Guidelines and Role Delineation within a Structured Mentorship Program

for Nurse Anesthesia Curriculums

Reve Brander

Patricia Meringer

Rutgers School of Nursing

DNP Chair: Thomas Pallaria, DNP, APN/CRNA

DNP Team Member: Michael McLaughlin, DNP, APN/CRNA

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Abstract

The journey from Registered Nurse to Student Nurse Anesthetist is inundated with mental, physical, and emotional stress. Mentorship within the anesthesia community is an untapped resource that has the potential to enhance not only the wellness of the individuals involved but improve the quality of care provided by anesthesia providers by creating a foundation that molds strong leaders and the clinical educators of tomorrow. The SRNA mentorship program at Rutgers University is a student driven system that encourages mentee-mentor relationships to cultivate peer learning, professionalism, and wellness. The current program is lacking formalized guidelines for multiple roles within the mentorship curriculum which can negatively influence mentorship outcomes. The purpose of this project is to create and evaluate the effectiveness of a mentorship program handbook that can be utilized by any individual or institution to implement, maintain, and sustain a successful mentorship program that not only promotes wellness, but produces strong leaders and clinical educators. The study intervention consists of the creation and dissemination of an available handbook, which outlines the intricate details of the Mentorship Program within the Student Nurse Anesthesia community at Rutgers University. A total of 63 surveys were collected from both pre and post surveys between the first, second, and third year students in the program. As a result of the mentorship handbook, there was a significant increase in the roles, responsibilities, and definitive outline of the mentorship program. There was also a significant positive correlation between education and interest in leadership roles such as the Mentorship Coordinator, which could potentially transition into leadership roles within the professional practice. In addition, there is a significant positive correlation between this education and student adherence to the mentorship program, which in turn, develops into positive outcomes for the profession.

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Introduction

Mentorship within the anesthesia community is an untapped resource that has the potential to enhance not only the wellness of the individuals involved but improve the quality of care provided by creating a foundation that molds strong leaders and the clinical educators. Throughout the student nurse anesthetist's educational journey, the role of a clinical guide or mentor is of extreme value. The impact that mentorship plays within the formation of Registered Nurse (RN) to Certified Registered Nurse Anesthetist (CRNA) may not only cultivate academic growth, but also enhances relationships throughout the academic setting and within professional practice. The purpose of this project is to create and evaluate the effectiveness of a mentorship program handbook that can be utilized by any individual or institution to implement, maintain, and sustain a successful mentorship program that not only promotes wellness, but produces strong leaders and clinical educators. The information contained within the mentorship handbook details the roles, responsibilities, and expectations of the program and its participants. In addition, the handbook details the specific qualities of a strong leader and navigates the user on applicable methods to cultivate those qualities. Information was synthesized from data collected via a comprehensive literature review and research obtained from the previous DNP1- cohort Mentorship Coordinator Chairs at Rutgers University (DeLeonardis & Karcich, 2018). The handbook was uploaded to the Rutgers Nurse Anesthesia online portal and disseminated to the Student Registered Nurse Anesthetists (SRNAs) currently enrolled in the Rutgers Nurse Anesthesia Program (RNAP). This provides mentorship participants with the ability to successfully transition from mentee to mentor, followed by the transition of a student mentor in academia to a CRNA clinical educator in the clinical practice setting. A survey was administered before and after public announcement of the handbook to evaluate the impact on student knowledge and mentorship practice within the community, as well as the impact of leadership on

active users as participants transition from students to clinical educators. Analysis, evaluation, and discussion of such impact is detailed below.

Keywords: mentorship, student registered nurse anesthetist (SRNA), advance practice nurse, mentor, mentee, coordinators, leadership, leaders, roles, responsibilities, stress, anesthesia, guidelines, certified registered nurse anesthetist (CRNA)

Background and Significance

The journey from RN to SRNA is inundated with mental, physical, and emotional stress. As students respond to changing environments, there is an inverse relationship between student stress and anxiety with performance and well-being (Chiffer, Buen, Bohan, & Maye, 2010). One way to effectively enhance academic growth and personal well-being is through the utilization of a mentorship program (Meno, Keaveny, & O'Donnell, 2003). According to Talley (2008), mentorship is a framework that, when successfully implemented, has the potential to improve retention rates, clinical confidence, and reduce stress. Mentorship is best described as a student driven, social, and confidential relationship between two individuals, in which, one individual functions as a mentor while another individual function as the mentee (Faut-Callahan, 2001). The relationship formed, via mentorship, between these two individuals provides significant support and benefits for both parties involved. However, the primary goal is to create a framework that allows the mentor to pass on the skills and knowledge gained from experience to the mentee so that they can succeed within their anesthesia program. In addition, current literature reveals that the initiation of a peer mentorship program not only reduces stress, but

builds strong leaders as students transition from an academic environment into clinical and professional practice.

Although peer mentorship within the SRNA realm is not clearly understood, as a tool within the nursing community, peer mentorship promotes self-growth and leadership qualities (Won & Choi, 2017). Won and Choi (2017) found that those participants who facilitated their own role in mentorship encompassed a sense of pride and contributed more to the profession. The benefits associated with mentorship are long-lasting and apply to both parties within the relationship. However, since a mentorship program is student driven, in order to fully reap the benefits associated with such program requires effective mentorship coordinators (DeLeonardis & Karcich, 2018). Currently, there are no guidelines that describe the role and responsibilities of this position, which is why an accurate and standardized handbook regarding this information, along with the role and responsibilities of the mentor and mentee is integral to the formatting of a successful mentorship program.

A formalized training program for both mentors and mentees is needed to ensure the success of each role within the mentorship relationship. This training program was presented in previous doctoral projects and has been adapted within the RNAP (DeLeonardis & Karcich, 2018). These existing projects provide a structure for the qualities and characteristics of the roles and responsibilities of the mentor and mentee but fail to mention or attribute such findings to leadership roles within the program, such as those identified as the mentorship coordinators. Therefore, we anticipate that providing a formal handbook that encompasses the roles and responsibilities of both parties, as well as the mentorship coordinators, is necessary to successfully create sustainability, improve wellness by reducing stress, and shape talented clinical leaders.

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Problem Statement

The SRNA mentorship program at Rutgers Nurse Anesthesia Program is a student driven program that encourages mentee-mentor relationships to cultivate peer learning, professionalism, and wellness. The current program is lacking formalized guidelines for multiple roles within the curriculum, which can negatively influence mentorship outcomes. Will synthesis of a formalized mentorship coordinator handbook for current SRNA's at Rutgers University, enhance student performance, wellness, and ultimately improve patient outcomes by influencing SRNA's becoming into skilled clinical leaders as they transition to CRNAs?

Needs Assessment

Currently, there is a gap in knowledge pertaining to the role and responsibilities of mentorship coordinators in current literature and in the mentorship program at RNAP. While there is a formalized training program for the role of mentor and mentee, such program would not be effective in teaching elected persons on the role of mentorship coordinator. Creating a conclusive handbook that specifically defines the role and responsibilities of the mentee, mentor, and mentorship coordinators, as well as guidelines for implementation and sustainability will not only streamline the mentorship program at RNAP, but also support nurse anesthesia programs on the national level. Once the handbook is disseminated, any anesthesia program could utilize the mentorship framework provided within the handbook to successfully implement, maintain, and sustain an efficacious mentorship program.

Objectives and Aims

- To create a mentorship handbook
    - What is mentorship
    - Benefits of mentorship

- o Mentor-mentee relationship

    - ▪ Benefits of having clearly defined mentorship roles

        - Reducing stress

        - Improving outcomes

        - Enhance peer learning

        - Leadership potential

- o To define the role and responsibilities of Mentorship Coordinators

    - ▪ Matching dyads

    - ▪ Mentee and mentor training

    - ▪ Setting expectations

    - ▪ Evaluation and Feedback

- To differentiate between effective and ineffective Mentorship Coordinators

    - o What is leadership

        - ▪ Qualities and traits of a leader

        - ▪ What leadership styles act as a vehicle for success

        - ▪ Developing leadership skills

    - o Cultivating successful mentorship relationships

    - o Barriers to success

- Create a platform for dissemination so other CRNA programs nationwide could utilize and initiate the Rutgers Mentorship Program into their own curriculum

Review of Literature

The impact that mentorship plays within the formation of RN to CRNA augments professional growth within the academic and clinical environment. This is evidenced by superior

retention rates, enhanced career development, and improved leadership skills (Nick et al., 2012). Mentorship, especially as it applies to SRNA's, possesses a vast amount of benefits, which include promoting professional development, career satisfaction, and success (Pollock, 1996; Ramani, Gruppen, & Kachur, 2006). In addition to these stated benefits, mentorship is crucial within the SRNA community because it can reduce burnout, increase socialization amongst members, and further the development of core professional competencies (Pethrick et al., 2017). For this doctoral project, an in-depth literature review was conducted using the search strategies presented in Appendix A.

Mentorship in the Student Nurse Anesthesia Community

As demonstrated in previous doctoral projects, Dr. DeLeonardis and Dr. Karcich exemplified the importance of mentorship in their project "Rutgers University Student-Driven Mentorship Training Program for Student Registered Nurse Anesthetists" (2018). Here these authors highlight the stress endured by SRNAs and the impact that mentorship has to decrease such stress (DeLeonardis & Karcich, 2018). Further investigation of mentorship must acknowledge the impact that peer mentorship has on relationships. As a peer mentor, the relationship is focused on "seeking shared insights, experiences, ideas, guidance, problem-solving and support" (Ramani, Gruppen, & Kachur, 2006, p. 406). Nick et al., (2012) suggest that the word "mentor", which is derived from Greek mythology, is a means to serve or guide as a teacher. This concept has since evolved into a conceptual framework that is best described as a, "a multidimensional interactive process that can be formal or informal and evolves over time according to the needs and desires of the mentor and protégé" (Nick et al., 2012, p. 2). When it is applied to academia for SRNA's, it is better understood as, "a one-to-one reciprocal relationship between a more experienced mentor and less experienced protégé that is characterized by

consistent interaction within a given period of time to facilitate mentee development" (Nick et al., 2012, p.2). Within these peer-based relationships, the reciprocal dyad of the mentor and mentee connection is beneficial because both parties are at similar stages in their careers and or education (Pethrick et al., 2017). Utilizing a non-hierarchical form of mentoring helps builds trust and sense of community within the mentee-mentor relationship. This form of mentoring encourages open communication, better outcomes, and bonds users through a similar paradigm, especially as it relates to daily challenges and workload stress.

