

## Motivation for Change



1. CCNE and AACN best practice recommendation
2. Nurse Graduate Survey from Adventist Health Care (N=9)
  - Length of preceptorship- Min: 12 weeks, Max: 36 weeks, Mean: 20 weeks
  - Preceptorship strengths- One-on-one, monthly meetings/evaluation
  - Preceptorship weaknesses- Limited experiences, confusing orientation binder, amount of required documentation burdensome, variation in preceptor style/experience,
  - Adequately prepared- Yes=7 No=2
  - Benefit from a mentor- Yes=9 No=0
  - Mentor expectations-Knowledgeable, experienced, motivating, supportive, kind, resource, available, trustworthy/confidant, guide, advocate
3. Nurse Graduate Survey from Carroll Community College (N= 22)
  - Some found themselves off orientation early due to staff shortages
  - Graduates recognized the need for a support person to help them with the emotional aspects of the job
4. Focus group – resident graduates experienced decline in support and resources upon completion of Residency Program. Wanted identified “go-to” person for questions, concerns, and encouragement

## Mentoring Process

1. Stakeholder Support
2. Secured and leveraged resources
  - Facilitators created from current staff members, no additional FTE
  - Utilize grant funds to cover expenses
  - Participation aligned with criteria of career advancement model (for mentor)
  - Program starts upon completion of residency program
3. Program: Year at a Glance
  - Training
    - Mentor workshop attendance required (for mentors)
    - New graduate orientated at preexisting learning opportunity
  - Self-selection of mentor by mentee using profiles
  - Mentoring relationship
    - Mutual development of program plan and goals, revised as needed
    - Monthly meetings with written agenda required
    - Facilitated “lunch and learns” at 3,6,and 12 months with CEs awarded
  - Evaluation at 3, 6, and 12 months
    - Assessment of relationship
    - Assessment of program
    - Job satisfaction
    - Intent to stay (with current employer)



## Contact

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## Mentorship Objectives

1. Develop supportive and encouraging relationships (Academy, 2012, pg. 1)
2. Guide nurses in their professional, personal, and interpersonal growth (Academy, 2012, pg. 1)
3. Promote mutuality and sharing based on the needs of the colleagues (Academy, 2012, pg. 1)
4. Communicate information concerning expectations, learning opportunities, and stressors (Academy, 2012, pg. 1)

## Barriers/Challenges and Lessons Learned

### Barriers/Challenges

- Competing priorities of facilitators
- Mentor availability vs unit staffing needs
- Voluntary participation
- Evaluations lengthy/time consuming

### Lessons Learned

- Innovative program promotion and mentor recruitment
- Keep it simple, complexity deters participation
- Language discernment: Program vs Opportunity
- Flexibility with monthly meeting format
- Identify tangible incentives beyond career advancement program
- Mentoring pairs not required to be on same unit

## Reference

Academy of Medical-Surgical Nurses (2012). *AMSN Mentoring Program: Mentor Guide*.