Mentor Development Program for Critical Care Nurses: A Key to Staff Development and

Improvement in New Graduate Orientation.

by

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A Project Presented to the

FACULTY OF THE SCHOOL OF NURSING

POINT LOMA NAZARENE UNIVERSITY

In partial fulfillment of the

Requirements for the degree

MASTER OF SCIENCE IN NURSING

November 2012

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POINT LOMA NAZARENE UNIVERSITY

School of Nursing

Masters of Science in Nursing

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Abstract

       The mean age of the nursing workforce has increased over the last 25 years and as a result a nursing shortage is developing because these nurses are now retirement age. Precepting in a clinical setting has become a necessary method for orientation of graduate nurses with preceptors not receiving necessary training or compensation. After completion of a successful orientation it is important to give new graduate nurses continued support and encouragement while providing a safe learning environment. Research in small cohort studies has begun to demonstrate the importance of precepting programs and the development of mentor relationships as assisting in new graduate nurse retention and staff satisfaction. As a new graduate is mentored into a facility they have a greater appreciation of the organization mission and value system and also learn to promote nursing as a profession. This performance improvement project is intended to promote a mentor development program for critical care nurses. After attending a mentorship class, the nurse will be able to utilize skills and theories based on adult learning principles to develop mentor relationships with new graduate nurses and thus increase staff satisfaction and retention.

Acknowledgements

This has been an amazing journey that has taught me so much about my inner courage and strength. I feel that I have grown into a new person that is able to take new knowledge into the workforce to enact positive outcomes for patients and the entire interdisciplinary team. With this new found knowledge and courage, I have many people to thank for their encouragement, assistance, and prayer.

Mom and Dad- you have always encouraged me to follow my heart, listened to my complaints and sorrows, and dropped everything to be with me in times of crisis. I am so thankful for all of the opportunities I was afforded growing up and I know I have grown into an independent woman. I am truly blessed.

Annette and Howard- thank you for your love and support over the years. You have always treated me fairly and with love like I am your own. I appreciate everything that you have done for me.

Bobby, Sarah, Gay, LeAnn, Laura, Kate, Carrie, Kelly and Jennifer- thanks to all of you I maintained a semblance of sanity during this project and over the last two years. Thank you for supporting, encouraging, and listening when I needed to vent and lifting me up when I needed it.

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Chapter One: Introduction

Precepting in the clinical setting of hospitals has become a necessary method for new graduate nurse orientees to enhance skill development, critical thinking, and comfort level. Studies are demonstrating the benefits of using a preceptorship in the clinical setting and using nursing staff as preceptors for new graduates have become common (Riley-Doucet, 2008). In 2002 the American Association of Colleges of Nursing, recommended that preceptors in the hospital setting attend organized orientation and preceptor development programs (Sorenson, 2008). There is an abundance of literature demonstrating small descriptive studies that have positive outcomes on new graduates when establishing a preceptor model or training program (Fox, Henderson & Malko-Nyhan, 2006).

After finishing a successful orientation, an emphasis on the importance giving the new graduate nurse continued support and encouragement while still providing a safe learning environment should be maintained. The idea of mentorship was first introduced in the nursing literature in 1980 although it has often been suggested that Florence Nightingale was actually the first nurse mentor (Ali & Panther, 2008). A *mentor* can act as a trusted advisor that offers professional assistance including coaching, psychosocial support, and creating opportunities for learning and growth (Donahue, 2009). A *mentor relationship* becomes more long-term than a precepting relationship and is based on the new graduates needs after orientation. The mentor can act as a role model for the new nurse that in turn is seen to increase job satisfaction, professionalism, and staff retention. Mentoring can also help the new nurse develop a professional identity through practicing theory and receiving opportunities for growth (Ali & Panther, 2008).

The mean age of the nursing workforce has increased over the last 25 years (Santucci, 2004) and a nursing shortage has developed because many of these nurses are now retiring. This shortage of qualified registered nurses has led nursing schools to increase enrollment which, in turn, can lead to inexperienced nurses working off-tour shifts and a greater need for mentor involvement. According to Santucci (2004), other factors affecting the nursing workforce include college students looking for less physically demanding careers, better wages, and better work hours. Because there is a shortage and a need for more preceptors and mentors, hospitals have been studying recruitment and retention of new graduates in order to maintain cost effective orientation programs. Part of this retention should include providing effective orientation programs that pairs orientees with mentors who are confident and skilled.

According to Graham, Hall and Sigurdson (2008), "retention of the new graduate nurses in the first year of practice is 30%-60%" (Graham, Hall, & Sigurdson, 2008). This retention has a large financial impact, costing a critical care unit $75,000 for each new graduate who has to be oriented. Graham et al, (2008) also describe factors that can lead to new graduate satisfaction and retention including control, professional growth, recognition, and responsibility. When the organization supports a professional practice that creates teamwork, a healthy work environment ensues. Donahue (2009) suggests that as a new grad is mentored their understanding of the organization's mission and vision are better understood and they benefit from promoting nursing as a profession with development of potential leaders.

A preceptorship is usually a time-defined relationship with externally defined objectives and a goal of instruction in the proficiencies of a new role (Barker & Pittman, 2010). Within this relationship, the preceptor demonstrates the realities of practice for the new nurse and helps guide the nurse to organize behaviors and strategies for effective and efficient patient care

(Barker & Pittman, 2010). Orientation programs that focus on new graduates need to be tailored to foster competent and safe practice as well as being cost effective for the healthcare organization (Santucci, 2004).

Accounting for the learning styles of both the mentor and orientee when developing an appropriate and successful mentor development program and continuing in a mentor relationship is very important for its continued success. One must also consider adult learning, such as Benner's *Novice to Expert* and Knowles' *Adult Learning Theory*, to assess different ways to teach critical thinking (Barker & Pittman, 2010). Supporting the mentor during the orientation process can also help to alleviate stress, keep communication open and facilitate a positive environment for learning (Fox, Henderson, & Malko-Nyhan, 2006).

Significance of the Problem

New graduate nurses must be able to recognize changing patient conditions, prioritize nursing care and anticipate new orders and interventions (Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2009). The Joint Commission (TJC) formerly known as the Joint Commission on the Accreditation of Healthcare Organizations has identified factors that contribute to patient safety errors and sentinel events related to orientation, training, and competence assessment (JCAHO, 2006). Fero et al. (2009) identified the potential for errors and sentinel events when orientation programs were reduced due to nursing shortages and the need to have more nurses working in direct patient care. Inconsistent orientation schedules coupled with immature decision-making and critical thinking skills in new graduates can lead to poor patient outcomes and potential lawsuits (Wilgis, 2008). Several studies demonstrated that patient safety relies on nurse competence achieved by critical thinking development achieved in preceptorship and mentorship programs (Cooper, 2009; Fero, et al., 2009; JCAHO, 2006; Myers et al., 2010).

Most registered nurses in the hospital setting are required to precept as part of their job description and receive little, if any formal, training (Myers, et al., 2010). Nurses working in the critical care setting of a teaching hospital collaborate with nursing students, medical students, interns and residents on a daily basis. These nurses would benefit from a structured mentor development program in order to promote the mentor comfort level. This type of mentor education would also assist with developing critical thinking in new staff development, constructive feedback, goal setting, and how to develop mentor relationships (Fero, et al., 2009; Myers, et al., 2010).

Buerhaus, Auerbach, and Staiger (2009) reviewed the recession effects on the nursing shortage to address issues of older nurses remaining in the workforce and dissatisfied nurses who are leaving the workforce due to less wage increases. The authors' also discussed the research on strengthening the current nursing workforce and forces that are causing difficulty for new graduates to obtain employment after graduation. The causes of this are nurses staying in employment due to other family members' increased unemployment rates and a loss of nursing positions due to hospitals losing funding from having to treat larger numbers of uninsured patients and less elective procedures performed (Buerhaus, 2009).

The Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing report recommendations for the future of nursing include recommendations to healthcare organizations regarding support of mentor development and advancing nurse leadership. In the recommendations healthcare organizations and nursing schools are urged to provide interprofessional competency development programs and opportunities for lifelong learning. This also takes into consideration the need for nurses to be responsible for their own

professional growth and to seek opportunities to increase practice skills such as leadership and mentor development (IOM, 2011).

Problem Statement

Precepting and mentoring new graduate nurses can be a profound area of stress. Difficulty with time management, varying levels of experience, communication with other care providers, and managing workloads have all been reported as areas of high stress by nurses (Hickey, 2009). There is also literature that now supports effective mentor development in the hospital setting as a key to education of new graduates, promotion of job satisfaction, and retaining these new nurses (Myers, et al., 2010). Nurses are leaving their jobs at rates of up to 20% a year and this, in turn, can cost the hospital one and a half times that Registered Nurse's (RN) annual salary in order to replace them (Holtom & O'Neill, 2004). Sorenson and Yankech (2008) described preceptors as often inexperienced staff nurses who do not receive education regarding precepting with an emphasis on critical thinking and the teaching-learning process.

It becomes very important to support persons who take on the role of a preceptor in order to help foster a relationship that is conducive to learning, as well as to examine the perceived barriers so there will be an effective orientation experience for both the preceptor and preceptee. Walsh (2010) discussed supporting the use of mentors and mentor programs after the new nurse finishes orientation. An effective mentor relationship creates an environment for continued learning, advocacy, provides ongoing support during the transition period, and facilitates professional development (Cottingham, DiBartolo, Battistoni, & Brown, 2011; Walsh, 2010). As mentors are supported by the organization they will become more attune with their professional identity, gain leadership qualities and advance and renew their own practice skills. As the mentors and mentees become more satisfied with their work environment, patient satisfaction

scores and patient safety increase (Hallin & Danielson, 2009; Rogan, 2009). Financial backing for education programs, educators, and the preceptorship/mentorship process should be considered by institutions (Sorensen & Yankech, 2008).

Purpose Statement

The purpose of this project is to design an advanced mentorship program for nurses in a critical care setting. Since 2002, the American Association of Critical Care Nurses (AACN) has recognized the role of a mentor for critical care units and the importance of establishing professional development of mentors through orientation programs (Sorensen & Yankech, 2008). The goals of a mentor program should be to develop effective leaders, teachers, collaborators, evaluators, and communicators (Komaratat & Oumtanee, 2009). These mentor nurses need to embody the qualities that should be instilled in new graduate nurses as well as model effective patient care to the healthcare team.

The specific aims of an advanced mentor program are to highlight the roles a mentor should fulfill during the orientation process and into the new nurses career. These roles include that of a preceptor, educator, facilitator, evaluator, mentor, and leader (AACN, 2000). The mentorship experience will allow the new nurse to complete orientation in a manner that will lead to successful independent practice (Blum, 2009). This will also include incorporating the development of critical thinking, guiding the new nurse through reality shock, role modeling, developing a learning process based on a learning needs assessment, socialization, delegation, and development of a mentoring relationship post orientation.

This advanced mentorship program for nurses will also provide an emphasis on the role of a mentor relationship after orientation. The review of recent literature demonstrates the effectiveness of an orientation mentor as a long-term relationship to enhance staff retention,

professional development, leadership development, and a role model (Ali & Panther, 2008). A mentor can use formal or informal techniques to assist the mentee in their nursing career. Characteristics of a good mentor include being a person who is patient, knowledgeable, respectful, and who also has a sense of humor (Donahue, 2009).