Mentorship Roles

As two equal participants in a relationship, the role of the mentor differs from the mentee. Overall, the relationship between the dyad should be based on honesty, trust, respect, open communication and confidentiality (Sambunjak, Straus, & Marusic, 2010). Identification of a mentor early in one's academic and professional career is proportional to the success of the mentee (Sambunjak, Straus, & Marusic, 2010). Nevertheless, the ability for mentors to practice leadership skills and cultivate practitioners that are beneficial to the community offers severe satisfaction in their own practice. As two active participants in the relationship, clearly defined roles are the primary step in solidifying an effective mentorship (Sambunjak, Straus, & Marusic, 2010).

Role of the mentee.

As a mentee, the responsibility includes maintaining clear communication, openness, honesty, and the willingness to learn (Straus, Johnson, Marquez, & Feldman, 2013). Once assigned to a mentor through both formal and informal designation, mentees should take the initiative for cultivating the relationship with their mentors (Sambunjak, Straus, & Marusic, 2010). This initiative accentuates the mentee's commitment to being proactive and willingness to

learn. Mentees are one half of the equation. They are meant to absorb knowledge and advice from the experienced mentor, but they are also challenged with synthesizing advice, knowledge, and practice provided to them, and applying such points into their own work. To accomplish this, the mentee must remain flexible and respect the mentor's time and expertise (Straus, Johnson, Marquez, & Feldman, 2013). With this respect also comes severe gratitude between the mentee and their mentor. This helps cultivate a beneficial and effective relationship (Straus, Johnson, Marquez, & Feldman, 2013). As an integral member of a dyad, with focus on the mentee's success as the main promoter of forward movement within the relationship, these qualities outline the minimal effort needed to establish an effective relationship.

Role of the mentor.

To identify one as a mentor, several characteristics must be present. First, a mentor should be more experienced at a certain task. Next, mentors must provide individualized support to mentees based on assessment of the mentee's needs. Finally, mentoring surrounds an interpersonal relationship that is flooded with benefit, engagement, and commitment between roles (Abdullah et al., 2014). As two parties within one relationship, the mentorship realm is centered on the needs of the mentee, not the community or program needs. This provides an individualized relationship tailored to customize benefit for each mentee (Abdullah et al., 2014). Mentors should be proficient in recognizing these qualities and standardization of this role is integral to the success of a mentorship program.

Role of the Mentorship Coordinator.

An effective mentorship coordinator requires leadership capabilities to autonomously manage and maintain a mentorship program. The mentorship coordinator role will primarily focus on creating optimal matched dyads and clear mentorship goals. Although the role of

mentorship coordinator is not explicitly investigated in the literature review, there is extensive research regarding the qualities and characteristics of leaders. Careful examination of leadership qualities is explored to identify current knowledge regarding qualities that accentuate an effective leader. A cohort study performed by Hendricks, Cope, and Harris in 2010 described leadership as a function of knowing one's self, effectively communicating, building trust within the mentee-mentor relationship, and nurturing one's own leadership potential. Guidelines defining the role and responsibilities of this position would help alleviate some of the stress for any SRNA taking on this responsibility. Possessing these leadership qualities is not always an innate trait, but it is a skill that can be obtained through practice and guidance.

Role of the mentorship coordinator: Matching dyads.

In order to optimize the mentor-mentee pairing process, Nick, et al., (2012), recommends that successful dyads will most often occur when input is received from both the mentor and the mentee, and is highlighted when the author states, "Regardless of the strategy employed, the recommended best practice to achieve appropriately matched dyads is to obtain input in the matching process" (p. 4). Leadership qualities are utilized by the mentorship coordinators since this position will initiate, conduct, evaluate, and decide mentor-mentee pairings. According to evidence gathered by Nick, et al., (2012), mentor and mentee input prior to pairings strengthened commitment to the relationship, improved mentorship quality, and provided a greater understanding of the mentorship program to both parties. This can be achieved via pairing scenarios and seeking dyad input during the matching process. Once the pairing process has been completed, best practice dictates that the mentor, mentee, and mentorship coordinator should establish guidelines consisting of the purpose, role, and goals of the mentoring relationship (Nick, et al., 2012).

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Efficacy of roles

All of these previous behaviors stated are not just inherent to the roles of mentor and mentee, but they must also should be highlighted to both parties. Mentoring cannot just occur without training, as the characteristics of an effective mentor and mentee are developed over time (Ramani, Gruppen, & Kachur, 2006). The mentorship handbook identifies these qualities and provides a framework for application. Mentorship coordinators will utilize the "Mentorship Program Framework for Success" to create an optimal environment conducive for implementing and maintaining a mentorship program. This practice framework is based off of a design best described by Nick, et al., (2012), "Best Practices in Academic Mentoring: A Model for Excellence", which utilizes evidence-based practice themes to facilitate the best practice for creating a program geared towards academic mentorship quality and excellence. The practice themes represent the roles and responsibilities of the mentorship coordinator, which include, "achieving appropriately matched dyads, establishing clear mentorship purpose and goals, solidify dyad relationships, advocating the protégé, and mobilizing institutional resources" (Nick, et al., 2012, p.7). The mentorship coordinator role will primarily focus on creating optimal matched dyads and clear mentorship goals, leaving the other three themes as secondary responsibilities. This training program is a way to streamline mentor and mentee qualities to ensure that an effective relationship can be cultivated.

Benefits of Mentorship

According to research obtained from Nick et al., (2012), mentorship leads to positive functional outcomes, which include reduced stress, orientation to the educator role, leadership development, and integration into the academic community. One specific benefit observed from peer-mentoring relationships is the possibility to recognize warning signs of emotional stress or

substance abuse faster than faculty mentors (Ramani, Gruppen, & Kachur, 2006). Student Registered Nurse Anesthetists are characterized as a high-risk population for substance abuse and emotional stress due to the extremely high levels of experienced stress for extended periods of time. Being able to recognize the warning signs associated with these experiences provides a foundation for treatment and prevention. Being able to appropriately manage the aforementioned situation also enhances the mentors' leadership ability by having to effectively communicate and collaborate during a time of crisis. Having this lifeline would create a more supportive environment aimed at improving SRNA wellness to counteract the negative outcomes associated with stress.

Benefits of mentorship: Future educators.

The role of mentorship as it applies to SRNA's highlights the importance on student wellness and the impact on professional growth. To understand this influence, careful examination of the impact of educators and mentors on SRNA's is crucial. A descriptive study conducted by Meno, Keaveny, and O'Donnel (2003) utilized a cross sectional survey method and regionally stratified randomly selected sample of 696 SRNA's to gain insight into the clinical instruction experience. The clinical portion of nurse anesthesia programs is a key component to their educational foundation and has a direct impact on the physical, emotional, and mental wellbeing of the SRNA. Meno, Keaveny, and O'Donnel, (2003), shed light on the significant impact clinical educators have on the development of self-awareness, critical thinking, psychomotor proficiency, and professional practice. Therefore, the clinical educator is one of the main determinants of the student nurse anesthetists' wellbeing, knowledge attainment, and clinical skill set. The implementation of a mentorship program is one of the potential solutions to this problem because taking on the mentor role will indirectly prepare SRNA's to be

effective clinical educators. Specifically, Easton et al., (2017) address the impact of mentorship and how it applies to clinical preceptorship. These authors mention three modules which enhance student learning and transition of knowledge and skill from an expert practitioner to a novice one. The first module highlights the understanding of the preceptor role as an effective educator to push the student from a beginner practitioner to an advanced one (Easton et al., 2017). The next module promotes student success where variables are segregated in controlled and uncontrolled situations. The CRNA preceptor is responsible for moving the SRNA along a continuum of practice. The third module ensure skill transfer and effective communication. This augments the importance of continual feedback and recognition of sustainability (Easton et al., 2017). Finally, the fourth module addresses challenging situations, which is used to address pitfalls or prevent poor outcomes for the SRNA (Easton et al., 2017). Synthesis of these modules promotes a realistic and beneficial relationship between a preceptor and SRNA, which ultimately, will make better clinicians and eventual preceptors for the next generation of practitioners.

Unfortunately, data shows that the majority of clinical educators are failing to meet the standards required to produce quality CRNAs without inflicting negative consequences such as condescending comments, a lack of positive feedback, and or lack of instruction (Meno, Keaveny, and O'Donnel, 2003). Data obtained from this review shows that 69% of SRNAs experienced verbal abuse, 14% experienced physical abuse, 13% experienced sexual harassment, and 12% complained of racial discrimination. This data is significant because the perceived experiences gathered from this study depict an environment that negatively impacts the SRNA's well-being, personal, and professional growth. However, the effective utilization of a mentorship program helps prevent and counter the negative experience perceived by SRNAs. Prevention will

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occur because succeeding as a mentor directly applies to the success of a clinical educator. Both roles carry similar responsibilities and leadership demands. A successful mentor entering the professional clinical arena already has all the tools and training necessary to be an effective clinical educator, thus creating an environment that is conducive to learning. Meno, Keaveny, and O'Donnel, (2003), suggest that efficient clinical learning requires an environment that promotes the SRNA's acquisition, comprehension, and integration of new knowledge. Mentorship achieves this through mentor-mentee relationships that are based on emotional support and guided knowledge exchange via open communication. This reflects data collected from Meno, Keaveny, and O'Donnel (2003), which found that the most beneficial clinical preceptor behaviors included calmness during stressful events, nonthreatening clear communication, and encouragement for independent decision, all of which are learned within the mentorship program.

