



Mentoring

Part Two: Designing your program

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MENTORING IS NOT A QUICK FIX.

A good mentoring program takes commitment from management, from mentors who in many cases are donating their time, and, of course, from the recipients of the program, the novice. When a hospital makes a commitment to a mentor program, they should be prepared to support it fully.

A consultant with experience in the development and implementation of mentoring programs can be of extraordinary help in ensuring that the program is successful. However, this does not mean that a mentoring program cannot be self-instituted. Many excellent resources exist that can help your team design a program for the specific needs of your hospital.

SELECTION AND TRAINING

Where many programs fall short is in the selection, training, and support of the mentor. As with leaders, quite a few people believe that mentors are 'born' not 'made.' This could not be further from the truth. A well conceived program can help identify the prospective mentor, provide the appropriate training and support, and finally, make the match of mentor to novice.

A training program can consist of formal monthly or weekly meetings where the mentors attend specific skills workshops. Or the training can follow a less formal format where meetings are called as needed and help is given on a case-by-case basis. Regardless of which style of program is offered, the mentor must be prepared to give the help needed, including: information and advice, problem solving assistance, encouragement, conflict resolution, assistance in professional growth, and modeling what is expected of nurses in the unit/hospital—to name a few.

COMPENSATION OF MENTOR

As the program is developed, it should be decided how the mentor is to be compensated. Depending on labor laws, hospital policies, and agreed-upon union contracts, sometimes the only appropriate compensation for a mentor is monetary. However, there are those who believe that the mentor should always be a volunteer role, without expectation of compensation. This may indeed be the optimum scenario.

If the hospital thinks out-of-the-box, there are many non-monetary ways to compensate a mentor, such as: an assigned parking spot, funding to attend skill building or CE courses, a special badge, and additional time off. Let's not forget that sometimes giving 'honor and glory' is a reward in itself and mentors should always be recognized for performing above and beyond the call of duty. Celebrate National Mentor Month, which is the month of January, and specifically, National Mentor Day, January 25th. Various activities can be planned, including the recruitment of new mentors.

SETTING UP THE PROGRAM

In order to best tailor the program to your hospital or unit, management must first answer these questions.

What is the purpose of the mentoring program?

Some examples could be: to assist new hires adapt to the new work environment; to prevent early loss of new hires due to confusion or isolation; to assure that all nurses re-entering the workforce after a leave quickly become effective members of the staff and productive employees; to anticipate dissatisfaction early; to assist a talented, committed nurse to find avenues of advancement within the profession.

What mentoring model is the most appropriate? One-to-one mentoring is very personal in nature and there is usually a great deal of personal contact involved. Peer mentoring also involves a one-to-one ratio, the difference being that both people are close matches to each other in skills and experience. Peer mentoring focuses on professional growth and development. Group mentoring involves an experienced person mentoring a group of people who share common work, duties, and roles. This style requires

the mentor to have extraordinary organizational and interpersonal skills. Distance mentoring is the least common style, though it can be employed where great distances separate campuses, or in very rural settings. Distance mentoring relies on communication tools such as telephone, video conferencing, and, of course, the Internet.

Will the mentoring be short-term or long-term? Short-term mentoring provides support to a specific project or set of goals. Long-term mentoring assists in career or professional development and improvement of work milieu.

How will mentors and novices be selected, paired, or matched? Criteria can be developed to select mentors, then potential mentor names can be submitted and collected in a database for assignments. The most successful relationship would occur if the pair liked each other enough to have coffee or lunch together a few times.

What are the ground rules? There should be formalized mentoring agreements, codes of conduct, rules, and even contracts. These are all necessary to ensure that all parties understand their role in the mentoring relationship and knows what outcomes are expected.

What training, orientation and ongoing support can be expected? For example, how long will the orientation or training program be? Will there be compensation for the training period? Once the mentor is paired, what ongoing support will be offered to the mentor?

How will potential conflicts or problems be resolved? As with anything involving interpersonal relationships, conflicts and problems do occur. When they arise, how will they be addressed? What is the organizational structure in place to address conflicts? Will they be handled internally or through an external ombudsman? Will there be additional costs?

How will the program be evaluated/who will evaluate? For example, what survey tools will be used to gauge the success of the program from the viewpoints of the mentor, the novice, and even those who interacted with the mentoring program tangentially? Will external experts be hired to perform the evaluation, or will it be done internally?

Mentoring can help the graduate nurse, new hire, or nurse returning after a long absence navigate the environment of their new unit. A skilled mentor can help that individual deal with the stress of putting into practice what has been learned in the classroom—which is especially true for the Bachelor-prepared nurse who often has an extensive didactic background but often a limited clinical background. Indeed, mentoring is a program which benefits everyone involved—the novice, the hospital, the patient, the nursing staff, and the mentor him or herself. **WN**



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