occasions that last for decades.

Ideal mentor qualifications and characteristics include:

- Commitment to the mission and goals of the organization or unit
- Strong interpersonal skills
- Exemplary leadership skills
- Willingness to assist in the mentee's growth
- Willingness to learn from the mentee
- Personal power and charisma
- Ability to think strategically
- Ability to share credit and successes
- Ability to help the mentee learn from mistakes
- Ability to embrace diversity

- Patience
- Willingness to take risks and share lessons learned
- Accountability — living up to expectations and meeting deadlines
- Time/availability
- Personable and approachable
- Respect and consideration of the mentee

Mentors benefit from the mentoring relationship by learning, acquiring insight, and meeting challenges alongside their mentees. Mentors receive much satisfaction in seeing another person grow and be successful, knowing they played a part in making it happen.

Potential Problems with Mentoring

Mentoring, just like any type of relationship, can have its problems or drawbacks. If the mentoring relationship is forced, it can fuel discontent, anger, and resentment. There is no guarantee that two people on a blind date will like each other even if a computer dating program matches them perfectly. The same is true of mentoring. Sometimes people are in different stages of personal development. Other times the mentor-mentee match simply doesn't work. It is no one's fault as not all chemistries are compatible. Personality clashes may exist. Sometimes one partner grows faster than the other or in a different direction and a strain on the relationship may occur.

One common problem that occurs is the lack of follow up and commitment to sustain the relationship. Other problems with mentoring include mentors who overburden the mentee with work and responsibilities and vice versa. Mentees may become a clone of the mentor and lose their individuality. Mentees may feel mentors are supervising their work too closely or perhaps being neglectful when mentees need their assistance. Mentees may also become too dependent on mentors. An unfavorable incident may occur in which the mentor or mentee feels betrayed or let down. Jealousy and personal or ethical disagreements may also strain the relationship.

Gender issues may arise between mentors and mentees of the opposite sex. Differences in communication styles can create misunderstandings. Women may manage conflict differently than men. They may delegate authority and make decisions differently. These differences may cause the relationship to separate rather than to build. Perceptions by others may cause problems if rumors begin that a romantic relationship is developing between the mentor and mentee.

Mentors or mentees who are experiencing failure may cause one another to feel guilty or embarrassed because they are associated with each other. If the mentor fails or falls out of favor within the unit or facility, the mentee, through association with the mentor, may also fall out of favor.

A final problem with mentoring is the case of toxic mentors. These are mentors who are detrimental to the success of the mentee. They may be unavailable or inaccessible to the

mentee or may throw the mentee to the wolves to either sink or swim. Toxic mentors may also block the mentee's progress or criticize the mentee in various ways.

Both mentors and mentees can learn from the problems that others have encountered in the mentoring relationship. If signs of these problems are beginning to develop in the relationship, both individuals have a responsibility to confront the situation and actively plan a resolution or dissolution. *Prior* to entering into a mentoring relationship, both parties should agree to a no-fault separation if one or both individuals realize the relationship is not working effectively.

Developing Expectations

Mentors and mentees should initiate and discuss their relationship. They should begin to learn about each other by exchanging resumes/curriculum vitae and discussing pertinent life experiences. Formulating expectations of the relationship and of each other can be a particularly powerful way of planning for the success of the relationship.

Expectations are the perceptions of the way we should behave in our roles or positions. In other words, expectations define what to do under various circumstances. Developing clear expectations can build a strong relationship. It also provides a framework for behaviors that are acceptable and unacceptable. Unclear expectations can break down communication and trust, essential elements of the mentoring relationship.

Some of us think we know what others expect of us without having to discuss our expectations. In most cases, this is not true. After all, if others do not know what you expect of them, how will they ever meet your expectations? Once expectations are developed, the mentor and mentee must agree to meet those expectations. Developing expectations will help to confront problems head on. While confrontation is usually not easy, clearly stated expectations help to take some of the pain out of confrontation because the person has essentially broken an agreement that he or she has made.

Expectations are statements of expected behaviors. They are a) observable, b) achievable and stated in a positive way, c) reviewed frequently for currency, and d) important, meaningful, and real to both the mentor and the mentee.

You may be thinking, "What does an expectation look like?"

Below are some examples.

I expect my mentor to:
- Be committed and share in the responsibilities of the relationship.
- Encourage me to take risks, support me in these endeavors, and help me learn from my mistakes.
- Encourage my progressive independence, but continue to provide guidance and feedback as needed.
- Keep all information we discuss confidential unless otherwise agreed.

I expect my mentee to:
- Be willing to try new ideas, make mistakes, and learn from the experience.
- Accept my guidance and feedback in the constructive manner in which it is given, but be willing to challenge my thinking and ideas.
- Work diligently in progressing through the mentoring program to be successful in my new position.
- Keep all information we discuss confidential unless otherwise agreed.

Evaluating the Mentoring Relationship

Mentoring is primarily a close personal relationship and a process of working together as partners to achieve mutually agreed upon goals. This relationship and process should be carefully monitored on a regular basis to ensure its effectiveness or to resolve conflicts or problems before they are detrimental to the relationship.

Throughout the mentoring program, the mentee and mentor should determine set intervals to check on the progress of the mentoring process. They should provide feedback to each other on the strengths of the program, quality of the interpersonal dynamics, progress made to date, areas for improvement, and future direction. In addition to periodic feedback during the mentoring program, both the mentor and mentee should evaluate the strengths and limitations of the overall mentoring program.

Benefits for the mentors, mentees, and the organization or unit can be determined along with recommendations for improvement of the program. Once the formal mentoring program goals are achieved, does not mean the mentoring relationship must end. Hopefully, the relationship will continue for as long as both individuals agree to the need for and value of it.

Adapted with permission from Hnatiuk, 2009.