Benefits of mentorship: Personal growth.

Not only are there documented benefits within career and personal success, there are distinguished benefits for individual mentors and mentees. Those who fulfill the role of mentor have an increase in confidence, a sense of pride in developing the next generation, and an improved career satisfaction (Ramani, Gruppen, & Kachur, 2006). Synthesis of all of these benefits leads mentors in attaining professional growth and responsibility within their career (Pollock, 1996). On the other hand, those who are labeled as the mentee are better socialized into the profession, involved in academic activities, and have an improvement in collaborative relationships. (Ramani, Gruppen, & Kachur, 2006). Simply stated, mentees benefit from their mentors' wealth of experience and mentors practice developing professional boundaries within

collegial relationships (Pethrick et al., 2017). Acknowledgement of individual benefits as well as the impact within the program itself is a driving force in the initiating of such plan.

Leadership

Leadership: Qualities and characteristics.

According to Khoshhal and Guraya, (2016), "Leadership; in its essence, is the capability to explicitly articulate a roadmap and to motivate others to focus their efforts on achieving the desired goals" (p. 1062). In order to inspire others to achieve certain goals, there must be various components to those who are identified as leaders. First, an authentic leader encompasses desirable qualities such as honesty, competency, inspiration, intelligence, and courage (Khoshhal & Guraya, 2016). In addition to these aforementioned qualities, a recognized leader should exhibit openness. Openness allows a good leader to utilize different strategies with different people, cope during times of uncertainty, and promotes active listening (Khoshhal & Guraya, 2016). This highlights a leader's ability to think outside a current perspective and acknowledge new models.

Leadership also provides an outflow between personal connections, social status, and enhances trust between personnel. Hendricks, Cope, and Harris, (2010), emphasize the importance of magnanimity as an essential characteristic for leaders. This quality stresses the fact that leaders will give credit where ever it is due (Hendricks, Cope, & Harris, 2010). This is essential to leadership because it recognizes the importance of praising success. In addition to this component, effective and open communication is an essential aspect of leadership. As with all medical roles, communication aids in smooth transitions as well as transformational leaders. Finally, an effective leader exhibits personality attributes in addition to cognitive, social and problem-solving skills (Khoshhal & Guraya, 2016). Synthesizing cognitive and personality

characteristics helps to link the personal with the professional requirements for an effective leader.

Throughout the analysis of effective qualities of a leader, emotional intelligence continues to play a valuable role (Hendricks, Cope, & Harris, 2010). Emotional intelligence is essential in professional practice as it relates to interactions, decision making, and response to stress. Since a leader must function at an elite level, this form of maturity is certainly evaluated and emphasized. All of these attributes should be recognized and praised when formatting guidelines for coordinators within a mentorship program.

Leadership: Models.

Hendricks, Cope, and Harris (2010) developed a conceptual leadership framework tool to guide future leaders to success that focuses on practice, support, application, life experiences, and reflection. This study enrolled 10 nursing students into their leadership framework course, nine of which finished and conducted a pre- and post-assessment questionnaire. This tool was used to rate 13 leadership attributes and one's ability to lead via a Likert scale of 1-5. All nine individuals scored significantly higher in all categories with a P value of less than 0.05. Utilizing aspects of this structured leadership model into the mentorship handbook would significantly enhance the mentee-mentor relationship, improve mentorship outcomes by reducing stress, and create sustainability within the program. As per Hendricks, Cope, and Harris (2010), all participants demonstrated growth in their personal, professional, and leadership capabilities.

Leadership: Challenges.

Positive qualities of effective leaders should be stressed, but negative aspects of the role should be identified. For example, Hendricks, Cope, and Harris, (2010) recognize that a leadership role has many challenges and can be lonely. This is due to the autonomy within the

role, which certainly may deter persons from accepting any leadership position, both formal and informal. These authors offer a solution to combat such feelings, which includes internal reflection. Throughout the leadership process, reflection offers a way to evaluate past decisions and identify successful transactions, as well as areas for improvement.

Highlighting a leadership role within a community of identified leaders, such as mentors and mentees in the SRNA community, poses many challenges. Identification of outstanding leaders and qualities that separates an elite leader amongst various persons presents numerous challenges. Pollock (1996) recognizes that developing leadership qualities are critical to the CRNA profession, however, these skills do not develop spontaneously. Khoshhal & Guraya, (2016) suggest that standard leadership skills are difficult to develop using conventional teaching strategies such as courses or lectures, and innate personality traits, such as those mentioned before, may carry heavier weight in determining those who are qualified for an elite leadership position.

Leadership: Definitive guidelines.

Synthesis of evidence regarding the qualities that make an effective leader is crucial in constructing formal guidelines for the role of mentorship coordinators. Pollock (1996) recognizes that CRNAs are continually expected to practice as leaders by demonstrating teamwork, offer problem-solving tactics, collaborate within the care team, and communicate with other members. All of these traits fall under the umbrella of an elite leader. Therefore, careful attention to previously stated attributes may be integral in defining and solidifying the mentorship coordinator role.

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Theoretical Model

Utilization of an appropriate framework is a standard necessity when implementing and formatting a formal mentorship handbook. For this specific project, the primary authors used a mentorship-specific theoretical framework introduced by Nick et al., (2012), in their article, "Best Practices in Academic Mentoring: A Model for Excellence". These authors highlight the themes and standards that represent the foundation of excellence in mentoring. This concept, which can be seen in Appendix B, is built upon four pillars, each symbolizing a theme or step to success. These four thematic pillars are further supported by an underlying six pillars that symbolize the standards required to achieve the best practices for mentorship. The four thematic pillars leading to excellence in mentorship include orientation to the faculty role, socialization to the academic community, development of teaching, research, and service skills, and facilitation of the growth of future leaders in nursing and nursing education. From there, these authors distinguish best practice of mentoring programs, which encompasses subcategories of mentorship standards. According to this theoretical model, a successful relationship between a mentor and mentee includes several practices such as: achieving appropriately matched dyads, establishing clear mentorship purpose and goals, solidifying dyad relationships, advocating for and guiding the protégé, integrating the protégé into the academic culture, and mobilizing institutional resources. The authors highlight identification of components that facilitate the success of these categories.

Nick et al., (2012) offers a theoretical model that highlights the movement from excellence in mentoring to end-user goals. This movement from the establishment of mentorship excellence, emphasizing the importance of the pillars that distinguish such elite practices, and further identification of how to fulfill this responsibility, has proven successful in other academic realms. Utilization of mentorship in the SRNA community parallels Nick et al. (2012) original

audience of mentoring in the academic setting, however, adjustments have been made to accommodate for SRNAs as end-users. For this doctoral project, the Nick et al. (2012) model has been adapted, but adjustments have been made to tailor the framework for a variant community and population. The updated framework geared towards the SRNA community can be viewed in the manuscript, noted in Appendix C. Since mentorship is a continuous and growing partnership, evaluation is a key component. The primary authors have added a component of evaluation and reevaluation to definitively incorporate continuous assessment and reentry into the theoretical model, which differs from the author's original model. Adding evaluation and adjustment of the mentorship relationship should offer an effective solution to any challenges or barriers between dyads. Adjustment and alteration of the original theoretical framework by Nick et al. (21012) proposes an original model that addresses mentorship in the SRNA community.

Methodology

Study Design

The proposed project design encompassed a defined handbook detailing the Mentorship Program at RNAP, which can be viewed in Appendix C. This handbook contained information from previous doctoral projects, which included a mentorship training program and standards for both the mentor and mentee (DeLeonardis & Karcich, 2018). In addition, the handbook contained guidelines regarding the roles and responsibilities of each player, including the mentorship coordinators. Specifically, the guidelines were organized into four different modules. The first module explained the purpose of mentorship and the benefits to each player in the relationship. The second module addressed each role within the mentorship program and verified responsibilities, goals, tips for success, benefits, and highlighted the actions necessary when formulating a mentorship program. These aspects are highlighted for the mentor, mentee, and

mentorship coordinator. Module 3 explicitly outlined an author-constructed infographic STAR MAP (GAS and De-GAS System), which can be views in Appendix C. The purpose of this map was to guide the mentor and mentee throughout the relationship to augment a successful mentorship bond. This STAR MAP, constructed by the PI and CI, is a formulated method to conduct, evaluate, and address the partnership with the mentee and mentor. This specific trajectory has not been defined in previous literature and should be highlighted throughout this project. Also included in this model was the original framework provided by Nick et. al., (2012) and the adapted framework formulated by the authors of this project. Module 3 concludes with methods to address open communication, teaching strategies, and transfer of knowledge. Specifically, the primary authors utilized a GAS System from Easton et al., (2017), as a form of time-out strategy to brief between a mentor and mentee. Within the STAR MAP, after transfer of knowledge, there was a debriefing formulate known as DeGAS, which offered methods of reflection and evaluation (Easton et al., 2017). Finally, Module 4 included a mentorship agreement, which verified stated goals between the mentor and mentee and established methods to achieve such goals. In addition, this contract explicitly stated confidentiality and pathways of feedback between the mentor and mentee to ensure continuous evaluation and growth of such relationship. Furthermore, pre-test and post-test forms were offered as a way to appraise an information seminar regarding the mentorship program.