This program will incorporate adult learning principles first identified by Benner and Knowles, by recognition of the learning styles of the preceptor and preceptee, communication skills, teaching techniques, and evaluation tools for the orientation process (Hickey, 2009; Rogan, 2009). By participating in these programs, it is anticipated that the orientation process for those involved will have a positive effect on both the preceptor and preceptee relationship, as well as foster an environment of learning, support, encouragement, and retention.

Chapter Two: Literature Review

An extensive literature review was done by using CINAHL with Full Text, Pub Med, Med Line, and EBSCO Host. Key words that were used in the search were; preceptor perceptions, new graduate nurse, critical thinking, orientation, preceptor model, nurse retention planning, mentoring, and adult learning theory. This chapter will demonstrate and lend support for the preceptorship role, give examples of preceptor models utilized in other studies, discuss new graduate competencies, provide examples of organizational support using preceptor models, offer benefits for the preceptor, and discuss educational needs for preceptors.

Conceptual Framework

Much of the literature reviewed focused on the preceptor utilizing adult learning principles. Sorenson's (2008) study focused on a learner-centered approach and teaching-learning strategies to assist with critical thinking development. Wilgis (2008) evaluated the concept maps in the new graduate orientation by using Benner's *Novice to Expert* model. Benner's model was again used in a study examining the critical thinking ability of new graduate nurses and using simulation to enhance learning (Fero, et al., 2009). When creating a mentor development program it would be appropriate to take into consideration adult learning principles in order to assist in development of preceptors as well as to enhance the preceptors' awareness when orienting a new graduate (Clay, Lilley, Borre, & Harris, 1999).

In reference to Benner's *Novice to Expert* model, there are five stages of development that a new nurse will undergo, including: novice, advanced beginner, competent, proficient, and expert (Benner, 1984). The *novice* nurse is a beginner with little experience. Nursing students with little experience in an area are considered novices. They can perform simple tasks limited to their situational experience. Novice nurses can also be a newly hired nurse into a specific field.

An *advanced beginner* is a nurse who has had meaningful experiences that s/he has started to use in practice. They can recognize components of past experience and are using those experiences to build their knowledge base. The *competent* nurse begins to see their actions in long-term goals but lacks speed and flexibility. The competent nurse develops an analytical reflection of problems but does not have a total understanding of the whole situation. Benner (1984) asserted that a *proficient* nurse is able to look at the situation as a whole process. This nurse can use past experiences to reflect and guide decision making while adjusting care to meet the whole needs of the situation. An *expert* nurse has a vast wealth of experience to dwell on and knowledge that allows an intuitive grasp in any situation. The expert nurse is fluid and flexible in their care and can narrow their understanding of the problem very easily without wasting time on other diagnosis's (Benner, 1984).

For the purpose of this project, the new graduate nurses are the novice nurses with limited experience and knowledge who are undergoing orientation. These novices will become advanced beginners as they begin to accomplish simple tasks and become aware of critical situations. When the new nurses become competent beginners they will be able to plan, analyze, and determine what area of a critical situation in which they can participate. As they begin to reflect on these situations and use experience to guide their responses these novice nurses will reach the expert nurse level (Benner, 1984; Fero, et al., 2009).

Many studies also suggest that identifying the learner's needs during education is essential. From Knowles' *Principles of Adult Learning*, we know that adults need to have a reason to learn; need to be self-directed; are interested in topics that relate to their current stage in life; combine values, beliefs and opinions; and look to past experience to help them create new knowledge (Atherton, 2009; Knowles, 1990). The new graduate nurses in this project will fall

into the *Androgogy stage*. They will need a reason for learning and be self directed in that learning. New information will need to be presented to the learner in a direct manner. By addressing specific topics and then expanding on those topics later, the learner can apply knowledge to more situations. It is important that the learner knows why they need to learn each concept so that they are motivated to retain the information (Knowles, 1990).

The new graduate will have interest in topics that relate to their stage of life and be receptive to information that will help them solve problems. When teaching a new graduate, it is important to give relevant information that is of value. Using Knowles theory, the preceptor can encourage sharing past experiences and build on those experiences and integrate values, beliefs and feelings in to the learning environment (Knowles, 1990).

Androgogical methods of teaching and learning can best be applied in settings that are supportive and in environments where learners are self-directed (Atherton, 2009). By placing a value on authentic education and development of critical thinking and skills, the learner will be motivated to add to their knowledge base and advance from a novice to an advanced beginner. An orientation experience can be greatly facilitated by helping the preceptor to understand and be able to recognize the preceptee's experience level is that of a novice or advanced beginner. Thus focusing on how to guide preceptee's through the orientation experience will help to provide a positive experience for both employees involved.

In 1984, Gregorc developed the *Mind Styles Model* (Gregorc, 2011). It was his contention that teaching styles are behaviors, characteristics, and mannerisms that reflect the underlying mental qualities that are used to present data. Gregorc stated that teachers must recognize their own *Mind Styles* and how they are used to present information. These *Mind Styles* will create, reinforce, and support certain mental qualities and natural bias' affect how decisions are made

(Gregorc, 2011). Gregorc further described learners as perceptual and with an ordering ability and within each of these categories the learner is concrete, abstract, sequential, or random. The concrete learner registers new information through the five senses. Abstract learners visualize and conceive ideas to understand that which is unseen. Sequential learners organize information in a linear and step by step orderly manner. According to this model, the random learner organizes information in chunks and in no particular order (Gregorc, 2011).

From the perceptual and ordering ability categories, Gregorc developed four categories of learning styles. These categories are concrete sequential, concrete random, abstract sequential and abstract random (Gregorc, 2011). *Concrete sequential learners* use their physical senses for learning. They follow directions, tend to like logical sequences and gather facts. *Concrete random learners* use intuition and learn by trial and error. They take risks and experiment with learning to find the best solution to a problem. *Abstract sequential learners* use intellect and like hands on processes for learning. They analyze problems before making decisions and apply logic to solve problems. *Abstract learners* utilize their emotions and look to others in learning. They bring harmony to group situations, focus on the issues of the problem, and establish healthy relationships with others (Gregorc, 2011). Understanding learning styles will allow learners and preceptors, and then mentors, who are similar in style to be matched. This allows the mentorship process to be better facilitated and supported and will allow for an optimal teaching experience between the mentor and mentee

By teaching the preceptor about Benner's *Novice to Expert* (1984) and Knowles' (1990) *Principles of Adult Learning,* they will become aware of the learning stages that the orientee will undergo during orientation. Awareness will then guide the preceptor to structure learning around these stages and to be able to build on each learning opportunity to facilitate advancement

through the *Novice to Expert* stages. Becoming aware of the different learning styles outlined by Gregorc (2011) will also allow the preceptor to match with the orientee and use their like-mindedness to grow during the learning experience. As the preceptor applies value and knowledge to each learning experience, the orientee can continue to grow and build their knowledge base.

Preceptorship and Mentorship Definitions

Forneris and Peden-McAlpine (2009) defined a preceptor as an experienced nurse who orients new nurses. Komarat and Oumatanee (2009) further refined and described the definition of a preceptor's role as that of a leader. They specify the mentor role further by defining it as a teacher, supervisor, evaluator, role model, 12ocialize, and proficient clinician. Wilson, Bodin, Hoffman, and Vincent (2009) discussed the differences between precepting and mentoring as the preceptor functioning as an expert teacher in a short-term relationship in clinical teaching and the mentor as a long-term mutual relationship for learning and career development. A *preceptorship* is defined as an organized and planned educational program where a preceptor and orientee work together with a set goal. During this orientation process the orientee will learn the philosophy of the hospital environment, set goals, learn best practices, role expectations, and policies (Sorenson & Yankech, 2008: Wilson et al., 2009). Yonge, Billay, Myrick, and Luhanga (2007) differentiated between the preceptor and mentor roles, in that a preceptorship relates more closely to an educational relationship and is an effective way to bridge the theory-practice gap, where as *mentorship* is a more long term relationship that includes more than an educational environment. Donahue (2009) further refined the definition of a mentor relationship as professional assistance through coaching and provision of access to learning opportunities and psychosocial support. Using the above described qualities, preceptors are able to facilitate a safe

learning environment for new graduate nurses and transition the new graduate into a mentor relationship.

Preceptor/Mentor Models

Preceptor models are useful in helping guide preceptors by giving them clear expectations of their responsibilities. These models should be viewed as beneficial and practical to prepare preceptors for their role. Several studies found in this literature search have self-developed models or programs that were carried out within interdisciplinary groups of a hospital or specifically developed tools.

Riley-Doucet (2008) identified preparation for the preceptor role as one of the most important factors related to the success of an orientation process. The *Preceptor Orientation Self-Learning Education* (POSE) module developed by Riley-Doucet (2008) and a group of faculty is a self-directed manual given to preceptors working with nursing students. A self-directed model was chosen because there was time conflict for both preceptors and faculty to meet to discuss expectations and roles. The POSE module was developed as a teaching/learning tool with goals of enhancing the preceptor's confidence level, increasing faculty confidence in preceptors, and ensuring consistency in clinical teaching methods.

The POSE manual (Riley-Doucet, 2008) incorporates three areas. The first section is an introduction to the program the nursing students are attending which outlines objectives the students will be working towards during their time spent with their preceptor such as, applying the nursing process, safe patient management, using resources and time management with patient care, and integrating evidence based research into practice. The second section of the POSE manual includes suggested teaching strategies and information about the five domains of adult education- facilitator/preceptor, learner/apprentice, learning environment, learning content, and

learning processes. This section also includes self-evaluation exercises to assess learning styles and how to promote a positive learning environment. The third section of the POSE module describes methods for effective coaching strategies to promote psychomotor and cognitive skills and evaluation strategies to help preceptors give constructive feedback including tips to help them reflect on student behavior/actions during the experience.

A study was conducted by Riley-Doucet (2008) involving 150 preceptor participants and of those 150 participants, 89% had prior precepting experience. Each participant was given a pre-demographic questionnaire and a post-test to evaluate mastery of learning objectives from the POSE module. Results reported for this study were based on participants using a Likert scale of 1-5 to answer questions. The results of each question were positive. Based on the preceptors satisfaction with using the POSE manual (M=4.49, SD=0.569), readability of the POSE manual (M= 4.48, SD= 0.585), and layout of the POSE manual (M= 4.32, SD= 0.632). The preceptors in the study found the POSE self-directed manual to be helpful (M=4.41, SD=0.615) in preparation for the preceptor role, and that the mastery of the learning objectives from the POSE manual was a mean score of 90.13 with SD= 7.019 (Riley-Doucet, 2008).

In another study conducted by Barry-Frame and Ballantyne et al. (2002), 20 Boston area clinical agencies and academic institutions developed three committees to establish and carryout a preceptor development program that included a nursing student, a preceptor and an institution (Barry-Frame, 2002). This collaborative model instituted in the Boston area, held biannual preceptor educational programs. The key areas discussed during these training sessions included critical thinking, confrontation in the workplace, principles of adult learning, and evaluation of the learner. Evaluations from the participants demonstrated requests for more precise day-by-day hints, additional focus on problems experienced by preceptors, and more effective

communication between the preceptor and preceptee. The results of these ongoing preceptor preparation programs demonstrated a high percentage of satisfaction with relevance to clinical practice (83-97%), organization (83-100%), and realistic teaching time frames (90%) (Barry-Frame, 2002). This literature demonstrated that the use of preceptor models and committee involvement helps to facilitate positive patient and orientation outcomes for the preceptor-preceptee relationship.