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Mentor Self-Assessment

The purpose of this tool is to provide a self-assessment of the mentor's skills. Complete and use the tool to evaluate strengths and areas for improving your mentor effectiveness. Read each mentor behavior and, using the scale below, circle your assessment of your skills in each area.

After scoring the behaviors, look at those areas in which you circled an 'S' or 'L'. These are your areas for improvement. Begin developing your personal development plan to increase your mentoring effectiveness. You may consider discussing your areas for improvement with a person who has successfully functioned in the mentor role.

Note: If you have functioned as a mentor before, base your responses on past experience. If you have not previously functioned as a mentor, your responses should be based on how you have helped others learn and how you would most likely interact with a mentee.

Scale: **E**=Experienced **S**=Some Experience, Could Learn More **L**=Little to No Experience and Need to Learn	
Mentor Behaviors	
1. I encourage mentees to express their honest feelings about their experiences. I maintain a nonjudgmental, but supportive attitude.	E S L
2. I initiate periodic progress reports to determine mentees' perceptions of their learning and progress toward goal achievement.	E S L
3. I refer mentees to other individuals who may offer information and guidance in areas that I may not have the expertise.	E S L
4. I use eye contact when meeting with mentees.	E S L
5. I share my life experiences to help mentees learn from practical experience.	E S L
6. I encourage mentees to refer to the organization's mission and values when communicating and making decisions.	E S L
7. I encourage mentees to gather all the facts and define the problem before attempting to solve a problem.	E S L
8. I ask probing questions and encourage mentees to reach their own conclusions and solve problems while providing helpful support. I try not to solve problems for them.	E S L
9. I link mentees with learning resources (human and material) to expand their knowledge and skills.	E S L
10. I encourage mentees to challenge the way things have always been done and "color outside the lines."	E S L
11. I point out inconsistencies in mentees' rationale for their actions and assist them in clearly thinking about their behaviors.	E S L
12. I encourage mentees who are upset or discouraged about a mistake, failure, or negative experience to identify what went wrong, determine reasons why and what could be done differently next time, and to learn from the experience.	E S L
13. I provide negative feedback privately and at times when I think mentees are ready or able to constructively receive this information.	E S L

14.   I provide negative feedback to mentees by
    a. making a positive comment
    b. stating the undesired behavior/action
    c. discussing ways to correct the situation and/or ways to improve in the future, and
    d. ending on a positive note of affirmation of the mentees' skills and abilities.
	E S L

Scale:	E=Experienced	S=Some Experience, Could Learn More	L=Little to No Experience and Need to Learn

Mentor Behaviors	
15. I assist mentees in viewing and managing change as a positive opportunity for growth.	E S L
16. When mentees are in a position to institute change, I encourage them to involve all individuals who will be affected by the change and attempt to obtain their "buy-in" prior to instituting the change.	E S L
17. I encourage mentees to continually assess their learning needs and provide guidance in meeting those needs.	E S L
18. I try to stimulate mentees to critically think about the long-range implications of their actions and goals.	E S L
19. I provide step-by-step guidance and direction to mentees when they are performing a task they have never done before. I provide feedback on their performance afterwards.	E S L
20. I look for situations, projects, or advancement opportunities for mentees to gain experience and demonstrate their expertise.	E S L
21. I guide mentees' actions in a way that is politically correct within the unit/organization.	E S L
22. I assist mentees to identify and make appropriate decisions about situations that pose ethical dilemmas.	E S L
23. I communicate my concerns when the mentees' verbal and nonverbal behavior is not in agreement.	E S L
24. I share personal examples of difficulties and how I overcame them, either in my personal life or in my experiences within the association, as a method to provide insight and learning for mentees.	E S L
25. I express my personal confidence in mentees' abilities to succeed and their competence as adult learners.	E S L
26. I confront mentees with the reality of potential consequences in a direct, but supportive, manner if they are avoiding dealing with problems or not demonstrating accountability in fulfilling their responsibilities.	E S L
27. I encourage mentees to use me as a sounding board when handling difficulties. I listen and allow mentees to vent their feelings and frustrations. I then help mentees in exploring ways to deal effectively with their difficulties.	E S L
28. I am proud of my mentees' successes and publicly praise them for their accomplishments.	E S L
29. I encourage mentees to display a positive attitude and a confident manner when interacting with patients and colleagues.	E S L
30. I encourage mentees to provide me with feedback about how I am doing as a mentor and how I am contributing, or not contributing, to their learning.	E S L
31. I establish with the mentees expectations or ground rules for our relationship. I periodically review these expectations with mentees to determine how well we are meeting them.	E S L
32. I discuss and clarify my role as a mentor as often as needed.	E S L
33. I encourage mentees to become progressively independent, but remain available as a coach and a facilitator of their continued learning.	E S L
34. I recognize and value the expertise that mentees bring to the relationship. I am open to learn from my mentees.	E S L
35. When engaging in dialogue and decision making, I encourage mentees to separate facts from feelings, interpretations, and opinions.	E S L
36. I can be trusted with sensitive information and I maintain confidentiality.	E S L
37. I lead a balanced life, making time for important interests including board service.	E S L

Tips for Successful Mentoring

- ➢ Be comfortable with the uncertainty of this type of a new relationship.

- ➢ Present the mentoring relationship as a growth and development opportunity. Use adult learning principles.

- ➢ Exhibit exemplary/role model behavior.

- ➢ Be interested. Don't appear rushed.

- ➢ Be clear about the necessity of meeting on a regular basis, even if your mentee doesn't appear to have any issues, problems, or development needs. Expect your mentee to actively participate.

- ➢ Make appointments in advance and keep them.

- ➢ Meet in an environment where there will be few, if any, interruptions.

- ➢ Introduce your mentee to coworkers, physicians, and other significant individuals.

- ➢ Offer guidance in the customs/culture of the unit/organization.