Setting and Resources

The Mentorship Handbook for all matriculated students was presented after a formal Nurse Anesthesia Program meeting at 65 Bergen Street in Newark, New Jersey. An in-depth 30-minute seminar regarding how to access, download, and obtain such handbook in addition to information presented in the handbook outlining guidelines, roles, and responsibilities of each

member within the mentorship program was offered to students. The presented PowerPoint is available in Appendix H. Resources included a Microsoft PowerPoint presentation, printed handouts of the guidelines, flyers, and a list of available resources for the attendees.

Study Population

Study participants included all current SRNAs enrolled in the RNAP. The current program is comprised of three cohorts, all matriculated on a doctoral curriculum. Therefore, total students surveyed included 21 third-year SRNA's, 23 second-year SRNA's, and 21 first-year SRNA's. In addition to the matriculated SRNAs, all faculty members were informed regarding how to locate the Mentorship Handbook. All DNP Project team members were present, including Dr. Pallaria and Dr. McLaughlin. Eligibility criteria included current status as full-time matriculated DNP-SRNA at Rutgers University.

Study Intervention

The study intervention consisted of the creation and dissemination of an available handbook, which outlined the intricate details of the Mentorship Program within the SRNA community at Rutgers University (Appendix C). This handbook was formulated by the third year mentorship coordinators and subsequently reviewed by program and project chairs for brevity, information offered, and aesthetics. Announcement and recruitment of subjects was done through e-mail within the secured Rutgers Email Server, which is required of each student in the RNAP. In the email, a flyer made by the Principal Investigator (PI) and Co-Investigator (CI) was attached (Appendix E) along with information regarding the seminar. This delivered an overview of information provided within the seminar along with a specified date, time, and location, which encouraged participation.

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The study intervention took place immediately after a formal program meeting on October 8th, 2018. At the beginning of the program meeting informed consent was obtained. After this, an anonymous, pre-test survey conducted by the third-year mentorship coordinators was distributed in-person to the third-year, second-year, and first-year cohorts to evaluate their inherent knowledge pertaining to the role and responsibilities of the mentorship coordinator, mentorship program, role, guidelines, and requirements for such program. This survey can be viewed in Appendix G. At this time, the PI and CI presented a twenty-minute IRB-approved PowerPoint detailing the information within the handbook, outlining roles and responsibilities of each participant in the mentorship process, and reiterating how students can access the handbook through the Rutgers Nurse Anesthesia Portal on Rutgers Canvas. This presentation is represented in Appendix H. After presentation of the PowerPoint, all participants were encouraged to complete an in-person post-test survey to evaluate if the information presented enhanced their knowledge. This survey can be viewed in Appendix I. The Investigators utilized five minutes for each survey (pre and post) and a twenty-minute presentation with time for any questions or clarifications, which took up a total of thirty minutes of the student's time.

The PI and CI collected each survey at the conclusion of the seminar. The data collected from these two surveys was evaluated and compared to determine if the implementation of a Mentorship Handbook provided significant improvements in perception and understanding of a mentorship program. Having access to a formalized handbook improved retrieval of information, streamlined the mentorship program process, and enhanced sustainability.

Outcome Measures

Outcome measures were centered on student knowledge regarding the rules, regulations, and expectations regarding the mentorship program, in addition to the identified roles. Measuring

student knowledge prior to handbook accessibility and after availability identified the handbook as a direct measure of influence on student knowledge.

As a result of having access to definitive information via the Rutgers Nurse Anesthesia Mentorship Handbook, regarding the roles, responsibilities, expectations, and formalized protocols to match effective dyads, there were improvements in all aspects of mentorship relationships and student well-being. Specifically, the goal was to achieve improvements in outcomes pertaining to mentor, mentee, and mentorship coordinator effectiveness, sustainability, and leadership potential. The knowledge and skill obtained from mentorship also translates into the community setting as mentors and subsequent mentees graduate and enter the professional setting. This generates more clinical leaders and skilled educators, which enhances community mentorship that may be evaluated through previous cohorts who participated in the mentorship program and have entered into clinical practice.

Risks/Harms/Ethics and Human Subjects Protection

Student Registered Nurse Anesthetists are considered a vulnerable population, but the information collected contained no significant personal or HIPPA information that put this group at risk. Also, as evidenced by the improvement in student outcomes and well-being, initiation of a formalized handbook to format and declare regulations regarding the program solidified and streamlined a route for student wellness. In addition, participation was voluntary due to the vulnerability of this population. This allowed for participants to selectively decide involvement, which decreased the amount of vulnerability present in this population. Furthermore, approval from Rutgers IRB was obtained prior to the initiation and dissemination of a mentorship handbook as well as the interventions discussed above.

Subject Recruitment

Due to the specificity of the population being study, students currently enrolled in the RNAP were notified regarding the development of the handbook. The PI utilized the Rutgers University based e-mail server to contact participants of the mentorship program and educate students regarding the intervention. The PI and CI utilized a recruitment flyer to solidify awareness of the information session to subject participants. This recruitment flyer, which can be viewed in the Appendix D, was dispersed as an attachment of an email to all SRNA's at Rutgers University online via their required Rutgers University email. In addition to being an attachment, the PI and CI formulated a script to be sent in an email detailing the elements of the seminar, including the location, time, inclusion criteria, timeline, and information offered. Information on a secondary flyer, also located in the Appendix D, included a brief description of mentorship, directions to access the handbook, as well as a synopsis of the role and responsibilities of the mentorship coordinators.

Consent Procedure

Consent was obtained through subject participation and agreement to the intervention. Students were previously notified about the seminar through an email with an included recruitment flyer. The consent for this study was thoroughly outlined and discussed with all students at the beginning of the seminar. Within the IRB-approved consent, which is found in the Appendix F, details were provided regarding risks, benefits, lack of financial disclosure, steps if the participant wants to withdraw at any point, how the investigators will promote and secure participant confidentiality, and offered contact information for both the PI and CI. The consent document was distributed to individuals interested in participating in the study. Subjects who verbally agreed to participate were given a copy of the consent. No signature was obtained for

consent. A Waiver of Documentation of Consent was requested and approved from the Rutgers

IRB.

Subject Costs and Compensation

Subject participation in an educational session regarding a mentorship handbook

proposed limited cost to both the participants, PI, and CI. Subjects voluntarily participated in the

educational session, with a lack of compensation noted to all participants. This proposed minimal

costs and solidifies consent as evidenced by attendance. Dissemination and sustainability

required no allocation of monetary means. The process of dissemination and sustainability took

place via the Rutgers Nurse Anesthesia web-based portal. This internet platform contained the

mentorship handbook data obtained from said interventions. Uploading all information was free

and accessibility was free to all students currently enrolled in the RNAP.

Project Timeline

Research, planning, synthesis of evidence, and construction of information into a

mentorship handbook was completed by the current third-year mentorship coordinators. A

seminar regarding the information obtained was offered to consenting individuals with utilization

of physical handouts in the form of pamphlets and a Microsoft PowerPoint as a way to convey

information. The latter was created upon approval from the IRB. The mentorship handbook was

completed and an educational session regarding utilization and accessibility took place on

October 8th, 2018. Synthesis of evidence and statistical analysis took place afterwards and results

are depicted below.

Resources Needed/Economic Considerations (Project Budget)

Developing and comprising a handbook took a great deal of research and synthesis of

best practice, as well as current practice guidelines in the academic setting. However, resources

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that were needed were standard to graduate student necessities. Project budget was minimal and can be efficiently completed with utilization of graduate student resources through Rutgers University. Access to Rutgers University facilities and/or technologies were covered by each individual SRNA's tuition. There were no further financial costs anticipated.

Evaluation

Data Maintenance/Security

In concordance with IRB approval, the safety and anonymity of each participant was of the utmost importance. Completed surveys were stored in a locked cabinet in the Program Directors office during the study and for at least 6 years after the study has been closed. Access was only available to the PI, CI, and Project Chair.

Data Analysis Plan

Analysis of generated data and evaluation of results was completed with utilization of Microsoft Excel. Variables identified influence knowledge of the mentorship program, roles and responsibilities as mentors, mentees, and mentorship coordinators, and evaluation of managing expectations as there is a transfer of power between cohorts, was obtained through previous stated emails and analyzed through valid statistical programs. In addition, the PI and CI reviewed the feedback of the cohorts regarding their access to the mentorship handbook, their satisfaction with current mentor/mentee pairing, and satisfaction with their current mentorship coordinators.

Specifically, the sample used was a non-probability sample since all participants had volunteered to engage in the study. All significant results had a p value of <0.5 with a confidence interval of 95%. Correlational analysis was conducted based on data received from the students. Spearman's correlation test was used to measure the non-parametric results since this test assesses the association between rankings as provided from a Likert scale. Using this

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correlational analysis measured student knowledge with the identified educational session. Analysis was conducted using Microsoft Excel, which also generated visual analysis of findings. A table of critical values was evaluated to determine the p-value of analysis using the degrees of freedom and Cronbach's alpha, all variables that were generated during analyses.

Findings

A total of 63 surveys were collected from both pre and post surveys. There were 19 surveys collected from the third-year cohort, 23 from the second-year cohort, and 21 from the first-year cohort. The surveys collected from the third-year cohort did not have the PI and CI included within the final count, hence 19 surveys collected whilst there were 21 students in the cohort. Evaluation of each pre and post-test was conducted between cohorts and amongst the program as a whole and findings are detailed below.