To address the current nursing shortage, *Partner's Investing in Nursing's Future* developed a nationwide grant to develop programs to improve retention and recruit faculty and nursing students with the first ten grants disbursed in 2006 (Cottingham et al., 2011). The Partners in Nursing (PIN) program evolved from this grant and its purpose is to meet the needs of nurses transitioning from a new graduate role into an established nursing role. The objective of the PIN program is to offer leadership opportunities while addressing three main concerns. First, the PIN focus was on nursing turnover of new graduates in the workplace. Second, the program identified a lack of support for leadership and identified mentors. Third, the program addressed the nursing shortage and faculty shortage (Cottingham, et al., 2011).

A two-year pilot project was developed that included three acute care hospitals. Mentors were recruited from these hospitals through advertisement and then information sessions. New nurses were recruited from orientation programs (Cottingham et al., 2011). The PIN program started with weekly meetings between mentors and mentees that discussed how to coach, provide feedback, and support new graduates. Mentor pairs were encouraged to meet weekly via email, phone call, text, or in person. The PIN program also held monthly professional development seminars that included a variety of topics such as, networking, goal setting, communication, and conflict management (Cottingham et al., 2011).

Evaluations were collected via email surveys from the participants. The program was 18 months long and had an increased participation rate in the last year of the program. A group of mentors (n=21) and mentees (n=19) participated in the program. At the end, the participants reported a 100% satisfaction with the program including stating that they would continue working for their current employer, and planned to stay working as a nurse. Areas identified for further growth were the time constraints required for participation, organizational skills, and social skills to fit-in on their respective units. Strengths recognized in this program were an increase in motivation of both the mentee and mentor, and increased knowledge of the career ladder that the person wanted to pursue (Cottingham et al., 2011). Although the number of participants was small, the results were significant to those involved on mentorship programs.

Competency Based Programs as a Foundation for Staff Development

In a structured preceptor program it is important to assist the new graduate in developing and meeting competencies to become an independent practitioner. A *competency* has been defined by Burns and Poster (2008) to be a broad statement describing aspects of expected practice that needs to be developed and demonstrated in order to achieve competence and an ability to perform appropriately. The literature reviewed categorizes new graduate nurses as *advanced beginners* as seen in Benner's (1984) model of the developmental stages of nursing proficiency (Benner, 1984; Burns & Poster, 2008; Santucci, 2004). This demonstrates that new graduates are bringing to the workplace a set of basic skills that can be built upon and fostered. Orientation programs should focus on more technical skills including critical thinking and practicing safely.

In a critical care orientation program, strategies to facilitate development to meet competencies and critical thinking should be included to improve patient outcomes, new

graduate comfort levels, and retention of new staff. A program that recognizes the skills and growth of the new graduate gained through experience and is formatted to assist the new nurse with professional growth has been shown to be the most successful (Santucci, 2004).

According to Burns and Poster (2008), competency development for new graduates has been addressed by institutions to include nurse internships and externships, nurse residencies, lengthy orientations, and assigning mentors to new graduates after completing orientation. Competencies for new graduate education should also include critical thinking development, socialization, and identification of learning needs and styles to accommodate and ensure orientee needs being met (Burns & Poster, 2008).

Organizational Support

In a descriptive cross-sectional study, Hallin & Danielson (2009) evaluated preceptor perceptions (n=222) of support from coworkers, supervisors, and faculty before and after implementing a self-developed preceptor model. This model incorporated a nursing student, personal preceptor, head preceptor, clinical teacher, and link teacher who communicated with the preceptors and clinical teachers. The authors developed an 83 item questionnaire based on a Likert scale that focused on personal and clinical experiences, experience of preceptor preparation, experience of support from other teachers, and experience of support from coworkers, head nurses, and other nurses enrolled in the study. This questionnaire was sent via intra-hospital mail to nurses who had been a personal preceptor for the last two years to a nursing student. When comparing the two groups' experience of preceptor preparation, there was a statistically significant difference (p <0.001-0.036) concerning support for teachers, demonstrating that there was an improvement in preceptor experience of preparation after implementation of the preceptor model. There was also a statistically significant improvement in

preceptors experience of support from teachers (p< 0.001), coworkers (p <0.006-0.033), head nurse (p <0.007- 0.032), and enrolled nurse (p< 0.001-0.004) (Hallin & Danielson, 2009). This study demonstrated the positive effects of implementing a structured preceptor model with regard to preceptor feelings of support and satisfaction with the precepting experience.

In another study done by Fox et al. (2006), the researchers compared perceptions of the preceptor and preceptee about the effectiveness of the preceptor role at two time periods in the relationship. They surveyed nurses at three months and six months post preceptor/preceptee relationship initiation. The participants were asked how they felt about other staff support, expectation of themselves as preceptors, difficulty with role fulfillment, and perception of fulfilling goals. The nurses stated that they had an increased ability to fulfill the preceptor duties after initiation of education. The preceptors also stated that they agreed they had been able to fulfill their expected preceptor role at three months, 63.6% and by six months this had increased to 83.4% (Fox et al., 2006). These studies demonstrated the need for a structured preceptor program that allows support of preceptors in order to allow time to facilitate growth and participation in precepting.

Pathways Toward Critical Thinking

Critical thinking has been identified in the literature as a key focus in an orientation program. Tanner (2005) defined critical thinking as a graduate nurse's ability to analyze, challenge, recognize limitations, and take action (Tanner, 2005). To assist in improving patient outcomes, new graduate nurses should have critical thinking as a major focus during their orientation. New graduate nurses are advanced beginners with minimal experience in decision-making especially during critical life changing moments in the intensive care unit (Wilgis, 2008). There are many different ways to assess critical thinking found in the literature including concept

maps, journaling, and simulation being some of the most common strategies found. This literature search identified several ways of developing critical thinking as journaling, concept maps, questioning, simulation and utilizing learning modules (Burns & Poster, 2008: Fero et al., 2009).

Forneris and Peden-McAlpine (2009) developed a small case study that examined the relationship between nurses and their preceptors. Using the contextual learning intervention (CLI) derived from the work of four theorists and published by R. E. Stake in 1995, the authors implemented a six month study involving acute care nurses and orientees that utilized preceptor coaching by reflection, context, and dialogue to develop critical thinking. Before beginning the precepting process, the identified preceptors underwent training on how to coach critical thinking so that they understood the process of critical thinking and were able to develop the preceptor role to enhance critical thinking for the novice nurse. Using Stake's qualitative instrumental case study design, the authors used specific questions to evaluate the preceptor experiences (Forneris & Peden-McAlpine, 2009). Themes that emerged from this study of six preceptor and orientee dyads were first, *that power and culture affect critical thinking*. The CLI helped preceptors to gain awareness of the responsibility and role they were playing for the orientee and allowed them to open dialogue through sharing their viewpoint. The second theme, *dialogue enhances critical thinking*, allowed preceptors to recognize they were moving from a rules-oriented way of thinking to understanding a situation and allowing dialogue to guide the learning process. The third theme, *context in concert with thinking out loud* allows for evaluation of orientees' understanding and assists to guide the thinking process. This small study done by Forneris and Peden-McAlpine (2009) demonstrated the use of the CLI and facilitating critical thinking during the orientation process. The authors' findings demonstrated that the preceptors need to be

engaged with the orientee so that they can think and talk about their patient care together, thereby enhancing the learning process (Forneris & Peden-McAlpine, 2009).

Sorenson and Yankech (2008) examined whether research-based, theory-driven preceptor education could improve critical thinking in new graduate nurses. The authors used a quantitative and qualitative approach involving sixteen new graduate nurses and their preceptors before and after implementation of a preceptor-facilitated orientation program. These authors developed and taught a three hour education program that provided teaching-learning strategies to teach preceptors how to facilitate critical thinking in new graduate nurses. The authors also measured critical thinking in the new graduates using the California Critical Thinking Skills Test (CCTST) Form 2000. The CCTST results evaluated critical thinking and compared this with age, length of preceptorship, years on non-nursing education, and total years of health care experience. The authors found no statistically significant difference when measuring critical thinking scores of diploma and Bachelor of Science in Nursing degree (t= -1.38, p= 0.177). The authors followed up the results of the CCTST with preceptor interviews. Themes that emerged from these interviews included: (a) identification of need for the education, (b) value of the educational program, and (c) benefits to the preceptees. The authors found that the results of the quantitative portion of the study were supported by the qualitative portion and that the preceptors' felt a positive experience from attending the training (Sorensen & Yankech, 2008).

Wilgis and McConnell (2008) performed a descriptive comparison design assessing critical thinking skills at the beginning and end of orientation for new graduate nurses using the *Schuster Concept Map Care Plan Evaluation Tool*. Graduate Nurses (n=14) in an orientation program used case studies to map patients health problems, assessment findings, select nursing diagnoses, and intervention at the beginning and at the end of orientation. The authors found a

statistically significant difference in new graduate nurse concept maps at the end of the

orientation. A paired t test of the pre- and post concept map scores demonstrated significant

improvement (t=-2.797, p= 0.08) in post concept maps (Wilgis, 2008).This study indicated an

improvement in concept mapping demonstrated the graduate nurses growing ability to synthesize

and prioritize information for their patients. This study also demonstrated how concept mapping

can assist graduate nurses in their growth from novice nurses to advanced beginners by focusing

on inexpensive educational strategies that address situational thinking and address a variety of

learning needs (Wilgis, 2008).

In a study examining critical thinking ability from a patient safety perspective, Fero et al

(2008) used taped simulations of patient condition changes to assist preceptor's and preceptee's

critical thinking process and guide role playing. Using a sample size of 2144 new nurses from

2004-2006, the authors used *The Performance Based Development System* (PBDS) to test new

nurses' abilities to recognize a change in patient status and to critically think through the

situation to provide a safe patient outcome. The findings of this study show that 74.9% of the

newly hired nurses met the expectations on the PBDS. The authors also compared the PBDS

scores with the new nurses degree completion (Bachelor of Science in Nursing, Associate, and

Diploma) which showed statistically significant differences in meeting the expectations of PBDS

in nurses with an Associates (p=0.007) or BSN (p< 0.0001) and no statistical significance in the

Diploma nurses (p=0.100). The 25% of nurses who did not meet expectation had problems with

recognizing changing patient situations, initiating appropriate nursing interventions, anticipating

orders and reporting assessment data (Fero et al., 2009). This study demonstrated that the PBDS

helps identify learning needs of new nurses to facilitate an appropriate orientation program.

This review of the literature demonstrated a significant body of research on precepting and orientation of new graduate nurses. The majority of studies demonstrated the benefits of an organized and structured orientation process to facilitate successful advanced critical thinking skills (Sorensen & Yankech, 2008). The use of preceptor models, either in class or textbook form, which describes the role of the preceptor and the orientation experience, have shown to be helpful to the RN and to improve satisfaction with the orientation process. Competencies demonstrate the nurse's ability to perform certain tasks and measure skill levels. The preceptor can work with the orientee to develop competencies and to become an independent practitioner (Burns & Poster, 2008; Santucci, 2004). Preceptor comfort levels with their role and feelings of being supported, also contributes to a successful orientation process. Recent studies have concluded that giving preceptors support from their supervisors and coworkers helps to ease stress levels, and increases comfort with the orientation process (Fox, et al., 2006; Hallin & Danielson, 2009). Several of the above studies also used small sample sizes to allow for qualitative analysis to further substantiate their research findings. These authors believe that the small sample sizes allowed the preceptor and mentor's to have more time for discussion in small groups and to share lived experiences (Forneris & Peden-McAlpine, 2009; Fox, et al., 2006; Hallin & Danielson, 2009; Sorensen & Yankech, 2008).