- ➢ Remember, it is the consistent interest, friendliness, and quality time that builds a relationship of trust, wherein positive development occurs.

- ➢ Publicly praise your mentee's accomplishments and abilities.

- ➢ Recognize and encourage potential.

- ➢ Provide support in times of personal crises or problems.

- ➢ Monitor your mentee's progress.

- ➢ Assist in making decisions through listening, support, and feedback.

- ➢ As a novice, provide specific direction to the mentee as needed. Allow and encourage independence when ready, while continuing to provide the proper amount of guidance.

- ➢ Share appropriate life experiences to personalize and enrich the mentoring experience. Describing mistakes made in a humorous way can be especially helpful ("You wouldn't believe what I did/said...").

- ➢ Encourage the mentee to take risks and learn from mistakes.

- ➢ Agree to a no-fault termination of the relationship if it isn't working or when the time is right.

"Remember When" Exercise

In preparing to meet with your mentee, answer the following questions to help you remember in a personal, realistic way, what it was like to be a new nurse.

Questions

1. When you first became a professional nurse, what was difficult for you?

2. What were some of your immediate fears?

3. What were some of your needs as a new nurse?

4. Was there a person who was especially helpful to you?

5. What did that person do that was so helpful?

6. What particular strengths did you have that helped you?

7. What motivates you now to stay in a nursing role?

Guidelines For Meeting With Your Mentee

The purpose of the meetings with your mentee is to provide an environment of open communication where you can discuss any and all aspects of your mentee's transition to a new position. Encourage your mentee to make the most of these meetings by sharing her/his thoughts, issues, and questions. The following guidelines will assist you in making your mentoring experience beneficial to you and your mentee.

For each meeting with your mentee, encourage your mentee to complete the goals and topics to discuss sections of the Mentoring Meeting Agenda form. You and your mentee will fill out the rest of the agenda form at each meeting. Also bring your calendar to each meeting so you may schedule your next meeting with your mentee.

Agenda Topics

The following are topics you and your mentee may discuss during your meetings.
- Your mentee's immediate needs for the next few weeks/months
- Items your mentee has identified from the tools provided with this program (i.e., Job Satisfaction Scale, Intent to Stay in the Job Survey, Mentoring Program Plan, Background Information, The Specialty of Medical-Surgical Nursing, Confidence Scale for New Nurses, and the Assessment of the Relationship with the Mentor)
- The current demands of your mentee's work
- Feedback received from others
- Something that went wrong recently
- Something that went very well that your mentee should utilize more often
- Short-term goals
- Long-term goals
- Questions
- Concerns / Issues
- Wishes

Tips for the First Meeting

You will be establishing the tone of the relationship in this first meeting. Remember that the mentee will be uncertain and may feel intimidated prior to meeting you.

- Be friendly, welcoming, reassuring, and encouraging.
- Ask about the mentee's experiences of the first week/month.
- Share something from your first week/month/
- day as a new nurse.
- Clarify your role. Describe why you are investing this time as a mentor.
- Encourage your mentee to ask questions about the mentoring program.
- Remind your mentee of her/his responsibility in keeping appointments, and in bringing a Mentoring Meeting Agenda to each appointment.
- Discuss locations and times to meet that appeal to both of you (i.e., walk outside, lunch, etc.…start with what's comfortable). Arrive on time.
- Discuss the confidential basis of the mentoring relationship.

Subsequent Meetings

- Begin by spending time developing the relationship aspects further (i.e., how has it been going; share something about yourself, etc.).
- Review the Mentoring Program Plan and the Mentoring Meeting Agenda.
- Continue to review the mentee's self-assessment and other tools and analyze results for feedback and guidance.
- Explore some of the following points if your mentee is having difficulty in formulating the meeting agendas:
  - ❖ What kind of experiences have you had in a nursing position?
  - ❖ Have you had a mentor before?
  - ❖ Have you had any ideal role models?
  - ❖ How did your mentors/role models help you?
  - ❖ What specific behaviors of your role models did you like?
  - ❖ What did you find easy to emulate?
  - ❖ What did you find that you wanted to emulate but have not been able to do? What gets in your way?
  - ❖ What would help you implement your wishes?
  - ❖ Share some challenges you've had and describe how you handled them.

Remember to use open-ended questions with your mentee to further develop conversation.

Mentor Initials: _____   Mentee Initials: _____   Date: _____

Background Information
Completed by the Mentor

Personal Information:	Age: _____	Sex: ☐ Female ☐ Male

Education (check highest degree achieved):

☐ Diploma
☐ Associate Degree
☐ Baccalaureate Degree in Nursing
☐ Baccalaureate Degree in other field
☐ Other. Please indicate:

☐ Masters Degree in Nursing
☐ Masters Degree in other field
☐ Doctoral Degree

_____

Certification:

List current
certifications:_____

Practice Setting:

Current position: _____   Years in current position: _____

Clinical practice specialty:_____   Years at current clinical agency: _____

Years in nursing: _____

Have you mentored other nurses?

☐ No   ☐ Yes, please describe:_____

How did you become involved with this Mentoring Program?

☐ Volunteered to be mentor   ☐ Asked to be mentor   ☐ Part of my role description

How do you hope to benefit from this program?

How do you expect your mentee to benefit from this program?

What personal characteristics do you have that will contribute to your ability to mentor a nurse in a new position?

The Specialty of Medical-Surgical Nursing

This tool may be used to discuss the specialty of medical-surgical nursing. Medical-surgical nursing is a stimulating and, yes, demanding career.