The first question on both the pre and post-test highlighted the student's knowledge of mentorship. In the third-year cohort, the attendance at an educational session regarding mentorship increased from "somewhat agree" with regards to the concept of mentorship to "strongly agree" ($n=18$; $rs=0.989$; $p<0.01$). The understanding of roles and responsibilities as it applies to a mentor also exponentially increased as a result of the educational session averaging from somewhat agree to strongly agree ($n=14$; $rs=0.985$; $p<0.01$). Knowledge as it applies to the roles and responsibilities as a mentee also significantly increased as a result of an information session ($rs=0.979$, $p<0.01$). When asked regarding the understanding of the role and responsibilities of a mentorship coordinator, there was no strong association between knowledge and agreement. However, after initiation of a mentorship educational session, the majority of students strongly agreed with their current understanding of the mentorship coordinator requirements ($n=9$; $rs=0.981$; $p<0.01$). Interesting enough, when knowledge was presented,

students had a significant increase in interest in becoming a mentorship coordinator (n=4; rs=0.973; p<0.01). A visual representation of the change within the third-year cohort between the pre and post testis represented in Appendix J.

When evaluating the findings as it pertains to the second-year cohort, there were several key distinctions. In the second-year cohort, the attendance at an educational session enhanced knowledge of mentorship with students responding that they strongly understand the concept of mentorship (n=14; rs=0.993; p<0.01). The understanding of roles and responsibilities as it applies to a mentor and as a mentee also exponentially increased as a result of the educational session averaging from somewhat agree to strongly agree for mentor (n=14; rs=0.996; p<0.01) and mentee (n=12; rs=0.996; p<0.01). When asked regarding the roles and responsibilities of a mentorship coordinator, like the third-year cohort, there was no strong association between knowledge and agreement prior to an educational session. However, after initiation of a mentorship educational session, there was a strong correlation between the educational session and student knowledge regarding the role of the mentorship coordinator (rs=0.993; p<0.01). Similar to the findings of the third-year cohort, there was a strong correlation between the educational session and knowledge of the mentorship coordinator, but this still did not depict interest in participation of the role as many students felt blasé about the role (n=7; rs=0.994; p<0.01). The correlational differences are depicted in a visual manner in Appendix K.

When evaluating the findings as it pertains to the first-year cohort, there were several key distinctions. The attendance at an educational session increased knowledge regarding mentorship from "somewhat agree" (n=12) to "strongly agree" (n=12) with a strong significant positive correlation (rs=0.995; p<0.01). The understanding of roles and responsibilities as it applies to a mentor and as a mentee also significantly correlated as a result of the educational session.

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Students experienced a positive correlation of growth in knowledge regarding the role of the

mentor (n=12; rs=0.997; p<0.01) and mentee (n=10; rs=0.997; p<0.01). When asked regarding

the roles and responsibilities of a mentorship coordinator, like the third-year and second-year

cohorts, there was strong correlation between the educational session and knowledge, but these

students were unaware of the role of the mentorship coordinator, which was improved with

utilization of the defined information (rs=0.979; p<0.01). However, different from the previous

cohort, there was recognition that when knowledge was provided regarding the roles of the

mentorship coordinators, there was a significant correlation between knowledge and an interest

(n=8) or a very strong interest (n=8) in becoming a mentorship coordinator (rs=0.993; P<0.01).

The visualization of these results is represented in Appendix L.

After strict evaluation of each cohort, the PI and CI compiled a synthesis of results. As a

program, the knowledge of the mentorship program exponentially increased just with the

introduction of an educational session with a significantly positive correlation between

information offered and understanding of mentorship (rs=0.999; p<0.01). The knowledge of

being a mentor increased from "agree" (n=31) to strongly agree (n=35) with a significant

correlation (rs=0.999; p<0.01) and knowledge of a mentee increased from agree (n=29) to

strongly agree (n=36), which was also a significant correlation (rs=0.995; p<0.01).

Understanding the roles and responsibilities of being a mentorship coordinator increased overall

from somewhat neutral to don't understand (n=34) to completely understand (n=27) with a

significant correlation between the educational session and knowledge (rs=0.999; p<0.01).

Overall, the interest in becoming a mentorship coordinator somewhat varied with mild

movement from apathetic (n=14) to somewhat interested (n=17), but as previously discovered,

this could be due to the overwhelming interest from the first-year cohort. Students experienced a

significant positive correlation in knowledge pertaining to the role of a mentorship coordinator, but this does not determine interest in fulfilling the role. These overall results are depicted in Appendix M.

Access to the Mentorship Handbook

Within the pre-test survey, the PI and CI questioned subjects regarding access of the mentorship handbook, evaluating if the Rutgers Nurse Anesthesia Program Portal on the Rutgers Canvas outlet was the best electronic location to submit this educational material. Access to the mentorship handbook varied across the third-year cohort even with dissemination of a strict outline detailing the steps required to gain access to the handbook, which was provided during the educational session. However, most students agreed that the handbook was accessible (n=13; mean: 5.7/6). Like the third-year cohort, access to the mentorship handbook varied within second-year cohort as well, but after the educational session, most students agreed that the handbook was accessible (n=13; mean: 4.52/6). Unlike the third-year and second-year cohorts, access to the mentorship handbook was clearly defined in the first-year cohort, with most students agreeing that they were able to access the handbook (n=16; mean: 5.71/6). The difference in ease of access to the handbook may have varied across cohorts simply because the first-year cohort had a better understanding of how to access the nurse anesthesia portal better than there senior counterparts, which could provide an outlet of change for future projects. The visualization of these results is synthesized in Appendix N.

Satisfaction with Mentor-Mentee Match

On the pretest, prior to the initiation of the educational session, all students were questioned on their satisfaction regarding the mentorship match (mentor-mentee pairing). For the third-year cohort, previous mentorship coordinators paired dyads on the basis of gender and

location. It should be noted that there was no input from the students themselves within the pairing process. In regards to pre-intervention evaluations of satisfaction with the mentor match, there was varying response from students. Overall, students were just generically satisfied with their match, neither impressed or disapproving of it with a mean of 4.89/6.

When evaluating the response of satisfaction within the mentor-mentee pairing for the second-year cohort, in addition to matching students on the basis of gender and location, student input was valued, specifically mentee input. This was accomplished by asking junior students for feedback after an informal gathering, specifically aimed at identifying senior students that they felt most comfortable engaging with. In regard to satisfaction of their match, the second-year cohort was "satisfied" with their mentor match (n=8), which is an improvement from previous cohorts who were more apathetic about pairings.

Upon evaluation of the first-year cohort, in regard to the student satisfaction on the mentorship match (mentor-mentee pairing), students were matched based on previous variables (gender, location, previous relationship), however, heavy emphasis was placed on mentee-directed matching. This means that the mentee's input was at the forefront of the decision of dyad pairing. In regard to satisfaction of their match, the first-year cohort was "strongly satisfied" with their mentor match (n=16), which is an improvement from previous cohorts. This is an important finding in the overall mentorship process. The visualization of these results is synthesized in Appendix O.

Mentorship Coordinator Expectations

On the post-intervention survey, students were asked if their current defined mentorship coordinators were meeting their roles expectations, which were delineated in the educational session. Students in the third-year cohort responded that they strongly agree (n=14) with this

statement in regards to their mentorship coordinators. Students in the second-year cohort responded that they agree (n=9) with this statement in regard to their mentorship coordinators meeting their role expectations. Students in first-year responded that they strongly agree (n=16) with this statement in regard to their mentorship coordinators meeting role expectations. However, it should be noted that these students are referring to the mentorship coordinators of second-year cohort since mentorship coordinators of first-year cohort had not been chosen at the time of implementation. The visualization of these results is synthesized in Appendix P.

Discussion

Role of the Mentorship Handbook

As significantly identified through data analysis, the presence of a mentorship handbook and educational session detailing its content, is necessary to implement, maintain, and sustain a mentorship program. Although an introduction to the mentorship program is offered at the new student orientation, this occurs prior to beginning the program, and the PI's believed, based upon their research that the mentorship handbook and educational session should be implemented within the first few months of enrollment for new students while inviting the rest of the program to attend. This will solidify sustainability since knowledge is significantly correlated with outcomes, as evidenced by this project.

In addition, the mentorship handbook educational session outlined the roles and responsibilities of the mentor, mentee, and newly defined mentorship coordinator, which had not been done before in any other program. Verification and education regarding these roles help define the program and strengthen the support system necessary to sustain it. Furthermore, education regarding the roles holds each student accountable to abide by such standards and encourages solidification of the process. Further studies should investigate the role of the

mentorship coordinator as a leader within the student community and identify how that translates into leadership within the CRNA community. Since this program and the role of the mentorship coordinator are fairly new, it is difficult to obtain information of students as they evolve into practitioners since that has not occurred in substantial numbers, but over the next few projects, this could be a source of data.

This study hypothesized that a lack of information was responsible for the lack of student interest in the role of the mentorship coordinator. However, this was not the case. Although there was a significant improvement in the understanding of the role of the mentorship coordinator, most students continued to display disinterest in fulfilling such a role. Further studies should be aimed at attraction and retention of the mentorship coordinator, since this is an integral role to the sustainability of the program and translation of leaders into the community, as well as clinical practice.

Communication of Information

Another aim of this study was to identify the most proficient way at disseminating information to streamline a mentorship program and solidify standards of the program. The PI and CI utilized the Rutgers' online resource of the Canvas Portal as a way to attach the constructed handbook. The authors found that students in the newer cohorts were more familiar with this program than more senior students who had previously used a prior platform. Based on the data collected, the PI and CI believe that the third-year and second-year students found Canvas, the newly implemented platform, harder to navigate compared to the original online platform. Regardless, any information regarding the mentorship program should be disseminated through the Rutgers' Canvas portal, however, future projects should review this platform during the mentorship educational session so there is more verification pertaining to access of

knowledge on the Canvas online platform. This will help to alleviate any difficulty in navigating the platform and students may have an easier access to information, since this is significantly correlated with success of a mentorship program.