Chapter Three: Course Design, Delivery & Implementation

The role of a mentor in critical care units and the importance of establishing professional development of mentors through education programs has been recognized and studied in the literature. The purpose of this project is to design a mentorship program for nurses in a critical care setting. The program will include adult learning principles identified by Benner and Knowles, identifying learning styles of the mentor and mentee, how to provide constructive feedback, communication skills, teaching techniques, and development of critical thinking in new graduate nurses (Hickey, 2009; Rogan, 2009). Through participation in an educational mentor development program, it is believed that there will be a positive impact on both the mentor and mentee relationship that fosters an environment of learning, support, and encouragement.

Design

This project is designed to develop a mentorship program for a critical care unit. The goals of this project is to assist mentors to identify adult learning styles, teaching techniques, develop shared goals, and develop critical thinking skills in new graduates. The mentors will be chosen on a volunteer basis with permission from the unit Clinical Services Director (CSD) and the Clinical Nurse Specialist (CNS) of the unit.

The one group pre-test, post-test, and post-mentor relationship design will be used to evaluate the effectiveness of a four hour educational program. The pre-test/post-test/post-mentor test will be formulated as part of the project (Appendix B) and given to the participants before attending the class, immediately after the class, and then at a later date when they experience their first mentor opportunity. Due to the variance in new employee hiring the time frame for mentor opportunity may vary. This will examine how prepared the mentor felt before attending

the class, how their feelings about mentoring changed once attending the class, and then their preparation level when entering their first mentor relationship.

Setting/Sample

This educational program would be provided to nurses in all inpatient units at a federally funded hospital in southern California. This hospital has 150 mixed medical-surgical and telemetry beds and includes an Intensive Care Unit and Direct Observation Unit. Nurses working in this hospital care for a variety of patients that have undergone cardiac bypass surgery, general surgery, vascular surgery, and medicine patients admitted for sepsis, adult respiratory distress syndrome, and chronic illness.

The program will contain the approved nurse mentors from the Clinical Services Director and Clinical Nurse Specialist that work in each inpatient unit. The inclusion criterion for these mentors are nurses who: (a) have > two years of critical care experience; (b) have indicated acceptance for participation, (c) have a minimum college degree of BSN, and (d) are full-time work status. The exclusion criteria for these preceptors will include if they have less than two years of critical care experience, less than a BSN degree, traveler status, and part-time/per-diem work status.

The target number of participants in this program will be twenty nurses for each class. These twenty participants will need to have approval from their CSD and CNS and will be granted paid time for attending the educational session. Having a small class size will provide for more one-on-one interaction and time for questions. A smaller group will help facilitate group discussion about past experience and assist with role playing for simulation exercises.

Instruments

The nurses attending the mentor education class will complete a demographic survey and post class evaluation survey administered to them. Appendix A consists of an instructor-developed demographic survey. The demographic survey would also include a survey of past precepting and mentoring experience, comfort level, and feelings of support from supervisory staff and coworkers. Also developed by the instructor is a post-class evaluation (Appendix B). This would be administered immediately upon completion of the class, again when the mentors are in their first post-class mentorship, and lastly three months post mentor relationship. This time period will depend on hiring of new staff in each unit and orientation schedules. The evaluation will use a Likert scale answering system and ask similar questions from the demographic survey regarding comfort level while mentoring after attending the education class, feelings of support from supervisory staff and coworkers, and assess any challenges felt by the mentor and mentee in establishing goals, communication, and ability to manage patient care while mentoring. The post class evaluation and evaluation done during a mentorship will be compared to evaluate satisfaction scores associated with the mentoring experience pre and post educational class.

The demographic survey and the post education class evaluation will be validated by using face and content validity. A panel of three nurses, including the CNS, will assess the forms for relevance to topic and clarity of questions. The post education class evaluations would be assessed to look for satisfaction associated with the education topics and to facilitate changes in the education plan. The findings from the evaluation survey will be shared with the CSD and CNS of each inpatient unit and the Executive Leadership Team for future assessment and updates to the education curriculum.

Procedures

The demographic survey and post education class evaluations will be coded and assigned blind numbers to match them for results comparison. The nurses attending the mentor development class will answer the post education survey using a Likert scale to indicate agreement or disagreement with the questions on Appendix B. The educational survey will be given to the mentors again during their first actual mentorship after attending the class. The answers to the two surveys will be compared using a paired t-test.

Data Analysis

A paired t-test will be performed to compare the knowledge mean scores between pre- and post-educational class data. Regression analyses will be conducted on post-test scores to determine the strength of educational intervention as a predictor variable. Analyses will be performed using SPSS version 18.0. For purposes of this program development, the significance level will be set at $p < 0.05$.

Learning Outcomes of the Mentor Development Program

At the end of this mentor development program the participants would be able to differentiate between the different roles of mentoring (teacher, supervisor, evaluator, role model, socialize and proficient clinician) (Komaratat & Oumtanee, 2009) and precepting (preceptor, educator, facilitator, evaluator, mentor and leader) (AACN, 2000). The participants would then be able to identify at what stage of Benner's *Novice to Expert* theory the mentee is operating and compare strategies to build upon that knowledge base to expand practice. The participant would be able to facilitate learning during the orientation process by using dialogue to foster critical thinking, assess learning needs of the orientee, socialize the orientee, and to effectively evaluate the orientation process.

These outcomes will be measured in a variety of methods. In class discussion will include exercises for the participants to complete that will require demonstration of knowledge learned and ways to assist professional growth of the mentee. The pre- and post test will evaluate knowledge gained in the area of identification of mentee's level of practice, learning styles, and ways to assist development of critical thinking.

Background Information

A mentor's role is to assist a new graduate in the transition from orientation to independent practice (Persaud, 2008). New graduate retention rates vary, but the reviewed literature stated that the turnover rate in the first year is from 35-69% (Graham et al., 2008; Persaud, 2008). Graham et al, (2008) further state the financial impact on a hospital when a nurse leaves can cost $75,000 or up to one and a half times the nurse's annual salary. When the new graduate does not feel supported, he or she often look for a different career path that will be less physically demanding, offer better wages, and better hours (Santucci, 2004).

The purpose of developing mentor relationships after the orientation process is to continue the support of the new graduate. These mentor nurses should embody the qualities that should be instilled in new graduate nurses as well as model effective patient care to the healthcare team. Mentors have a variety of ways to instill these qualities in to new graduates through formal and informal teaching.

The specific aims of an advanced mentor program are to highlight the roles a mentor should fulfill during the orientation process and into the new nurses' career. These roles include that of a preceptor, educator, facilitator, evaluator, mentor, and leader (AACN, 2000). The mentorship experience will allow the new nurse to complete orientation in a manner that will lead to successful independent practice (Blum, 2009). This will also include incorporating the

development of critical thinking, guiding the new nurse through reality shock, role modeling, developing a learning process based on a learning needs assessment, socialization, delegation, and development of a mentoring relationship post orientation.

Program Content

This four hour Mentor Development Program will be presented as a PowerPoint presentation that includes various exercises to assist the learners in developing qualities to be used when developing a mentor relationship (Appendix C). The PowerPoint will be separated into modules that will focus on each content area. In each module time will be given to answer questions, discuss previous experience, and review exercises.

This first module of the class will discuss various definitions of a mentor and will include why mentors are needed. It will also include benefits of mentoring, being mentored, and organizational benefits. Included in this module will be the responsibilities of the mentor, mentee, and organization, role definitions, and how to find a mentor. Objectives for this module will be: (a) the participant will be able to define the role of a mentor, (b) the participant will be able to differentiate the roles and responsibilities of a mentor, (c) the participant will compare the benefits of being a mentor, of being a mentee, and for the organization, (d) the participant will be able to verbalize how a mentee can choose a mentor, and (e) the participant will be able to support and actualize role socialization of the mentee.

Module two will examine adult learning theories that are pertinent to assisting a mentee in the learning process. Three main learning theories will be reviewed; Benner's *Novice to Expert,* Knowles *Principles of Adult Learning*, and Gregorc's *Learning Styles*. The learners' will assess their own learning styles and be given tools to assess their mentee's learning styles when developing the mentor relationship. This will make the mentor more aware of how to approach

the mentee and provide education in a way that will support individual learning. Objectives for this module will be: (a) discuss the four types of learners described by Gregorc, (b) differentiate Knowles Principles of Adult Learning theory- the learner, the experience, readiness to learn, and orientation to learning, (c) summarize the principle of Adrogogy and adult learners, (d) compare the levels of nursing competence from Benner's Novice to Expert and evaluate what level a mentee is currently functioning, and (e) recognize ways to assist a mentee to advance from a competent nurse, to proficient nurse, and finally an expert nurse

Module three will discuss how the mentor can assist the mentee to develop critical thinking skills. Exercises and examples will be given to enhance the learning process as well as time to reflect and share ideas. Included in this module will be ways for mentors to develop active listening skills, how to give constructive feedback, and also how to not become a toxic mentor. Objectives for this module will include: (a) compare the idea of critical thinking and clinical reasoning, (b) examine the different personality traits of critical thinkers and (c) demonstrate how to assist the mentee to develop critical thinking by utilizing concept maps, dialogue, and asking open-ended questions.

Module four will cover active listening skills, constructive feedback, and how to avoid toxic mentoring. This module will give mentors a skills set to practice during the mentor relationship for positive outcomes. Included in this module will be ways for mentors to give constructive feedback. By highlighting characteristics of toxic mentors, the new mentors will recognize poor situations and attitudes that can damage the mentor relationship. Objectives for this module will include: (a) compare different types of active listening, (b) demonstrate how to give positive feedback using a praise sandwich, (c) discuss how to assist the mentee with self reflection and utilization on evidence based practice to answer questions, (d) identifies

personality traits of toxic mentors such as avoidance, dumping, blocking, and criticizing, and (e) describe negative behaviors associated with toxic mentors and recognize their negative impact the mentor/mentee relationship.

The last module will tie together the previous modules and demonstrate how the American Association of Critical Care Nurses (AACN) Synergy Model can be effectively implemented to support the mentee, mentor and organization. When the Synergy model is implemented in a mentor relationship it can allow feelings of support for the mentor and mentee, as well as satisfaction with the organization. It will also give very detailed information on how to assist the mentee in developing through Benner's *Novice to Expert* theory. By having detailed documentation of this growth process, supervisors and clinical nurse specialists can evaluate and intervene with a mentee to assure a successful and meaningful work environment. Objectives for this module include: (a) analyze the eight characteristics the patient brings to the hospital, (b) analyze the eight characteristics the nurse brings to the organization, I discuss how incorporating the Synergy Model can assist the mentoring process, (d) identify how the synergy model can help achieve mentoring goals of facilitating teamwork, communication, and competency development for the mentee and (d) summarize how the five core competencies of a successful mentor assist professional growth of the mentee and in turn improve patient and staff satisfaction

The Executive Leadership Team as well as Clinical Services Directors and Clinical Nurse Specialists of each inpatient unit will need to buy in to this advanced course on mentor development. In this particular hospital there is already a mandate for development of a basic precepting course that each nurse must attend and then an advanced mentor preparation course to support the new graduate nurses after orientation. This advanced mentor development course is

designed to support and expand previous knowledge and assist nurse mentors who continue to

work with new graduate nurses.