Medical-Surgical Nurses:

Have a Vast Set of Skills
➢ Are knowledgeable in all aspects of medical-surgical nursing care
➢ Have excellent assessment, technical, organizational, and prioritization skills
➢ Teach patients, families, peers, and other health professionals

Are Advocates for Patients
➢ Understand the importance of measuring and improving the quality of care delivered
➢ Consider patient safety to be the top priority
➢ Support patients in their efforts to identify what is in their best interests

Welcome Diversity
➢ Care for patients of all ages
➢ Manage the care of patients with multiple medical, surgical, and/or psychiatric diagnoses
➢ Manage the care of patients with diagnoses across all medical specialties
➢ Celebrate that there is always something new to learn
➢ Can practice in hospitals, clinics, outpatient surgery centers, MD offices, long-term care facilities, and other practice sites

Make A Difference In People's Lives Every Day
➢ Provide comfort and attention to people who, at that moment, need someone to take an interest in their lives
➢ Heal patients physically and emotionally through intuitive experiences that rely on observation and touch
➢ Assist patients in returning to their highest level of functioning
➢ Provide dignity and respect in end-of-life decisions-making and care

Are The Backbone Of Every Adult Care Clinical Agency
➢ Most patients are eventually cared for by medical-surgical nurses

Medical-surgical nurses can and do, "DO IT ALL!"

About the Academy of Medical-Surgical Nurses

You care deeply about your patients and giving them your best. It's why you became a nurse. The Academy of Medical-Surgical Nurses (AMSN) understands your commitment to your practice, so we offer you the tools to develop personally and professionally. We help you become the most confident, skilled, and well-educated nurse you can possibly be. When you join AMSN, you will be connected with a unified network of nurses who share your compassion and dedication and are advocates for the specialty. We invite you to learn more about AMSN and consider joining. It's one of the best things you'll ever do for yourself and your patients.

AMSN Helps You Succeed!

Our members are nurses like you!

- Staff nurses
- Clinical nurse specialists
- Nurse practitioners
- Nurse managers and administrators
- Educators and faculty
- Researchers
- Students

They practice in a variety of settings

- Hospitals
- Community health clinics
- Home health agencies
- Rehabilitation facilities
- Hospices
- Private practices
- Schools of nursing

AMSN is a vibrant community of medical-surgical nurses who care about
- **Improving patient care,**
- **Developing personally & professionally,**
- **Advocating for the specialty of medical-surgical nursing, and**
- **Connecting with other nurses who share their compassion & commitment.**

Member Benefits

Improve patient care

- Enjoy innovative articles in *MEDSURG Nursing* journal, *MedSurg Matters!* newsletter, and *MedSurg Nursing Connection* e-newsletter.
- Get the latest information on evidence-based practice and research.
- Receive discounts on study resources and courses to prepare for certification.
- Access tools to help you sustain a healthy work environment.

Develop personally and professionally

- Boost your learning with the AMSN Online Library, featuring original articles, convention sessions, and more (www.prolibraries.com/amsn).
- Earn free CNE contact hours.
- Be eligible for scholarships, grants, and awards.
- Enhance your leadership skills.

Connect with other nurses

➢ Network and learn at local chapter meetings and events.
➢ Attend the AMSN Annual Convention and meet others who share your passion for med-surg nursing.
➢ Serve with like-minded, motivated nurses on committees and task forces.

Advocate for the specialty

➢ Have your voice and interests represented nationally.
➢ Use AMSN position statements and standards of practice to help you promote the role of the medical-surgical nurse.

The **AMSN mission** *is to promote excellence in medical-surgical nursing.*

Education

Life long learning is essential for nurses to continuously improve patient care, and develop professionally. Education is abundant to the AMSN member. Our education resources include an annual convention, newsletter & journal, print continuing nursing education activities and an organized web based library.

Our Online Library is your one stop for multiple types of education activities. The AMSN Online Library contains archived sessions from past conventions, a

certification review course, select posters from the past convention, self learning modules, and print education activities from our publications. The Online Library allows you to complete the learning activity, evaluate the activity and print your CNE certificate. Members have access to free CNE through the *MedSurg Matters!* newsletter and through the *MEDSURG NURSING* journal, each published six times a year. Other CNE is available free or for a discounted fee to the membership.

To learn more, visit the Academy of Medical-Surgical Nurses Web site
www.amsn.org or call 866-877-2676

Certified Medical-Surgical Registered Nurse (CMSRN)

Are you seeking a higher level of practice?

AMSN recommends and endorses the certification exam provided by the Medical-Surgical Nursing Certification Board. Successful completion earns you the credential of CMSRN® - Certified Medical-Surgical Registered Nurse. The exam is accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC).

The test is available to nurses

➢ who have been RNs for at least 2 years
➢ have accumulated a minimum of 2,000 hours of practice with the past 3 years
➢ have a minimum of 2 years practice in a medical-surgical setting. Practice includes clinical, management and education.

AMSN can help you prepare for the exam.

Visit the AMSN Store at www.amsn.org to purchase study resources.

To learn more, visit the Medical-Surgical Nursing Certification Board Web site
www.msncb.org or call 866-877-2676

Mentor Initials: _____   Mentee Initials: _____   Date: _____

Mentoring Program Plan

The purpose of this plan is to set and provide continued direction for the progress of this mentoring program. The plan is developed collaboratively by the mentor and mentee. The mentee's self-assessment results should be used as baseline data to determine the mentee's learning needs. This tool serves as a guide to develop goals and expectations, and a method for communication. Complete your responses to each of the sections.

GOALS:

What do you both want to achieve with this mentoring program?

What do you want your outcomes to be?

EXPECTATIONS: What are your expectations of each other? (Refer to the Introduction to Mentoring Article for assistance in developing expectations.)

I expect my mentor to...

I expect my mentee to...

COMMUNICATION AGREEMENT: By what method(s) and how often will you communicate with each other?

EVALUATION: Determine periodic points at which you will discuss the progress of the mentoring program and the relationship. Develop future actions and renegotiate this plan as needed.