Student-Driven Benefits

Among the vast information obtained from this project, some of the most significant pieces of information generated is related to the mentor-mentee pairings. Evaluation of the different approaches to pairing and the associated satisfaction across cohorts verifies that a mentee-driven process is crucial in the success of the mentorship process, which translates into support within the practice as students transform from students to practitioners. Identification of various variables, such as gender, location, and previous relationships with matriculated students should be taken into consideration in conjunction with mentee-preferences to augment the matching process. Further studies should identify other variables, such as previous work experience, interests in self-care activities, or alike support systems to identify if such characteristics can even further augment a mentor-mentee match to approach nearly complete satisfaction with the pairing process.

Evaluation of the Mentorship Coordinator Role

This project utilized this population to evaluate the role of the mentorship coordinator. This project was the first project to create and define the role and responsibilities of the student-leaders. Therefore, this study sample was asked regarding if expectations were being met, once the sample understood the role and responsibilities of the mentorship coordinator. This study found that once the study population truly understood the expectations of the mentorship coordinator role, then evaluation of current students in that role depicted that they were meeting expectations. However, it should be noted there was not an overwhelming agreement on such

statement. Therefore, further projects should be aimed at either solidifying the role, holding these leaders accountable in some way, or better educating the population on what the mentorship coordinator role encompasses with strict outline of goals for the personnel and the mentorship program.

Economic Benefits

Implementation of a mentorship program offers many economic benefits to academic institutions, the student population involved, and hospitals as well. For the academic setting, a mentorship program utilizes willing participants in a given community at a cost-effective, convenient sampling. Introduction and education regarding the roles of mentor, mentee, and mentorship coordinator is a simple, cost-effective approach to benefiting the SRNA community since implementation of such program would incur no financial burden to the academic institution or students involved. Secondary economic benefits that the academic setting would gain include improved retention rates, a more desirable program, which would encourage a larger applicant pool, the potential to obtain future donations from satisfied alumni that would be more inclined to give back. Economic benefits that directly affect the student population consist of a way to connect students on an emotional level, which promotes student wellness and helps alleviate some of the stressors incurred as the rigors of the program become more demanding. This is a cost-effective way to cultivate a safe and supportive environment for SRNA's, who are a vulnerable population due to the continuous levels of extreme stress. Hospitals are another benefactor of economic prosperity achieved via mentorship. These institutions would benefit economically by not having to allocate monetary funds towards clinical preceptor training since CRNA's who graduated from programs that utilized mentorship would already have the skills required to achieve success as a clinical educator.

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Impact on Healthcare Quality/Safety

Mentorship has a significant impact on healthcare quality and safety. As described by Glass and Walter (2010), excessive stress correlates with negative outcomes in regards to SRNA education, but the relationships formed from peer mentoring helps alleviate this perceived stress, which correlates with better patient outcomes. Besides stress reduction, mentorship also promotes SRNA's to be more confident practitioners with strong leadership skills, as well as the qualities that make successful clinical educators. Most clinical learning that occurs in SRNA school is under the supervision of an educator, many of which, have not had any formalized training in regard to education. Having a poor clinical educator hinders the SRNA's growth as a provider and will make the transition from academia to the professional clinical arena more difficult due to a lack of provider confidence and skill. Mentorship reduces this risk by creating strong leadership skills that translate into better quality clinical educators in practice, which will create safer environments within the operating room for SRNA's, CRNA's, and most importantly, the patient.

Translation

The translation of results into practice is grounded in the original theoretical model. Since this specific doctoral study used a unique theoretical model that was modified for this specific community, evaluation of outcomes and reentry into the theoretical framework provides constant alteration of a practice. Assimilation of continual feedback processes through the act of fluid communication enhances knowledge translation. Therefore, when evaluation occurs, it meets the needs of practitioner and system, within the ideal environment.

In order to establish trust within the knowledge translation practice, trust needs to be identified within the evidence. Credibility, or ways of knowing how evidence is valid and

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substantial, is crucial in the translation practice. In order to measure resolution in the challenge of developing trust, mapped out steps should be instituted. Translation as it applies to this program encompasses synthesis, critique, and discussion of the evidence and results, and application of results to future cohorts. Translation of the provided knowledge starts with instituting the handbook as a policy and solidifying the mentorship program as a component to the nurse anesthesia curriculum. This will also ensure sustainability of this project. In addition, this knowledge can be translated to similar communities based on results and dissemination of knowledge. Translation of results into practice is a critical component of sustainability and applicability of the project.

Dissemination and Professional Reporting

After synthesis of evidence and review of the results on the impact on student knowledge related to a mentorship coordinator handbook, dissemination of information to other similar communities is a priority. Ultimately, the mentorship handbook is a universal guide for many different anesthesia communities to cultivate similar programs with beneficial outcomes. The primary dissemination is directed towards the nurse anesthesia students at Rutgers University via the nurse anesthesia web-based portal. Ideally, secondary dissemination occurs through other Nurse Anesthesia Programs who plan to implement mentorship programs. This is achieved with application for poster presentation and utilization of the national organization as a way to connect with other programs. With this connectivity, dissemination of this research can augment programs to help cultivate mentorship within the student nurse anesthesia community. In addition, public reporting to various communities through a lecture presentation at the New Jersey Association for Nurse Anesthetists in October 2018 was another form is dissemination to surrounding professional communities.

Strengths and Weaknesses of the Study

The aim of this study was to identify gaps in knowledge regarding streamlining and defining mentorship programs in the student nurse anesthesia community. The benefits of this intervention have been previously stated, which highlights the strength of this study. In addition, the availability of the population and the willingness to advance the community is certainly a strength of the study. This study utilized willing participants and evaluated responses on a specific intervention in order to further the advancement of the community. The investigators were able to ascertain data from a large sample size, which may be difficult to relate to other programs. Although there were many proposed benefits to this study, generalization to other similar programs and student communities were difficult based on program and cultural differences. In addition, subjective responses or bias may have occurred based on the student's desire to see success within the mentorship program. This may have introduced mild amounts of bias related to wanting to see success of the program.

Conclusion

Defining a mentorship program, including the role and responsibilities of the mentor, mentee, and mentorship coordinator, has the ability to strengthen and solidify a mentorship program in the nurse anesthesia community. Effectively instituting an educational session to promote the transfer of knowledge to current matriculated students in the RNAP significantly improved education, knowledge and outcomes of the program.

According to current literature, utilization of a student driven peer mentorship program leads to positive functional outcomes, which includes reduced stress, orientation to the educator role, leadership development, and integration into the academic community. However, there is minimal literature describing the role and responsibilities of the mentorship coordinator and a

lack of guidance pertaining to the best practice for implementation of a mentorship program. As described in the literature above, the mentorship coordinator plays a pivotal role in the mentorship program by having to effectively match, maintain, and evaluate dyads, which sets the foundation for the entire peer relationship. This is the first project to identify and outline the student-leadership role of the mentorship coordinator. The responsibility of such a pivotal role helps to augment and progress a beneficial program like the mentorship program. One of the most significant findings is related to the importance of the dyad pairing which is strictly the job of the mentorship coordinator. Utilization of the findings of this project to selectively and appropriately match mentors with mentees helps to cement strong relationships and support systems within the SRNA community that translates into a more cohesive CRNA community in years to come. As mentioned in the literature, effective mentorship promotes leadership qualities in those that participate, which creates clinical leaders of tomorrow. This gained aptitude for leadership translates from academia to the professional arena by preparing CRNA's to be better clinical educators, improved clinical preceptors, and better prepared for leadership roles in management.

Therefore, utilization and implementation of a mentorship handbook with the transfer of knowledge regarding the handbook in an educational session would not only streamline the entire mentorship process, but it would also significantly improve program outcomes. As a result, the creation of a Rutgers University Mentorship handbook effectively allows any individual or institution to successfully utilize, implement, and sustain a mentorship program.