Chapter Four: Program Evaluation and Assessment Methodology

Attendees of the Advanced Principles of Mentoring will receive a packet of handouts that will allow them to follow along with the in-class lecture portion. Part of this packet will also contain exercises and handouts for class discussion to help demonstrate concepts. The class will be broken up into sections based on content and reviewed with the class allowing five to ten minutes for questions and completion of exercises after each module. A variety of teaching methods will be used to incorporate student learning styles such as visual, tactile, and auditory. The attendees will be able to take all teaching materials and handouts with them to refer to and utilize at later times or with their first mentorship opportunity (Appendix B).

Results

As much of the research has indicated, mentorship is a key component of financial as well as successful staff retention to a healthcare institution (Graham, et al., 2008; Holtom & O'Neill, 2004). Introducing staff to the concepts of precepting and mentoring will allow new graduate nurses to develop a better understanding of the institutions' mission and vision as well as promote the profession of nursing (Donahue, 2009). As a culture of change develops where experienced nurses mentor novice nurses, patient safety, critical thinking, patient and nurse satisfaction and competence will improve (Fero, et al., 2009; JCAHO, 2006; Wilgis, 2008). Organizational support of mentoring courses that train the nursing staff will lessen identified areas of stress and promote professional development of mentors (Sorensen & Yankech, 2008; Walsh, 2010).

As data is collected from this performance improvement project, it will be examined for reliability and reproducibility. Data will be specifically examined that includes staff satisfaction, nurse feelings of support from their managers and coworkers, and new graduate retention rates.

The hope is that each of these areas will improve or increase and that in turn patient satisfaction scores will increase and patient sentinel events will decrease. The results may also produce new evidence or the creation of new standards of practice for this organization.

Chapter Five: Discussion and Implications

Implications to Nursing

Potential benefits of mentor relationships include continued learning opportunities,

further professional growth, advocacy, greater satisfaction with orientation, and a stronger sense

of confidence and competence (Johnson, 2008; Walsh, 2010). Nursing staff that mentor will also

benefit by increasing productivity, receiving recognition for their mentoring abilities, and

experience satisfaction when the mentor relationship is positive and the mentee succeeds. This

relationship may provide years of collaboration between the two and the mentor may also learn

from the mentee (Johnson, 2008).

Introducing positive elements of mentoring may also help with a culture of change and

weed out toxic mentors. Some nurses may not even realize they display qualities of toxic

mentorship such as avoidance, dumping, blocking learning and criticizing (Walsh, 2010).

Outcomes from an advanced mentoring course will allow the mentors to evaluate goals of the

mentor relationship that include awareness of student outcomes, confidence, adaptation to

learning opportunities, and increased teaching skills (Walsh, 2010).

Limitations

Although this project has not yet come to fruition, limitations for an advanced mentor

course are anticipated to be attaining staff buy-in on all supervisory levels. Education about the

importance of a mentor program and giving examples of how mentors would assist with staff

retention and development will likely foster more participation. Supervisor support and allowing

staff paid time to attend the class may possibly inhibit participation. The length of the class (four

hours) may assist with class participation because staff will not be off of the unit for an entire

shift. They can possibly pair up with another nurse and one attends class while one works with

patients and then switch in the afternoon. Financially, this will cost less and more nurses could

rotate through the mentor class at a faster pace. If more nurses can be trained and identified as

mentors for new graduate nurses, the retention and satisfaction of staff could start more

immediately and results may be seen more quickly. Also, staffing and patient acuity may cause

staff to be pulled from attendance to work on the floor.

Other limitations would be the hiring of new staff and new graduates. This course may

need to be expanded to include all areas of the hospital to assure more attendees. Data collection

would take time due to lack of hiring and frequency the class would be offered.

Significance to Nursing Education

Based on the outcome of this project, further research may be needed to create and

solidify results or obtain more data to improve reliability. The success of this project may lead to

inclusion of non-nursing based disciplines in the healthcare institution for mentoring. Developing

mentors in all healthcare areas will change the focus of orientation into a positive experience

with the development of lasting relationships that focus on professional growth and a culture of

multidisciplinary teamwork. Positive outcomes from this project will lead to staff retention,

greater patient safety, and increased patient satisfaction.

Conclusion

Recent research demonstrates that successful orientation programs that include a focus of

development of mentor relationships provides a role model that can increase job satisfaction,

professional growth, and staff retention of new graduate nurses (Ali & Panther, 2008).

Supporting staff mentors and introducing them to a course that prepares them to develop mentor

relationships will have demonstrate organizational support and provide a culture of change to

assist with retention and satisfaction. Familiarizing mentors with Knowles *Adult Learning*

Theories and Benner's *Novice to Expert* theories will help to demonstrate the importance of

teaching critical thinking and how to approach adult learners. Giving examples, allowing role

playing and exercises on developing mentor skills will solidify and capture the key points of the

course.

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Appendix A: **Demographic Survey**

Instruction: As with all answers to this survey, your responses will be kept confidential. Please circle the appropriate number or fill in the blank. Your completion of this survey indicates that you consent to participate in this educational program.

1. What is your gender?
    Female _____   Male   _____

2. What is your age?
    20-30 _____
    31-40 _____
    41-50 _____
    51-60 _____
    60 and above_____

3. What is your ethnic background?
    White (Non-Hispanic) _____
    Black, African American _____
    Asian _____
    Hispanic, Latino _____
    Other (specify) _____

4. What is your highest nursing education?
    Associate degree _____
    BSN_____
    Master's degree _____
    Other (please specify) _____

5. What best describes your current nursing position?
    Full-time? _____
    Part-time _____
    Per-diem? _____

6. Do you hold a certification in any specialty area?
    Yes _____   No _____
    If yes, what is the certification? _____

Appendix B: Pre Mentor Education Survey

Instruction: As with all answers to this survey, your responses will be kept confidential. Please circle the appropriate number. Your completion of this survey indicates that you consent to participate in this educational program.

1. How many times have you precepted in the last 3 months?
   Never
   1-3 times
   4-6 times
   Greater than 6 times

2. Have you ever attended a preceptor development/training class?
   Yes _____   No _____

3. Have you ever attended a mentor development class?
   Yes _____   No _____

4. Have you ever considered yourself a mentor or had a mentoring relationship?
   Yes _____   No _____

Using the scale below where 0 (never) to 5 (always) please answer the following questions

5. Do you feel comfortable precepting?

Never	Sometimes	Neutral	Almost Always	Always
1	2	3	4	5

6. Do you feel like you have enough time to complete nursing procedures/tasks when you precept?

   1   2   3   4   5

7. Do you feel that you are supported by your coworkers when precepting?

   1   2   3   4   5

8. Do you feel that you are supported by your charge nurse when precepting?

   1   2   3   4   5

9. Do you feel that there is adequate follow-up during and after the precepting process?

   1   2   3   4   5

10. Do you feel that you have been adequately prepared to precept?

      1   2   3   4   5

11. Thinking about the last time you precepted, did you feel that you had the ability to communicate effectively with your preceptee?

      1   2   3   4   5

12. Thinking about the last time you precepted, did you feel that you were able to set realistic goals and achieve them?

      1   2   3   4   5

Thank you for participating in this preceptor development program. Please add any comments or additional information that you feel may help with facilitating this program in the space below.

_____

Appendix C: Post Mentor Education Survey

Instruction: As with all answers to this survey, your responses will be kept confidential. Please circle the appropriate number. Your completion of this survey indicates that you consent to participate in this educational program.

Using the scale below where 0 (never) to 5 (always) please answer the following questions

1. Do you feel comfortable mentoring?

Never	Sometimes	Neutral	Almost Always	Always
1	2	3	4	5

2. Do you feel like you have enough time to complete nursing procedures/tasks when you mentor?

1	2	3	4	5

3. Do you feel that you are supported by your coworkers when mentor?

1	2	3	4	5

4. Do you feel that you are supported by your charge nurse when mentoring?

1	2	3	4	5

5. Do you feel that there is adequate follow-up during and after the mentoring process?

1	2	3	4	5

6. Do you feel that you have been adequately prepared to mentor?

1	2	3	4	5

7. Thinking about the last time you mentored; did you feel that you had the ability to communicate effectively with your mentee?

1	2	3	4	5

8. Thinking about the last time you mentored, did you feel that you were able to set realistic goals and achieve them?

1	2	3	4	5

Thank you for participating in this preceptor development program. Please add any comments or additional information that you feel may help with facilitating this program in the space below.

_____

Appendix D: Mentor Development Exercise Handbook

The following handbook contains exercises to assist participants in applying concepts learned in each module. This can be kept to assist the participant during mentorship and to use as examples with the mentee.

Mentor Development Program for Critical Care Nurses: A Key to Staff Development and

Improvement in New Graduate Orientation.

Exercise 1

1. Reflect on a time when you witnessed or were effectively mentored. Make a list of skills and qualities you admired in your mentor.

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. Identify some of the issues that you think contribute to poor mentoring.

   _____
   _____
   _____
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   _____

Exercise 2

Write down some examples of what role a mentor played with you in a certain situation.

_____
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Exercise 3

Find out your preferred learning styles by taking the test below.

1. Read each set of words and mark the two within each set that best describe you.

1	a. Imaginative	**9**	a. Reader
	b. Investigative		b. People person
	c. Realistic		c. Problem Solver
	d. Analytical		d. Planner
2	a. Organized	**10**	a. Memorize
	b. Adaptable		b. Associate
	c. Critical		c. Think-through
	d. Inquisitive		d. Originate
3	a. Debating	**11**	a. Changer
	b. Getting to the point		b. Judger
	c. Creating		c. Spontaneous
	d. Relating		d. Wants direction
4	a. Personal	**12**	a. Communicating
	b. Practical		b. Discovering
	c. Academic		c. Cautious
	d. Adventurous		d. Reasoning
5	a. Precise	**13**	a. Challenging
	b. Flexible		b. Practicing
	c. Systematic		c. Caring
	d. Inventive		d. Examining
6	a. Sharing	**14**	a. Completing work
	b. Orderly		b. Seeing possibilities
	c. Sensible		c. Gaining ideas
	d. Independent		d. Interpreting
7	a. Competitive	**15**	a. Doing
	b. Perfectionist		b. Feeling
	c. Cooperative		c. Thinking
	d. Logical		d. Experimenting
8	a. Intellectual		
	b. Sensitive		
	c. Hardworking		
	d. Risk-taking		

3. **After completing the test above:**

In the columns below, circle the letters of the words you chose for each number. Add your totals for columns I, II, III, and IV. Multiply the total of each column by 4. The box with the highest number describes how you most often process information

	I	II	III	IV
1.	C	D	A	B
2.	A	C	B	D
3.	B	A	D	C
4.	B	C	A	D
5.	A	C	B	D
6.	B	C	A	D
7.	B	D	C	A
8.	C	A	B	D
9.	D	A	B	C
10.	A	C	B	D
11.	D	B	C	A
12.	C	D	A	B
13.	B	D	C	A
14.	A	C	D	B
15.	A	C	B	D
Total	____	____	____	____

I ___ x 4 = [   ] **Concrete Sequential (CS)**

II ___ x 4 = [   ] **Abstract Sequential (AS)**

III ___ x 4 = [   ] **Abstract Random (AR)**

IV ___ x 4 = [   ] **Concrete Random (CR)**

http://www.thelearningweb.net/personalthink.html

Exercise 4

Orientation

What does it mean?