Mentor Initials: _____   Mentee Initials: _____   Date: _____

Mentoring Meeting Agenda

This tool may be used by the mentee to create an agenda for meetings with the mentor.

1. Goals for This Meeting
2. Topics/Issues to Discuss
3. Accomplishments During This Meeting
4. Tentative Goals for Next Meeting
5. Other
6. Next Meeting Date and Time

Copy this tool for each meeting

Mentor Initials: _____   Mentee Initials: _____   Date: _____

Assessment of the Relationship With the Mentee
Completed by the Mentor

Complete this survey by circling the response that best describes your perceptions about the relationship with your mentee. If some of the situations have not occurred, circle 6 (N/A - "not applicable").

To what degree has your mentee	Not at All	A Little	Some-what	Quite a Bit	Very Much	N/A
1. Kept appointments to talk/meet with you.	1	2	3	4	5	6
2. Initiated telephone calls to speak with you.	1	2	3	4	5	6
3. Participated in strategizing about activities to meet her/his professional goals.	1	2	3	4	5	6
4. Openly expressed her/his feelings about the current work environment.	1	2	3	4	5	6
5. Been willing to constructively evaluate the environment.	1	2	3	4	5	6
6. Followed up with introductions you provided to people who could help her/him professionally.	1	2	3	4	5	6
7. Seemed confident in you and your abilities to guide her/him.	1	2	3	4	5	6
8. Discussed her/his long-range career planning with you.	1	2	3	4	5	6
9. Discussed with you ways to handle challenging patient situations.	1	2	3	4	5	6
10. Discussed with you ways to handle difficult situations with her/his co-workers.	1	2	3	4	5	6
11. Discussed with you ways to handle difficult situations with a physician.	1	2	3	4	5	6
12. Discussed with you ways to handle difficult situations with her/his unit manager.	1	2	3	4	5	6
13. Talked with you about her/his ability to act as a patient advocate.	1	2	3	4	5	6
14. Talked with you about clinical decisions she/he made.	1	2	3	4	5	6
15. Demonstrated that she/he valued your discussions.	1	2	3	4	5	6
16. Allowed you to advocate for her/him in the workplace.	1	2	3	4	5	6
17. Gave you feedback on her/his assessment of her/his performance as a nurse.	1	2	3	4	5	6
18. Discussed her/his ability to act independently as a nurse.	1	2	3	4	5	6
19. Openly communicated with you about issues in the workplace.	1	2	3	4	5	6
20. Discussed her/his immediate learning needs with you.	1	2	3	4	5	6
21. Inquired about the workings of clinical agencies.	1	2	3	4	5	6
22. Talked with you about human behaviors in the workplace.	1	2	3	4	5	6
23. Discussed with you her/his assessment of her/his future potential.	1	2	3	4	5	6
24. Been participatory in the mentor-mentee program.	1	2	3	4	5	6

Mentor Initials: _____   Mentee Initials: _____   Date: _____

Mentoring Program Satisfaction Survey
Completed by the Mentor

As your participation in this mentoring program progresses, it is important to evaluate its effectiveness. For each item, circle your degree of satisfaction with the program according to the scale of 1-5.

Item	Degree of Satisfaction
1. To what degree does this mentoring enhance your professional contributions to professional nursing?	Little 1 2 3 4 5 Much
2. To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?	Little 1 2 3 4 5 Much
3. To what degree have you been able to develop a supportive relationship with your mentee?	Little 1 2 3 4 5 Much
4. To what degree have you been able to enhance your mentee's ability to assess and resolve work-related issues?	Little 1 2 3 4 5 Much
5. How satisfied are you with communication with your mentee?	Little 1 2 3 4 5 Much
6. How satisfied are you with the discussions at your meetings with your mentee?	Little 1 2 3 4 5 Much
7. To what degree do you think this mentoring helps the nurse transition into the workplace?	Little 1 2 3 4 5 Much
8. Overall, how satisfied are you with this mentoring relationship?	Little 1 2 3 4 5 Much
9. Additional Comments	

Nurses Nurturing Nurses: Outcomes and Lessons Learned

Retention of new graduate nurses is a challenge for acute care agencies. The Academy of Medical-Surgical Nurses sponsored a hospital-based formal mentorship program, Nurses Nurturing Nurses, for interested agencies. The outcomes and lessons learned from this project are presented.

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Retention of new graduate nurses in acute care agencies continues to be a challenge. Attrition rates are high as new nurses report job dissatisfaction, disappointment, and disillusionment with nursing practice (Aiken et al., 2001; Cipriano, 2006; Cowin & Hengstberger-Sims, 2006; Duchscher & Cowin, 2006; Kovner et al., 2007). Health care organizations bear the cost of new nurse attrition. Recognizing the need for strategies to improve the retention of new nurses, the Academy of Medical-Surgical Nurses (AMSN) developed the Nurses Nurturing Nurses (N3) mentorship program in 2003. The project's goal was to enhance nurses' job satisfaction and intent to stay in the agency of employment, thus improving retention. The N3 program's purpose was to examine the effect of a mentor-mentee program on job satisfaction, new nurse confidence, intent to stay, and satisfaction with both the mentor/mentee relationship and the N3 program among new registered nurses.

Nursing Nurturing Nurses Program

The N3 program was designed as a 12-month mentorship program wherein the mentor and mentee would work together to facilitate the transition of the new nurse to professional nursing practice and implement career goals of the mentee. AMSN promoted the program to its members and hospitals. Agencies inter-

ested in the N3 program purchased a packet of materials that included a program overview and information sections for the site coordinator, the mentor, and the mentee. AMSN also appointed a N3 coordinator as the contact person for participating hospitals and an evaluation coordinator who managed the data and analysis.