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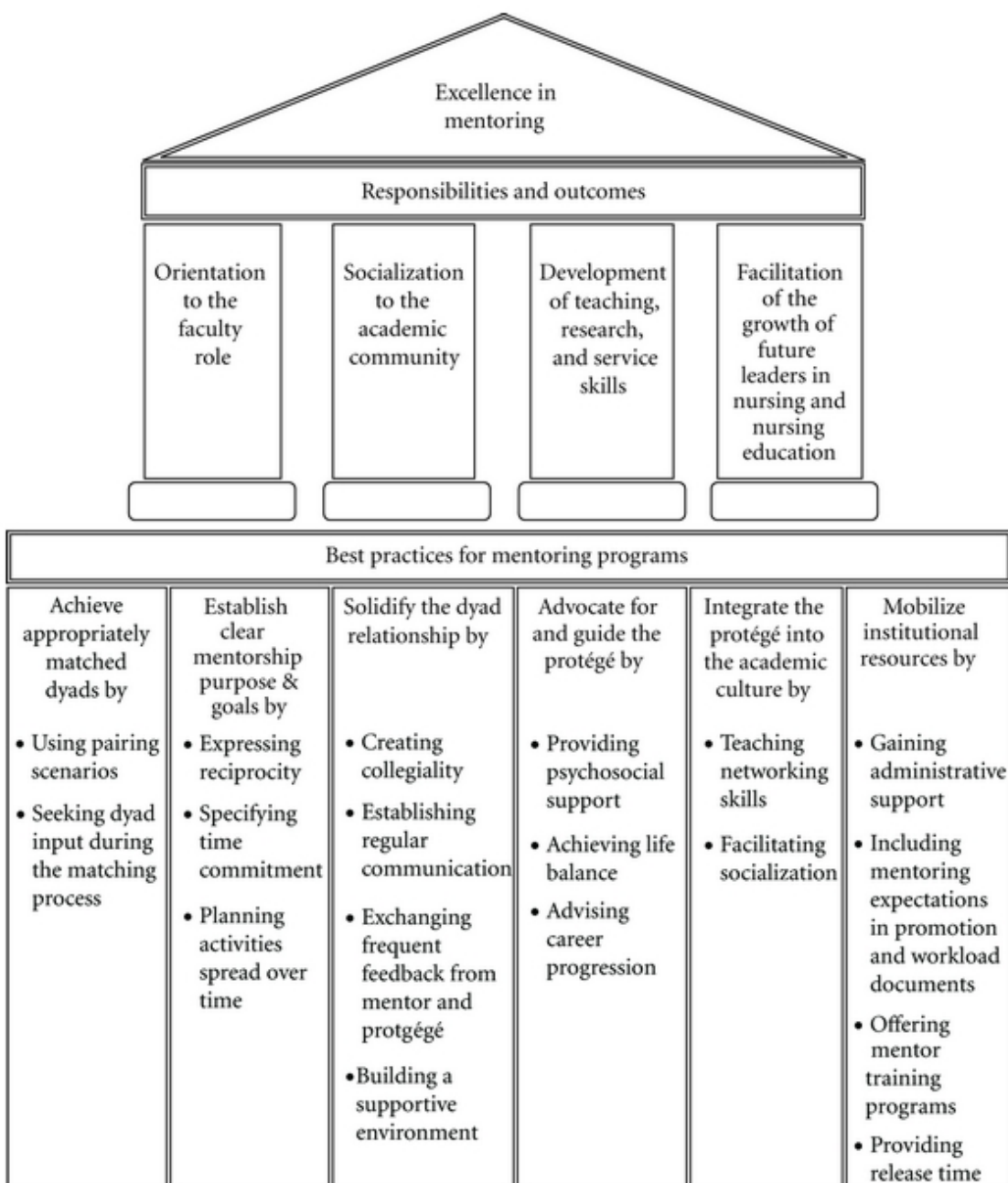
MENTORSHIP HANDBOOK AND GUIDELINES

Appendix

Appendix A: Search Strategies

Date	Database	Search Terms	Notes/Comments
1/22/18	Pubmed CINAHL	"Mentorship in Anesthesia" "SRNA Stress" "SRNA Mentorship" "Mentorship Coordinators for Nurse Anesthesia Programs	Limit search to within 10 years Only retrieved from adults, human, scholarly, and academic journals
1/26/18	Ovid MEDLINE	"Guidelines in Mentorship" "Advance Practice Nurse Mentorship Programs"	Limit search to within 10 years Only retrieved from adults, human, scholarly, and academic journals
1/27/18	Pubmed	"Leadership Roles and Characteristics" "Mentorship and Leadership in Anesthesia" "Mentors and Mentees in Nurse Anesthesia"	Limit search to within 10 years Only retrieved from adults, human, scholarly, and academic journals
1/29/18	CINAHL	"CRNA Stress" "CRNA Mentorship Guidelines"	Limit search to within 10 years Only retrieved from adults, human, scholarly, and academic journals

MENTORSHIP HANDBOOK AND GUIDELINES

Appendix B: Nick et al. (2012), The model: *Best Practices in Academic Mentoring: A Model for Excellence.*

Excellence in mentoring

Responsibilities and outcomes

Orientation to the faculty role	Socialization to the academic community	Development of teaching, research, and service skills	Facilitation of the growth of future leaders in nursing and nursing education

Best practices for mentoring programs

Achieve appropriately matched dyads by	Establish clear mentorship purpose & goals by	Solidify the dyad relationship by	Advocate for and guide the protégé by	Integrate the protégé into the academic culture by	Mobilize institutional resources by
• Using pairing scenarios • Seeking dyad input during the matching process	• Expressing reciprocity • Specifying time commitment • Planning activities spread over time	• Creating collegiality • Establishing regular communication • Exchanging frequent feedback from mentor and protgégé • Building a supportive environment	• Providing psychosocial support • Achieving life balance • Advising career progression	• Teaching networking skills • Facilitating socialization	• Gaining administrative support • Including mentoring expectations in promotion and workload documents • Offering mentor training programs • Providing release time

Appendix C: Mentorship Handbook

RUTGERS

Rutgers School of Nursing
Stanley S. Bergen Building
Rutgers, The State University of New Jersey
65 Bergen Street
Newark, NJ 07101-1709

Module 1
Mentorship Handbook: Module 1
What is Mentorship

Purpose

This Handbook will support and guide the Mentor and Mentee as they develop and move through the mentorship relationship provided by the mentorship program at Rutgers University

What is Mentorship

Mentorship within the Student registered nurse anesthesia community is an untapped resource when successfully implemented, that has the potential to enhance not only the wellness of the individuals involved, but improve the quality of care provided by anesthesia providers by creating a foundation that molds strong leaders and the clinical educators of tomorrow. As it applies for the SRNA community, mentorship is best described as a peer based, one-to-one, reciprocal relationship between a more experienced mentor and less experienced mentee. This relationship should be characterized by consistent interaction within a given period of time, in which the mentor utilizes the STAR MAP to successfully facilitate the development of both the mentor and mentee. This method applies a non-hierarchical form of mentoring, which helps builds trust and sense of community within the mentee-mentor relationship.

What is Mentoring

Mentoring is a reciprocal learning relationship in which a mentor and mentee agree to a partnership where they will work collaboratively towards achievement of mutually defined goals that develop a mentee's skill, abilities, knowledge, and thinking process. This form of mentoring encourages open communication, better outcomes, and bonds users through a similar paradigm, especially as it relates to daily challenges and workload stress. The reciprocal dyad of the mentor and mentee connection is beneficial because both parties are at similar stages in their careers and or education. Thus, successful mentorship leads to positive functional outcomes, which include reduced stress, orientation to the educator role, leadership development, personal growth, integration into the academic community, and builds strong leaders as students transition from an academic environment into clinical and professional practice.

Mentorship benefits
- Empathy
- Encouragement
- Information sharing
- Healthy lifestyles
- Belonging
- Acknowledgment
- Validation
- Communication
- Increased retention rates
- Reduced stress

What is Required:
- Commiting time
- Building relationships
- Being available by phone, text, or email
- Maintaining open communication
- Actively listening
- Giving feedback without judgment
- Evaluating the process

What is Gained
- New relationships
- Pride in being part of someone else's growth and development
- Improvements in listening, feedback, problem solving, leadership, and educational skills
- the opportunity to inspire others
- Personal growth and professional development

MENTORSHIP HANDBOOK AND GUIDELINES

Module 2
Understanding Roles

2a. Understanding Roles: Mentorship coordinator

An effective Mentorship Coordinator is nominated by the nurse anesthesia faculty and requires leadership capabilities to autonomously manage and maintain a mentorship program. The Mentorship Coordinators' primary role will focus on creating optimal matched dyads, which sets the foundation for the mentorship experience. Leadership qualities must be utilized by the Mentorship Coordinator during this process since this position will initiate, conduct, evaluate, and decide mentor-mentee pairings. Secondary goals should focus on mentorship program maintenance, which includes setting goals, monthly emails, student engagement, and remediation.

The Mentorship Coordinator: Responsibilities
- Act as a role model and mentor to all
- Demonstrate and maintain leadership qualities
- Pair dyads
- Plan mentorship events
- Send out monthly emails
- Assess, evaluate, and provide feedback
  - Mentors
  - Mentees
  - Mentorship program
- Encouragement participation
- Community outreach
- Stay committed and involved

The Mentorship Coordinator: Matching dyads

The best practice to achieve appropriately matched dyads is to obtain input in the matching process from both the mentee and mentor if possible. Rutgers Mentorship program utilized a mentee driven process by encouraged input from the protege. Application of this method prior to pairings strengthened commitment to the relationship, improved mentorship quality, and provided a greater understanding of the mentorship program to both parties. Dyad pairing can be achieved via a student mixer, meet and greet, and or during mentee orientation. The event must allow time for all potential mentors and mentees to converse. This should be an informal process to encourage openness and reduce anxiety. Mentees should be directed to write down the names of three mentors that they felt would be an ideal candidate and give this information to the mentorship coordinator. At the conclusion of the event, the mentorship coordinator should attempt to pair mentees with their desired potential mentors. Three variables that should be considered is the location of each individual, gender, and prior relationships. If possible, it is also better to pair dyads that live closer to one another with the hopes of increasing the opportunity for face to face meetings. Matching mentees with mentors of the same gender decreased stress and anxiety prior to their first meet. Lastly, mentees and mentors that already have an established relationship prior to the program should be paired together since a bond already exist. Once the pairing process has been completed, best practice dictates that the

mentor, mentee, and mentorship coordinator should establish guidelines consisting of the purpose, role, and goals of the mentoring relationship

The Mentorship Coordinator: Pairing Guidelines

Mentorship pairing will be conducted by the senior student mentorship coordinators. This will occur via a student run mixer. Based off this interaction, mentees are recommended write down the names of three seniors that they would like to have as mentors and submit them to the mentorship coordinators before leaving the mixer. This is highly recommended since evidence shows that mentee driven relationships have the best outcomes.