Assess

Diagnosis

Data

Reflect

Evaluation

Plan

Observations

Implement

Subject:

Date:
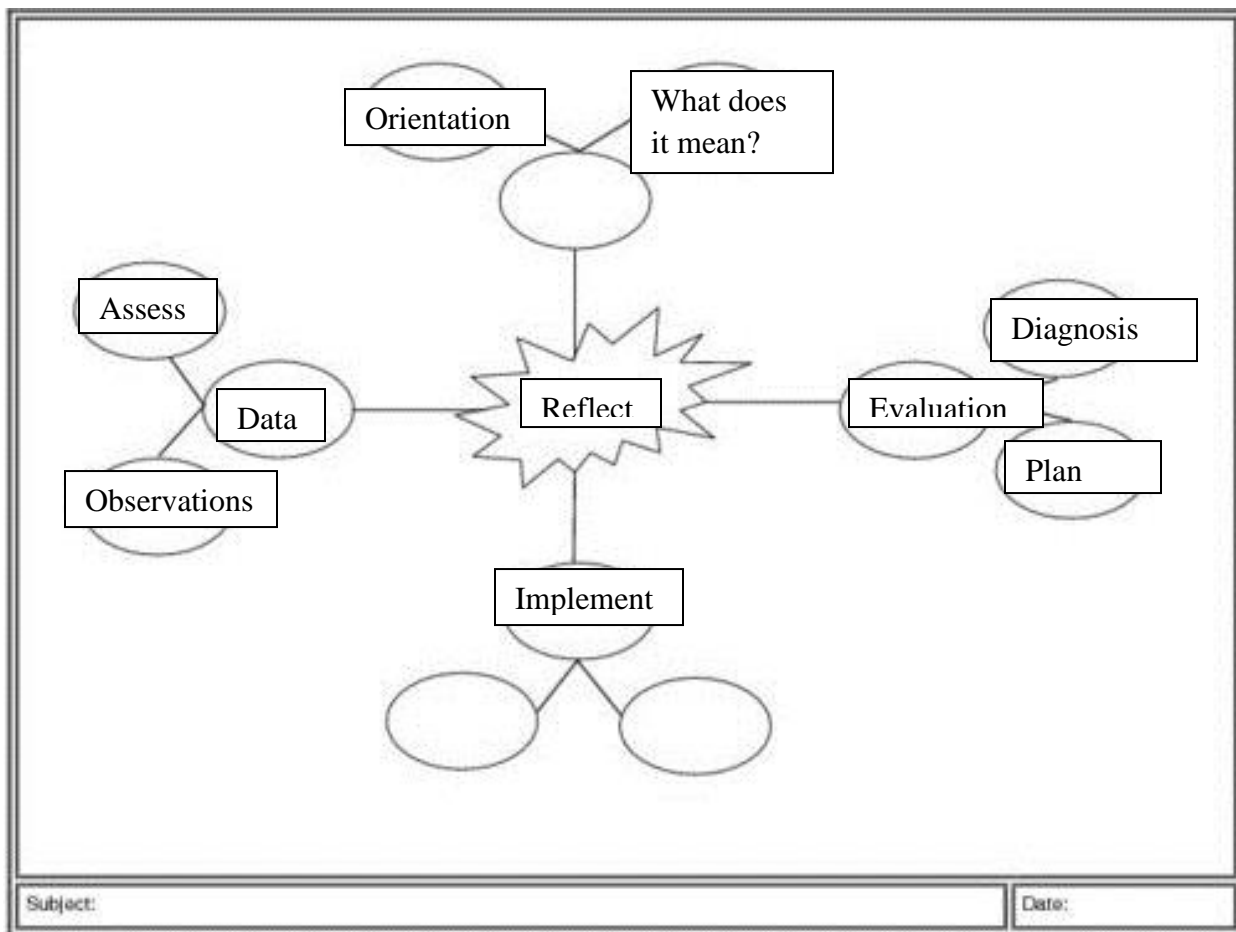
Exercise 5

Turn these closed questions into open questions:

Do you think that this is the best way to do it?

_____

Would you do it the same way again?

_____

Will you be able to manage it?

_____

Should that go there?

_____

Exercise 6

What do you consider to be helpful and unhelpful feedback?

How might negative feedback or feedback delivered in the wrong way affect a student?

What strategies could you employ to avoid this?

Exercise 7

If you were a "toxic" mentor, what ways could you sabotage a mentee's experience.

_____

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Appendix E: Mentor Development Course PowerPoint

Slide 1

Slide 2

Disclaimer

- This presentation is the property of the author. The content and pictures utilized in this presentation were taken from a number of web sites utilizing Google, EBSCO, and CINAHL. No financial grants or incentives were taken to produce this presentation and the presenter will not endorse any company or product mentioned the presentation.

Slide 3

Slide 4

•20 % of new nurses are leaving their positions in hospitals this in turn can cost the hospital $75,000 or up to one and a half times that RN's salary to replace them (Holtom & O'Neill, 2004)
.

Slide 5

Ali & Panther, 2008

Slide 6

Module 1-Mentor Objectives

At the end of this module the participant will be able to:
•Define the role of a mentor.
•The participant will be able to differentiate the roles and responsibilities of a mentor
•The participant will compare the benefits of being a mentor, of being a mentee, and for the organization
•The participant will be able to verbalize how a mentee can choose a mentor
•The participant will be able to support and actualize role socialization of the mentee

Definition- pg 7
Qualities of a mentor- Donahue, p18, Ali & Panther
At the end of this module the participant will be able to define the role of a mentor.
The participant will be able to differentiate the roles and responsibilities of a mentor
The participant will compare the benefits of being a mentor, of being a mentee, and for the organization
The participant will be able to verbalize how a mentee can choose a mentor
The participant will be able to support and actualize role socialization of the mentee

Slide 7

Walsh, 2010

Slide 8

The mentor can act as a role model for the new nurse that in turn is seen to increase job satisfaction, professionalism, and staff retention. Mentoring can also help the new nurse develop a professional identity through practicing theory and receiving opportunities for growth (Ali & Panther, 2008)

 Mentor attributes are friendliness, a good sense of humor, patience, effective interpersonal skills, approachability, and professional development abilities (Ali & Panther, 2008).

Slide 9

Strengths- communication skills, work well with a team sound knowledge base, experienced, timekeeping, organized, wilingness to teach, professional, motivated, non-judgemental, sense of humor, fair, love of the job, accessible, supportive

Weaknesses- lack of experience as a mentor, find it hard to delegate, unsure about teaching skills, little leadership experience, not sure about required paperwork, lack of confidence, nervous about giving criticism, find it hard to fail someone, poor time management, leave things to the last minute.

Walsh, 2010, p 41

Slide 10

Exercise 1

◉ Reflect on a time when you witnessed or
  were effectively mentored.
◉ Make a list of skills and qualities you
  admired in your mentor.
◉ Identify some of the issues that you think
  contribute to poor mentoring.

(Anderson, 2011), p 52.

Slide 11

Greater job satisfaction, ongoing learning and recognition in
the establishment.
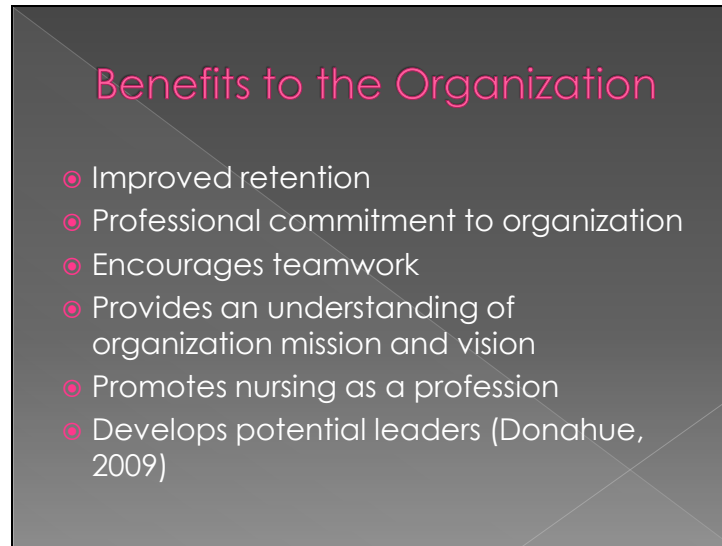
Donahue, 2009

Slide 12

Benefits of being mentored

- Become embedded in the organization
- Commitment to the organization through socialization, guidance, and reassurance.
- Less likely to experience burnout (Donahue, 2009)
- Motivates and improves confidence and self-esteem.
- Enhances career development and help them reach their potential. (Hodges 2009)

Slide 13

Benefits to the Organization

- Improved retention
- Professional commitment to organization
- Encourages teamwork
- Provides an understanding of organization mission and vision
- Promotes nursing as a profession
- Develops potential leaders (Donahue, 2009)

Ali & Panther p 68

This is important to health care institutions because
nurses who have higher job satisfaction levels have been
reported to provide quality, safe, cost-effective patient
Care. Cooper, 2009

Nurse satisfaction rates can be a predictor of turnover rates. Cooper, 2009

Slide 14

- mentee-Ns Mentor handbook, p26, mentor-Ali & Panther, p 37

Slide 15

Ali & Panther, there are numerous roles that a mentor can undertake at any given time during the relationship.

Teacher- shares knowledge and experience with mentee, identifies individual learning needs and styles, and provides a conducive learning environment to maximize learning.

Coach-provides mentee with constructive feedback to improve clinical practice, promotes a flexible approach to accepting feedback

Role Model- provides an observable image for imitation, demonstrates skills and qualities for the mentee to emulate.

Advisor- offers support & advice to students about their career, develops social contacts and builds networks. Assesses mentee capabilities and limitations.

Problem Solver- helps the mentee critically analyze and solve problems to promote critical thinking, problem solving, and decision-making skills

Support- provides mentee with professional and moral support whenever required to assist with personal and professional development.

Organizer- Organizes learning experiences for mentees to help them achieve required competencies.

Counselor- encourages self-development in mentee by helping them think about/reflect on practice.