Once an agency decided to participate in the N3 project, leaders were asked to appoint a site coordinator to serve as project director. The site coordinator was responsible for matching the mentor/mentee dyads, providing orientation for the mentors and mentees, facilitating processes within the agency, and assisting in collection of evaluation data. Agencies did not have to participate in the formal evaluation process; however, for those agencies whose leaders decided to do so, the site coordinator met with the mentors and mentees, explained the study, answered questions, and obtained informed consent. The consent forms and completed data forms were sent to the evaluation coordinator.

After agreeing to the mentorship project, the mentor and mentee received information to assist them in developing their relationship, including tips on how to conduct the first meeting and ways to initiate conversation that would foster communication about the mentee's job expectations and experiences. The dyad also received copies of the instruments that would be used for the evaluation of the project. The site coordi-

nator followed each dyad's relationship and supplied the evaluation materials throughout the study. The mentor and mentee completed the evaluation instruments and mailed them to the evaluation coordinator.

Evaluation materials were collected four times over the 12-month period. At the beginning of the project, mentees completed a background questionnaire. Two weeks later (Time 1), they were asked to complete the nurse job satisfaction and the new nurse confidence scales. At 3 (Time 2), 6 (Time 3), and 12 (Time 4) months, they completed questionnaires on new nurse confidence, intent to stay/job diagnostics, nurse job satisfaction, relationship with mentor, and satisfaction with the N3 program. Mentors completed a background form at the beginning of the mentorship relationship. At 3, 6, and 12 months, they completed questionnaires regarding their relationship with the mentees and satisfaction with the N3 program.

Instruments

Intent to Stay/Job Diagnostic Survey. Mobley (1977) argued that job dissatisfaction is translated into thoughts of quitting with the expectation that quitting eventually will result in a more satisfying job. Part 3 of Hackman and Oldham's (1980) Job Diagnostic Survey (JDS) evaluates the employee's personal feelings about the job (intent to leave/stay with the organization). The three constructs of the third component include the meaningfulness of the work, responsibility for the work, and knowledge of the results. The JDS consists of 15 statements with responses on a 7-point Likert scale (1, *disagree strongly* to 7, *agree strongly*). Internal consistency has been reported (alpha =0.77). Range of scores is 15-105. Cronbach's alpha for this study was 0.68. The instrument has been cited extensively in the nursing literature (Lin, 1996; Muldoon & Kremer, 1995; Tonges, Rothstein, & Carter, 1998).

Nurse job satisfaction survey. The original Job Satisfaction Scale is a 26-item questionnaire using a Likert scale (1, *high satisfaction* to 5, *low satisfaction*). This scale incorporates factors related to

Maslow's hierarchy of needs and Hertzberg's modification of needs into intrinsic and extrinsic factors (Torres, 1988). Items in the job satisfaction survey are grouped into categories that address pertinent job satisfaction concepts (perceptions of work, work conditions, autonomy, recognition, development, relationship with co-workers and management, job satisfaction). The range of scores is 26-130. Two items (#13, # 14) are reverse-scored; a score of 5 indicates *lower stress* or tension. Cronbach's alpha was 0.83; content validity index was 0.92. Cronbach's alpha for this study was 0.87. For the purposes of reporting results in this study, the items were reverse-scored so high scores represented greater satisfaction and low scores indicated lower satisfaction.

New Nurse Confidence Scale (NNCS). The NNCS is a 26-item scale that asks the new nurse to rate his or her degree of confidence in performing several duties related to the staff nurse role. The instrument was designed to use over time to examine changes in confidence during the employee's first 12 months as a new nurse. Fifteen items were developed by the investigator. These items focus on the routine activities of a nurse (e.g., functioning independently in providing patient care, taking a regular assignment of patients, interpreting laboratory tests, delegating patient care activities to unlicensed assistants). Eleven items were taken from Schutzenhofer's Professional Nursing Autonomy Scale (Schutzenhofer, 1988). The 5-point Likert scale allows the participant to indicate her or his degree of confidence in performing the activity (1, *not at all confident* to 5, *very confident*). Range of scores was 26-130. Cronbach's alpha for this study was 0.94.

Mentee "Assessment of the Relationship with the Mentor." This is a 25-item questionnaire originally using a Likert scale of 1 (*not at all*) to 5 (*very much*); *not applicable* was scored as 1. Range of scores was 25-125. Cronbach's alpha for this study was 0.94.

Mentor "Assessment of the Relationship with the Mentee." This scale is a 24-item questionnaire originally using a Likert scale of 1

(*not at all*) to 5 (*very much*); *not applicable* was scored as 1. Range of scores was 24-120. Cronbach's alpha for this study was 0.99.

Mentee's Satisfaction with N3 Program. This uses a 5-point Likert scale (1, *much satisfaction* to 5, *little satisfaction*). Range of scores was 13-65. Cronbach's alpha for this study was 0.96. Participants rated items on professional development; communication with patients, physicians, and other health care providers; and satisfaction related to working with the site coordinator and the mentor. For the purposes of reporting results in this study, the items were reverse-scored so high scores represented greater satisfaction and low scores indicated lower satisfaction.

Mentor's Satisfaction with N3 Program. This survey was a 9-item instrument using a 5-point Likert scale (1, *much satisfaction* to 5, *little satisfaction*); range of scores was 9-45. Cronbach's alpha for this study was 0.95. Participants rated items on personal and professional growth, communication with mentee, and satisfaction related to working with the site coordinator and the mentee. For the purposes of reporting results in this study, the items were reverse-scored so high scores represented greater satisfaction and low scores indicated lower satisfaction.

Outcomes

Over the course of 5 years, 18 hospitals or hospital systems agreed to participate in the evaluation component of the N3 project. These hospitals were located around the country: Northeast (n=4), South (n=10), North Central (n=3), West (n=1). Only 15 were active as determined by receipt of evaluation data. Data were received from 107 mentees; however, no mentor data were received for 11 of these mentees. Similarly, initial data were received from 119 mentors, but no mentee data were received for 23 mentors. At one institution, seven mentor consent and background data forms were received but no mentee matches followed. A total of 96 mentees and mentors completed Time 1 data; only 11 dyads returned Time 4 data.

Sample. The majority of the mentees were new graduates from

Table 1.
Demographic Data for Mentors and Mentees

Variable	Mentor (N=129)	Mentee (n=96)*	
Age	Mean: 41.64 years SD = 8.5 years Range = 0.4-31 years	Mean: 30.66 years SD = 8.3 years Range = 21-53 years	

Gender
  Female
  Male
	n = 125; 96.2%
	n = 5; 3.8%
		n = 92; 95.9%
		n = 4; 4.1%	

Race
  Black
  White
  Asian
  Hispanic
  Other
	n = 7; 5.3%
	n = 113; 87.7%
	n = 4; 3.1%
	n = 4; 3.1%
	n = 1; 0.8%
		n = 6; 6.4%
		n = 76; 80.9%
		n = 5; 5.3%
		n = 5; 5.3%
		n = 2; 2.2%	

RN education
  Diploma
  Associate's degree
  Bachelor's in nursing
  Bachelor's in other discipline
  Master's in nursing
  Master's in other discipline
  Other
	n = 21; 16.3%
	n = 37; 28.6%
	n = 49; 38.0%
	n = 6; 4.7%
	n = 14; 10.8%
	n = 2; 1.6%
		RN education
		n = 8; 8.4%
		n = 51; 53.7%
		n = 34; 35.8%
		
		n = 2; 2.1%
			Highest education
			n = 7; 7.4%
			n = 43; 45.3%
			n = 31; 32.5%
			n = 9; 9.5%
			
			n = 4; 4.2%
			n = 1; 1.1%

Years in nursing	Mean: 15.6 years SD = 9.2 years Range = 1-37 years		
Years in current position	Mean: 6.2 years SD = 6.0 years Range = 0.3-30 years		
Years in agency	Mean: 9.7 years SD = 6.9 years Range = 0.04-31 years		
Areas of practice	Medical-surgical Critical care Cardiac Labor and delivery Surgery Psychiatric care Pediatrics Education	Medical-surgical Critical care Cardiac Operating room/PACU Labor and delivery Rehabilitation	

* Valid percent presented for reported data.

associate's (53.7%) and bachelor's degree in nursing (35.8%) programs. Six (6.3%) had a bachelor's and master's degree in another discipline. Mentees' average age was 30.66 (range 21-53 years). The majority were female (95.9%) and White (80.9%). The majority of the mentors also had a bachelor's (38%) or associate's (28.6%) degree in nursing; 16 (12.4%) had master's degrees in nursing or another discipline. The average age of the mentors was 41.64 (range 22-58). Most were female (96.2%) and White (87.7%). Mentors had been in nursing an average of 15.6 years (range 1-37 years), and in their current positions 6.2 years (range 0.3-30 years), and had spent 9.7 years (range 0.4-31 years) in their current places of employment. Most of the mentors (n= 90; 71.4%) were invited to participate in the N3 program. See Table 1 for areas of practice and other background details.

Results. Results from the mentees will be presented first, followed by results from the mentors. It is important to note the attrition in the number of mentees and mentors who sent data throughout the study. Reasons for attrition from the study are not clear. However, reports from site coordinators indicated one or both members of the dyad withdrew from the mentorship relationship; some participants failed to return forms even though they were reminded; and some site coordinators were required to get involved with other projects, leaving them no time to facilitate the N3 program. Also, some site coordinators failed to respond to communication from the AMSN N3 coordinator or evalu-

Variable	Time 1 2 Weeks Post Initiation of N3	Time 2 3 Months	Time 3 6 Months	Time 4 12 Months
New nurse confidence (Range 26-130)	Mean: 73.4 SD = 17.4 Range = 37-114 n = 96	Mean: 92.2 SD = 14.8 Range = 54-121 n = 42	Mean: 98 SD = 13.3 Range = 73-124 n = 27	Mean: 99.3 SD = 15.8 Range = 65-122 n = 10
Job satisfaction (Range 26-130)	Mean: 79.2 SD = 11.5 Range = 55-99 n = 61	Mean: 75.4 S.D. = 11.3 Range = 48-101 n = 44	Mean: 79.6 SD = 11.3 Range = 60-101 n = 26	Mean: 80.2 SD = 11.1 Range = 64-101 n = 9
Intent to stay (Range 15-105)		Mean: 72.7 SD = 7.3 Range = 57-94 n = 47	Mean: 72.0 SD = 7.6 Range = 60-93 n = 28	Mean: 78.3 SD = 8.8 Range = 65-91 n = 11
Relationship with mentor (Range 25-125)		Mean: 109.0 SD = 18.2 Range = 55-125 n = 51	Mean: 107.2 SD = 20 Range = 56-125 n = 30	Mean: 100.9 SD = 23.5 Range = 49-125 n = 11
Mentee evaluation of N3 Program (Range 13-65)		Mean: 36.5 SD = 12.8 Range = 5*-56 n = 50	Mean: 38.1 SD = 13.1 Range = 12*-62 n = 29	Mean: 30.8 SD = 17.6 Range = 13-60 n = 11

* Due to missing data.

ation team; in those cases, the hospital/hospital system was lost to follow up. No documentation is available regarding those dyads that had a successful mentorship relationship but failed to complete the requested evaluation forms.

Mentee results. Results of the mentees' scores on the variables of interest are presented in Table 2. New nurse confidence rose significantly from Time 1 to Time 2, and then remained relatively stable. Although the sample size at 12 months was too small to include in a repeated measures analysis of variance (ANOVA-RM) calculation, the analysis was conducted on mean scores from Time 1 through Time 3; there was a significant increase in nurse confidence scores between Time 1 and Time 3 [$F(2)=47.5$, $p=0.000$]. Observers would expect the confidence of the new nurse to increase over the first year in practice; however, the fact that it did increase would support the new nurse's intent to stay and enhance job satisfaction.