Guide- introduce mentee to helpful contacts within the organization

Slide 16

Exercise

- Write down some examples of what role a mentor played with you in a certain situation

Slide 17

Factors that can affect the development of a mentor relationship include gender, age, socioeconomic status and personality (Donahue, 2009)

(Donahue p.67)

Slide 18

Finding a mentor

- "A successful mentor-mentee relationship occurs when the mentee chooses their own mentor." Persaud, 2008

Donahue-p69-70, (Persaud, 2008)p 1176

Slide 19
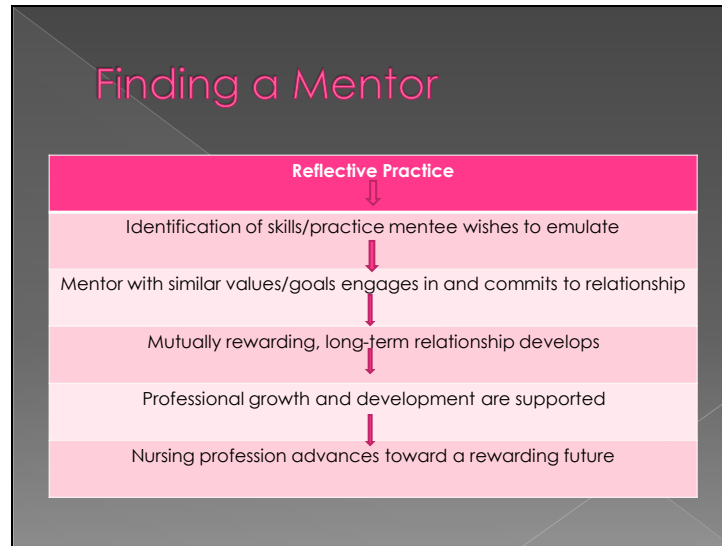
- Mentee must reflect on their practice
- Should consider skills they want to emulate
- Seek an individual with those skills and who are willing to form a relationship for mentoring
- Mutually rewarding, long lasting relationship

Donahue, 2009
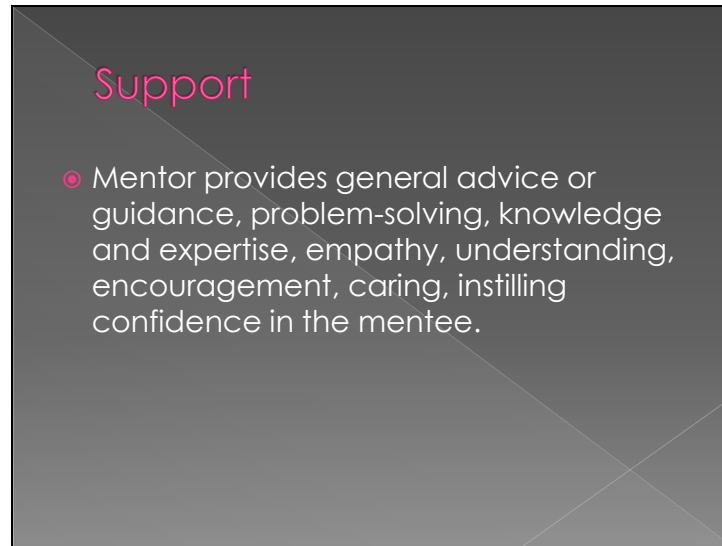
Slide 20

Beecroft p 741, Donahue p67

Slide 21

Support

- Mentor provides general advice or guidance, problem-solving, knowledge and expertise, empathy, understanding, encouragement, caring, instilling confidence in the mentee.

80-90% of study participants stated that with mentor support their orientation process; they felt more positive about their mentor and satisfied with their job. Beecroft, 2006

Slide 22

Look at whether you click with your mentor and if the relationship was satisfactory.
When the mentees had unsatisfactory comments, they were usually about not meeting with
their mentor, didn't feel they needed the mentor relationship because they received support
from their manager & their unit staff. Beecroft, 2006

Slide 23

- Expect even the most talented and confident mentee to benefit from encouragement and support
- Understand that while foundational to mentoring, encouragement and support are not easy to practice.
- Seek opportunities to offer support, praise, and encouragement.
- Supportive mentors are genuine, consistent, warm, and accepting.

Johnson and Ridley, 2008

Slide 24

At the end of this module the participant will be able to:

   Discuss the four types of learner's described by Gregorc

   Differentiate Knowles Principles of Adult Learning theory- the learner, the experience, readiness to learn, and orientation to learning

   Summarize the principle of Adrogogy and adult learners

   Compare the levels of nursing competence from Benner's Novice to Expert and evaluate what level a mentee is currently functioning

   Recognize ways to assist a mentee to advance from a competent nurse, to proficient nurse, and finally an expert nurse

Slide 25

Gregoric Mind Styles Learning

- Provides an organized way to assess how the mind works

1. **Perceptual-**
a) Concrete: enables you to register information directly through the five senses.
b) Abstract: allows you to visualize, conceive ideas, understand what cannot see.

2. **Ordering Ability-**
a) Sequential: allow the mind to order information in a linear, step by step fashion
b) Random: Mind organizes information by chunks, no particular order

http://gregorc.com

Slide 26

Concrete sequential learners use their physical senses for learning. They follow directions, tend to like logical sequences and gather facts. Concrete random learners use intuition and learn by trial and error. They take risks and experiment with learning to find the best solution to a problem. Abstract sequential learners use intellect and like hands on processes for learning. They analyze problems before making decisions and apply logic to solve problems. Abstract learners utilize their emotions and look to others in learning. They bring harmony to group situations, focus on the issues of the problem, and establish healthy relationships with others (Gregorc, 2011).

Slide 27

It is his contention that teaching styles are behaviors, characteristics, and mannerisms that reflect the underlying mental qualities that are used to present data. Gregorc states that teachers must recognize their own *Mind Styles* and how they are used to present information. These *Mind Styles* will create, reinforce, and support certain mental qualities and natural bias' affect how decisions are made (Gregorc, 2011).

Slide 28

Principles of Adult Learning: Malcolm Knowles

- Learning is based on past experiences and each person connects new learning to what they do
- Mistakes are opportunities for learning
- Andragogy:
  - Need to know the reason for learning
  - Need to be self-directed
  - Interested in topics that relate to stage in life
  - Learning integrates values, beliefs, and opinions
  - Relates new knowledge to past experience

Knowles, 1990; Knowles, Holton, and Swanson, 2005

Slide 29

Principles of Adult Learning

The Learner	Moves towards independence self directing. The mentor nurtures the learning.
The Learner's Experience	A rich resource for learning. Teaching methods include discussion and problem-solving.
Readiness to Learn	People learn what they need to know, so learning programs are organized around life application.
Orientation to Learning	Learning based around experiences, since people are performance centered in their learning

Slide 30

Principles of Adult Learning

- Adults are motivated to learn when others arrange a learning package in such a manner that the attraction to learning overcomes the resistance
- Adults draw their knowledge from years of experience and do not change readily
- Learning is facilitated by proceeding from the simple to the complex, and the known to the unknown
- The adult learner wants to feel that there is progress towards goals

Knowles, 1990; Knowles, Holton, and Swanson, 2005

Slide 31

Slide 32
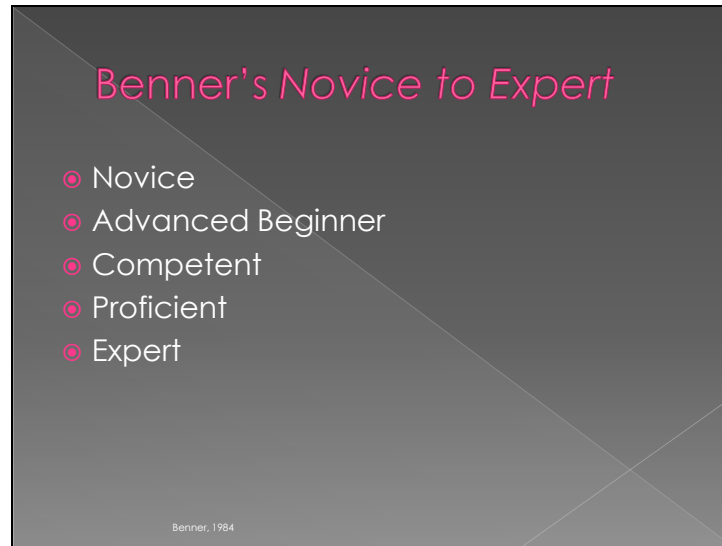
Novice Nurses are seen in the first year of practice. Nursing students with little experience in an area are considered novices. They can perform simple tasks limited to their situational experience. Novice nurses can also be a newly hired nurse into a specific field. Benner, 1984).

Advanced Beginner's a nurse that has had meaningful experiences that they have started to use in practice. They can recognize components of past experience and are using those experiences to build their knowledge base. (Benner, 1984).

A mentor relationship looks at the Advanced Beginner to Competent nurse stage.

Slide 33

Awareness of patterns to patient responses

Past experiences are used to identify solutions for current situations

Focus on outcomes

Patient and family are incorporated into the clinical focus

Systematic approach

Independent decisions guided by experience as well as p&p, standards, consults others for more complex situations

Participates in applying findings to practice

Competent practitioner, mastery, deliberate plans based on abstract and analytical contemplation, efficient organized, cope with contingencies, 2-3yrs

Improved organizational ability and technical

Understanding and are able to anticipate in familiar situations

Focus care on managing the patients condition

Are disillusioned with gaps in their own ability and in the fallibility of others efficient, flexible

. The competent nurse begins to see their actions in long-term goals but lacks speed and flexibility. The competent nurse develops an analytical reflection of problems but does not have a total understanding of the whole situation (Benner, 1984).

Slide 34

A proficient nurse is able to look at the situation as a whole process. This nurse can use past experience to reflect and guide decision making while adjusting care to meet the whole needs of the situation. (Benner, 1984).

Slide 35

Intuitive, comprehensive knowledge base as foundation for clinical expertise
Self-directed, flexible and innovative in patient care
Operates from a deep understanding of total situation to resolve complex issues
Actively and positively influences team, initiates sharing clinical expertise
Fosters critical thinking forms mentoring relationships
Participates and leads improvement activities, problem solving projects
Serves as a positive change agent
Recommends, implements/evaluates practice changes based on research
Expert practitioner, extensive experience, intuitive grasp of situations
Increased links bx seeing issues and ways of responding
Engaged and practical reasoning
See the big picture and can anticipate the unexpected
Know the patient
Moral agency
An expert nurse has a vast wealth of experience to dwell on and knowledge that allows an intuitive grasp in any situation. The expert nurse is fluid and flexible in their care and can narrow their understanding of the problem very easily without wasting time on other diagnosis's (Benner, 1984).

Slide 36

So Now What?

⊙ Know your own learning style

⊙ Assess the learning style of your mentee

⊙ Identify how your learning style affects your teaching strategies

⊙ Discuss learning styles with your mentee and have frequent reassessment of how the teaching is going

Slide 37

Exercise

- http://www.thelearningweb.net/personalthink.html

Slide 38

Slide 39

Slide 40

Critical Thinking

- Clinical Judgment: Applying information based on observation of a patient and combined with subjective and objective data to determine a conclusion

- Clinical Reasoning: Cognitive process that nurses use when reviewing and analyzing patient data to plan care and make positive decisions for patient outcomes

Slide 41

Traits of Critical Thinkers

- Inquisitive
- Well Informed
- Open-minded
- Flexible
- Honest about personal bias
- Clear about issues
- Prudent when making judgments

- Orderly thinking about complex matters
- Diligently seeks relevant information
- Persistently seeks positive results

Facione, 2008

Slide 42

Slide 43

Concept Mapping

- Gives a guideline to develop critical thinking
- A dialogue tool to use when the mentee is struggling.
- Use as a teaching tool so mentee doesn't shut down thinking it's homework

Wilgis, 2008
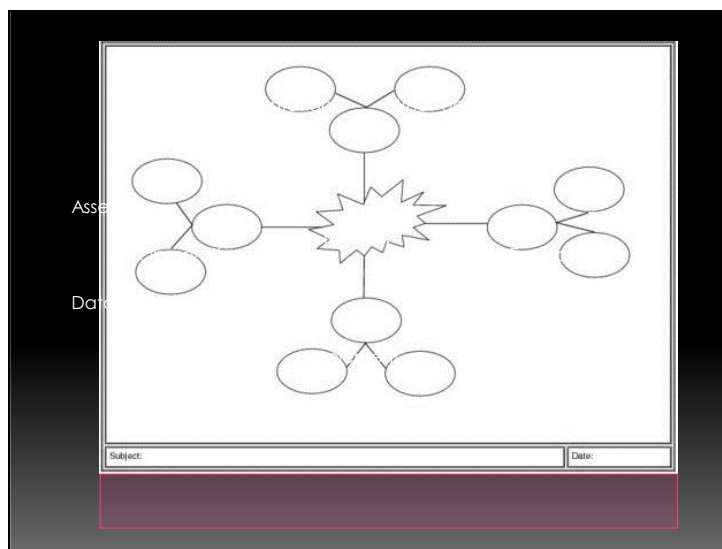
Slide 44

Slide 45

Dialogue

- Use Adult Learning principles to facilitate Critical Thinking
  - › Is the content relevant to the learning experience?
  - › How does the content relate to the role of the learner?
  - › Is the amount of content tangible?
  - › Can I facilitate the application of learned material?