Job satisfaction was moderately high at Time 1 and remained stable throughout the study for those participants. The ANOVA-RM results thus indicated no change in job satisfaction over the first 6 months of employment [$F(2)=0.195$; $p=0.824$]. Intent to stay was measured at Times 2, 3, and 4; participants' scores were moderately high throughout the first 6 months and rose slightly at Time 4. Again, sample size at Time 4 was small and not included in a longitudinal analysis. No difference existed between participant scores on intent to stay at Time 2 and Time 3 [$t(25) = -0.38$, $p=0.970$).

The mentee's relationship with the mentor was assessed at Times 2, 3, and 4. A slight decrease in satisfaction with the mentor occurred over time, but this decrease was not significant between Times 2 and 3 [$t(27)=0.759$, $p=0.455$]. Time 4 could not be included in the analysis due to a small sample size. Similarly, the mean scores for the mentees' satisfaction with the N3 program were moderately high and relatively stable at Times 2 and 3 [$t(26) = -1.153$, $p=0.260$], but declined at Time 4.

Mentor results. The mentors completed questionnaires about their relationship with the mentees and an evaluation of the N3 program at Times 2, 3, and 4 (see Table 3). The mentors' relationship with the mentees was rated relatively high, peaking at Time 3 (6 months). Even though a rise in scores occurred at Time 3, no significant differences in the means existed at Time 2 and Time 3 [$t(31)= -0.315$, $p=0.775$]. Of interest is the fact that both the mentors and the mentees rated their relationships relatively high throughout the program. The mentors' evaluation of N3 rose somewhat at Time 2 and then remained stable. However, no significant differences existed in the means at Time 2 and Time 3 [$t(30) = -0.191$, $p=0.850$].

Discussion

A key to the success of a formal mentorship program within an organization is a commitment to mentoring. Mentorship must be a part of the culture of the organization. It must be a recognized structure with formalized processes, fol-

Table 3.
Mentor Mean Scores on Relationship with Mentee and Evaluation of Nurses Nurturing Nurses Program

Variable	Time 2 3 Months	Time 3 6 Months	Time 4 12 Months
Relationship with mentee (range 24-120)	Mean: 91.2 SD = 25.9 Range = 24-120 n = 65	Mean: 96.3 SD = 19.0 Range = 47-120 n = 34	Mean: 91.1 SD = 21.9 Range = 25-118 n = 18
Mentor's evaluation of N3 (range 9-45)	Mean: 22.2 SD = 10.2 Range = 9-45 n = 63	Mean: 26 SD = 7.1 Range = 9-41 n = 35	Mean: 25 SD = 9.1 Range = 9-37 n = 18

low up, and evaluation (Zachary, 2000). Although 18 hospital systems initiated the N3 program, only 15 became active, with most lost to follow up before 12-month mentee/mentor data were received. The realities of an ever-changing workplace likely interfered with the operationalization of the N3 program. The question arises as to the degree of organizational commitment to the N3 mentorship project, particularly when site coordinators were diverted to other pressing activities.

New nurse confidence increased significantly during the first 6 months of the N3 project, particularly between the initiation of the project and 3 months. Although this increase cannot be related directly to job satisfaction and intent to stay, a low level of confidence in performing nursing activities may result in job dissatisfaction followed by a desire to leave the job. Job satisfaction and intent to stay remained relatively stable over 12 months. Intent to stay peaked at 12 months, suggesting respondents were most likely to remain in their current positions beyond completion of the formal mentorship program.

Mentees' relationship with their mentors was relatively high throughout the first year but did drop slightly at 12 months. The mentors' relationship with their mentees peaked at 6 months and declined slightly at 12 months. Although no significant change occurred, the decline of mentees' and mentors' perceptions of their relationship could reflect the onset of a shift in that relationship. As the new nurses became more skilled and secure in their professional roles, their need for mentor guidance and support decreased.

The mentees' and mentors' rating of the N3 program peaked at 9 months, with slightly lower scores at 12 months. Again, this could be a reflection of the evolution of the mentee-mentor relationship.

Lessons Learned from the N3 Project

- Success of formal mentorship programs is dependent on the organization's commitment to this longitudinal project.
- Site coordinators whose primary responsibility is implementation of the mentorship program are needed to facilitate a successful organizational mentorship program.
- The structure of the N3 program was appropriate for implementation of the mentorship program but not satisfactory for evaluative data collection. As each N3 project was managed within the hospital organization, the AMSN N3 and evaluation coordinators had no influence on the organizational demands that lead to attrition of mentees, mentors, and site coordinators.

Study Limitations

- Although the sample size was acceptable at Time 1, high attrition resulted in a small sample size by Time 4.
- The intent was to compare the retention rates of new nurses who participated in the N3 program to past retention rates within each organization.

These comparisons were not possible due to high levels of attrition.
- The actual causes of attrition of mentees and mentors could not be documented adequately as many site coordinators were lost to follow up or were assigned other duties that took precedence over the mentorship program.

Evidence demonstrates mentoring can make a difference in the retention of new nurses (Boswell, Lowry, & Wilhoit, 2004; Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005; Douglas & McCauley, 1999; Gibson, 2005; Seibert, 1999). The N3 program offered clinical agencies a structure for initiating such a program. The lack of follow up resulted in insufficient data to determine the effectiveness of the N3 program. However, the results of the N3 project suggest a formal mentorship program may be effective in improving nurse retention if the hospital/hospital system makes a firm commitment to support the mentoring program. ∎

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Nurses Nurturing Nurses

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