Sorenson and Yankech, 2008

Slide 46

Slide 47

Evaluating
Understanding
Remembering
applying
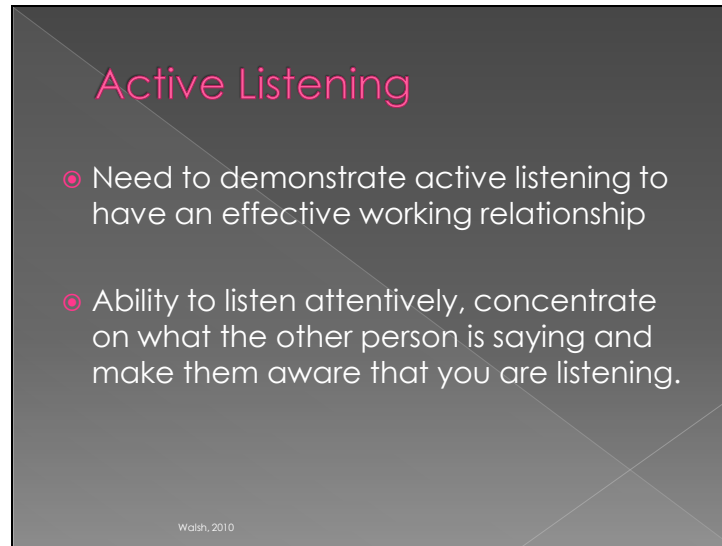
Slide 48

Module 4- Active Listening, Feedback and Toxic Mentors Objectives

At the end of this module the participant will be able to:

- Compare different types of active listening
- Demonstrate how to give positive feedback using a praise sandwich
- Discuss how to assist the mentee with self reflection and utilization on evidence based practice to answer questions
- Examine personality traits of toxic mentors such as avoidance, dumping, blocking, and criticizing,
- Describe negative behaviors associated with toxic mentors and recognize their negative impact the mentor/mentee relationship.

Slide 49

ns Mentor handbook, p 27-31

Slide 50

Eye Contact- look at the person directly from time to time to reinforce interest, avoid looking aggressive by continually staring

Facial Expression- Pay attention to the emotional state, can tell if someone is annoyed or doesn't understand. Pay attention to your facial expressions so that you appear interested, nod occasionally.

Overcome your own concerns- Put aside your own personal issues to give the mentee your undivided attention.

Don't be put off by silence- Allow the mentee to reflect on what they said. If it is emotional allow them time to process.

Avoid distractions- Arrange for privacy, don't allow interruptions.

Paralinguistics- Be aware of your tone of voice and the mentee's as they speak. This will clue you into their emotional state whether angry, aggressive, sad. Also grunt, say aha, mmm, while they speak to affirm that you are listening.

Posture- Sit or lean forward towards the mentee. Don't fidget, cross your arms, or slouch. It gives off the impression that you're not listening.

Slide 51

Explore Feelings- Depending the the mentee's emotional state you will have to help them work through feelings. Allow them to express how they are feeling so that they can move forward and develop a plan to address the situation. The won't be able to discuss an action plan when they are still processing why they are upset.

Don't Interrupt- Let them finish what they're saying before jumping into the conversation with your opinion or views.

Challenge- The mentee may need prompting to bring them back to the topic. They may also need to be challenged to explore an area that makes them uncomfortable. They may feel anxious, or wish to avoid a situation instead of facing it because it may be difficult.

Self-disclosure- give examples of similar situations so that the mentee doesn't feel like they are the only one experiencing this. Give examples and then let the focus back onto the student.

Summarize- Occasionally summarize what the mentee is telling you. This allows you to make sure you understand and also so they know you are listening to them so it encourages further discussion. (Walsh, 2010)

Slide 52
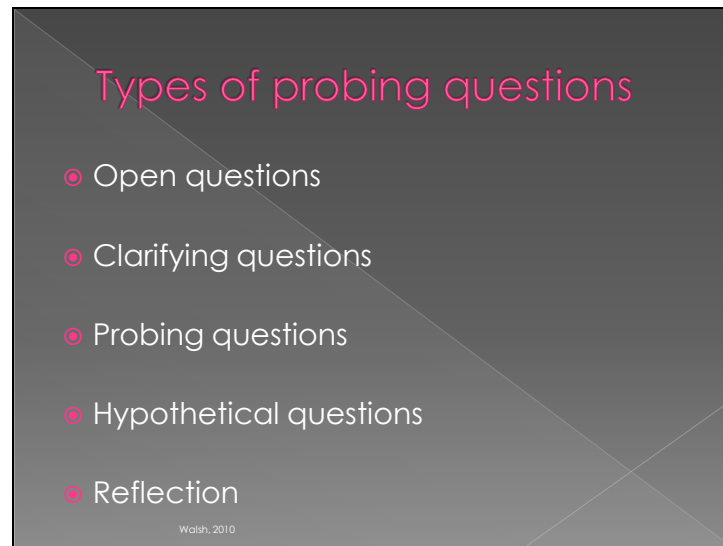
Open ended- form the questions they have to say more than yes or no... How do you feel when... What do you think should've been done...

Clarifying questions- What did you mean when you said... What did you say when that happened....

Probing- Can you tell me more about that... Get more detail and clarify the mentees position.

Hypothetical- what do you think would happen when.... Useful to get mentee to think creatively and enhance the learning experience

Reflection- Reflect on what was said in order to understand the mentee. Paraphrase or echo what they said so that you clarify your understanding and reassure the mentee that you are listening.

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Exercise
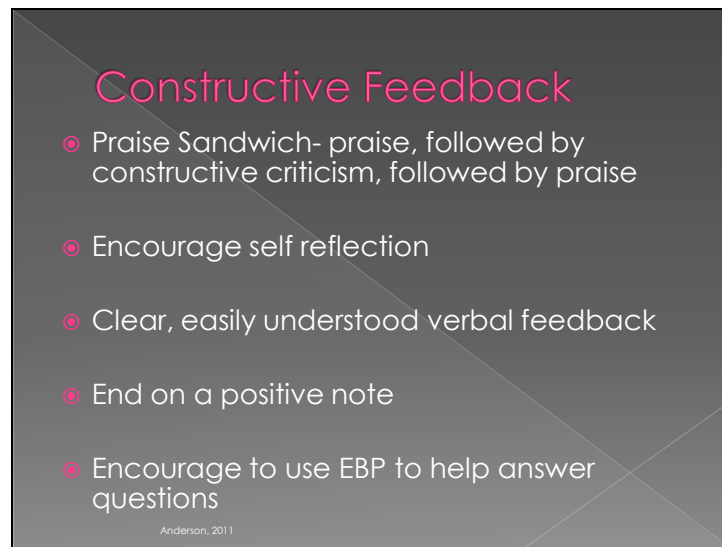
- Turn these closed questions into open questions:

- Do you think that this is the best way to do it?

- Would you do it the same way again?

- Will you be able to manage it?

- Should that go there?

Slide 54

Exercise 2

- What do you consider to be helpful and unhelpful feedback?
- How might negative feedback or feedback delivered in the wrong way affect a student?
- What strategies could you employ to avoid this?- Anderson , p 54

Slide 55

Anderson p 54

Ask "What worked well?"
    "What didn't work as well for you"
    "What might you do differently next time?"

Slide 56

Toxic Mentoring

⊙ Exercise-

If you were a "toxic" mentor, what ways could you sabotage a mentee's experience.

Slide 57

Avoider- never available, leads to mentee not feeling a part of the medical team.

Dumper- Giving mentee tasks that are out of their knowledge base. Can effect confidence in ability to complete tasks, Will shut down communication

Blocker- Actively refuses mentee request for help or experience and with holds information and learning opportunities

Destroyer- damages mentee self-esteem by being negative and looks at faults versus strengths. Mentor is arrogant and pushes mentee away instead of developing a relationship.

ns Mentor Hdbk, p 35-40
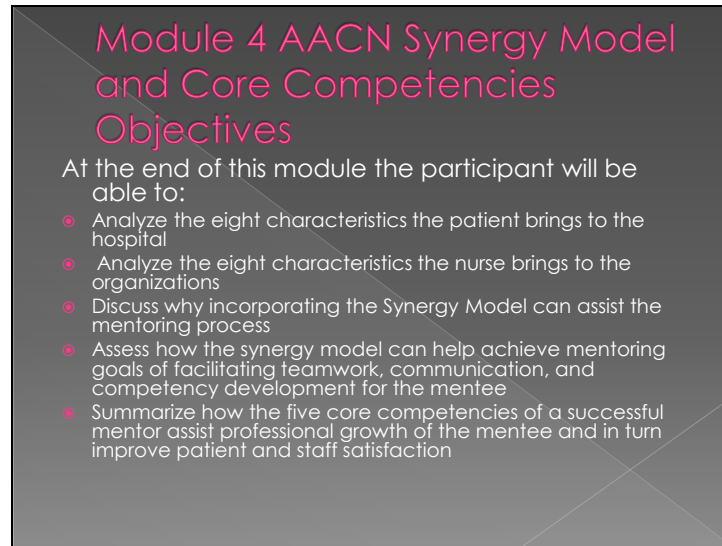
Slide 58

Slide 59

Objectives

       analyze the eight characteristics the patient brings to the hospital

       analyze the eight characteristics the nurse brings to the organizations

       Discuss why incorporating the Synergy Model can assist the mentoring process

       assess how the synergy model can help achieve mentoring goals of facilitating teamwork, communication, and competency development for the mentee

       summarize how the five core competencies of a successful mentor assist professional growth of the mentee and in turn improve patient and staff satisfaction

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Slide 65

What does it evaluate?

- Clinical Judgment and Clinical Reasoning
- Systems Thinking
- Response to Diversity
- Advocacy and Moral Agency
- Collaboration

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Slide 69

Slide 70

Collaboration- Advocacy/Moral Agency- Caring Practice

- Attentive to mentor suggestions
- Approached interdisciplinary team for patient needs
- Demonstrates appropriate delegation of tasks and assists team members
- Provides emotional, psychosocial, and spiritual support appropriately to patient/family

AACN, 2000; Elmers, 2010

Slide 71

Slide 72

Slide 73

Slide 74

References

AACN. (2000). The AACN synergy model for patient care Retrieved from www.aacn.org/WD/Certifications/content/synmodel.content

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