- Mentee Driven
  - Give mentees opportunity to meet senior mentors
  - Utilize mixer between D4 and D3
- Other considerations
  - Location
  - Gender
  - Work experience
  - Previous relationship
- Once pairing is complete
  - Mentorship coordinators must email final mentee-mentor matches along with contact info
- Mentees are required to initiate the first conversation and should meet prior to the start of their first semester

2b. Understanding Roles: The Mentor

A mentor is a trusted guide, role model, counselor, supporter, confidante, advocate, or advisor. An effective mentor, should be more experienced at a certain task and provide individualized support to mentees, based on assessment of the mentee's needs. The mentorship realm is centered on the needs of the mentee, not community or program needs, which sets the foundation for an individualized relationship tailored to benefit the mentee. A mentor is someone who is able to be a good listener, willing to be open and share experiences and views, willing to commit time and effort, provides an "open door" to questions and problems, points out both strengths and opportunities for improvement in the student partner and in the mentor/student relationship, encourages the student objectively, allows the student freedom in the relationship, leads by example, demonstrates a strong commitment to ethics, and is able to learn from experiences and mistakes.

The Mentor: Responsibilities

- commit to establishing a partnership based on open communications, productive and proactive interaction and a mutual respect and trust.
- Be available, as schedules permit, to work with the student. (one per month as a minimum)
- Regular face-to-face meetings are vital to building a strong and effective relationship.
- Consistent communication via phone or e-mail is also an important element of mentoring.

- o For distance mentoring relationships to succeed, you must be willing to meet face-to-face for two initial meetings with your student partner and to meet in person at least two times a semester.
- Establish a regular meeting time early on.
  - o Remember, the student's schedule changes each semester, so you'll have to address meeting times at least 2 times each year.
- Actively listen and provide guidance. ·
- Work with your mentee to achieve goals.
- Attend an initial orientation session.
- Encourage attendance to optional program events and conferences
  - o Enhances the mentor/mentee relationship as well as the professional relationship with other members of career
- Provide feedback using the program's evaluation surveys.

The Mentor: Goals
- Build confidence
- Role model
- Coach by offering constructive feedback
- Share experiences as learning tools
- Encourage professionalism
- Proactively maintain contact and encourage open communication
- Help problem solve
- Help the student externalize classroom education
- Encourage introspection
- Facilitate goal-setting and being goal-oriented
- Maintain privacy/confidentiality
- Advise in a nonjudgmental and ethical manner

The Mentor: Benefits
- Become a positive role model
- Self-reflection and personal fulfillment through contribution to community and individual
- Satisfaction in helping someone mature, progress, and achieve goals
- Meeting and sharing experiences with your mentee and other mentors
- Professional growth, leadership, and educational skill development

The Mentor: Tips for Success
Be a good listener. Listening is an art—and you need to do more than just hear the mentee. You need to listen and be an active participant in the conversation.
- Listening involve active and nonverbal communication, including body language.
- Provide guidance and constructive feedback.
  - o Guide them through a problem-solving process, don't solve the problem for them. Offer feedback that is constructive, developmental, and adjusted to match the personality style of your mentee.
- Take a personal interest in the relationship.

- o A good mentor is committed to helping their mentees find success and gratification in their chosen profession. Take the time to invest in the success of your mentee. Value ongoing learning.
- Be a positive role model who shares wisdom and draws out the possibilities of those he/she mentors.
  - o Mentees are more likely to be engaged if there is a point of encouragement and inspiration trickled down from the mentor.

First Meet: The Mentor
To prepare for your first meeting, you might want to:
- Summarize your goals and expectations for the mentoring partnership
- Carefully determine the time that you have available for the meetings
  - o "How should we work together? Will we stay in touch between meetings, and how?"
- Engage in active listening
- Allow the first meeting to be mentee-driven
- Offer support and guidance as it fits with the mentee's need.

2c. Understanding Roles: The Mentee

A mentee is a student, advises, novice or beginner. They are the beneficiaries of special relationships who are protected and supported by their mentors. An effective mentee, should strive for open communication, and maintain openness, honesty, and willingness to continuously learn. Once assigned to a mentor by the mentorship coordinator, mentees must take the initiative for cultivating the relationship with their new mentors, which accentuates the mentee's commitment and willingness to learn. Mentees should strive to absorb knowledge and advice from their experienced mentor to help facilitate their transition from proficient ICU nurse to novice anesthesia provider. The mentee must learn to synthesize advice, knowledge, and practice provided to them, so that they may apply such points into their own clinical expertise. To accomplish this, the mentee must remain flexible, respect the mentor's time, and display gratitude. As an integral member of a dyad, with focus on the mentee's success as the main promoter of forward movement within the relationship, these qualities outline the minimal effort needed to establish an effective relationship.

The Mentee: Responsibilities
- Identifying established roles
  - o Have a clear understanding of why you want to be mentored
- Communicate expectations
  - o Have a clear understanding of your expectations
  - o communicate such expectations
  - o Stay flexible and learn to adapt (expectations and plans can change)
- Create goals with milestones and deliverables
  - o Inform your mentor about your preferred learning style
  - o Be realistic
  - o Work together as a team
- Listen and contribute to the conversation

- Understand that your mentor will not have all the answers
- Accept constructive feedback
- Set time aside for self-reflection including evaluating progress
- Celebrate success
- Be consistent and reliable
- Provide your mentor with updates
- Provide an evaluation of the experience
- Show gratitude (Say thank you)

The Mentee: Goals
- Will be individualized and specific

The Mentee: Benefits
- Idea sharing, problem solving, advice, and increased self-confidence
- Support, empathy, encouragement, counseling, friendship
- Monthly mentorship email updates and reminders
- Quarterly morale boosting gatherings
- Assistance with teaching strategies and subject knowledge
- Gain personal guidance, positive reinforcement, and feedback
- Vent to someone who has "been there"

The Mentee: Tips for Success
- Don't be afraid to ask!
    - Your mentor wants to help you and yes, while he or she is taking valuable time and essentially donating it to you, this is something he/she feels strongly about and wants to do. But they don't always know what you want, need or seek, if you don't come right out and say it!
- Keep in touch.
    - Let your mentor know what you have been up to, even if you haven't spoken or gotten together in a while. Send him/her anything that's good and exciting for you so your mentor can be in the loop and as proud of your accomplishments as you are. Make time and find opportunities to make time for your mentor.
- Stay focused.
    - While your mentor's purpose is to contribute to your success as a student, he/she also has a full school load and personal life beyond you. Focus on what's most important, and leave everything else behind, so that you both can make the most of your time together
- Utilize Technology.
    - Email, email, email. It allows your mentor to mentor you on their own schedule and in their free time (texting works too… but give your mentor time to respond)
- Know your Mentor.
    - Get to know them personally. Find out what they like to listen to, what books they like to read, movies they enjoy, family details etc. (but only if they're willing to divulge. This helps you respond to them and also thank them in ways that are important to them)

- Keep confidentiality
  - never disclose to others your discussions.
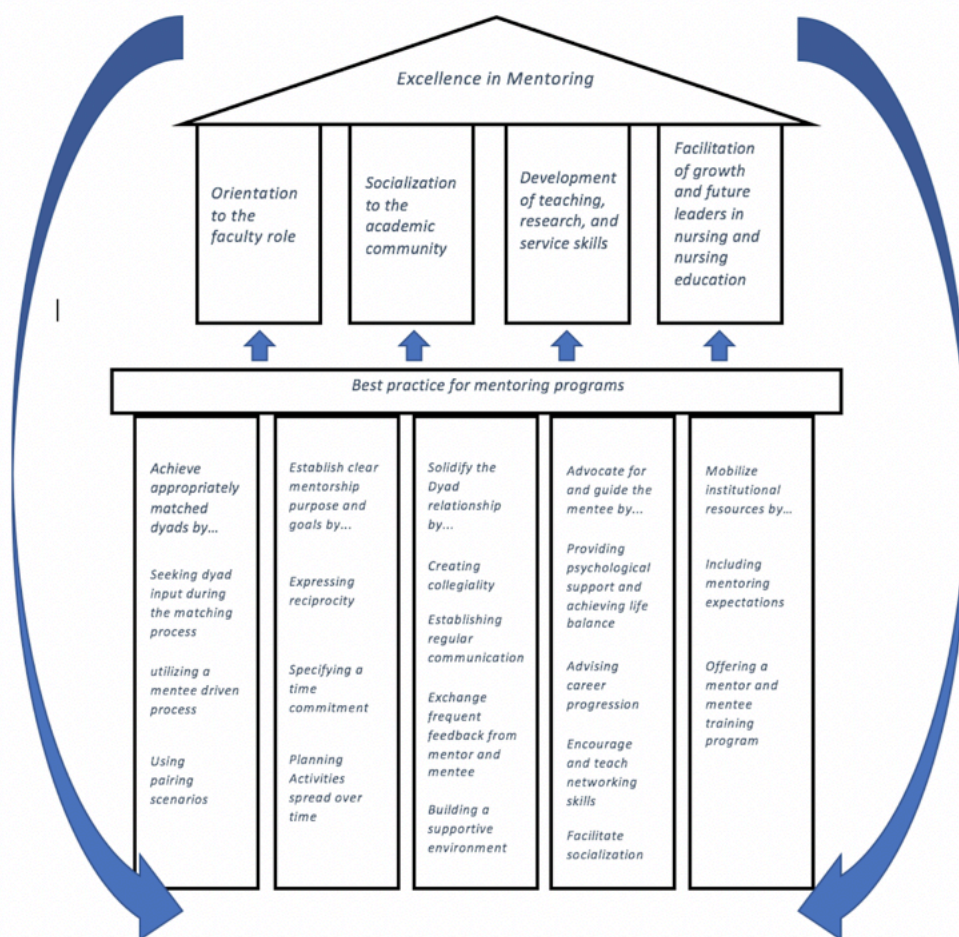
First Meet: The Mentee
To prepare for your first meeting, you might want to:
- Prepare an updated resume (CV) and or a detailed summary of your work experience
- Summarize your personal and professional goals. Be specific
- Identify your goals and expectation of the mentoring relationship
- Consider your Strengths and Weaknesses so that your mentor can build upon strengths and improve areas of weakness.
- Acknowledge the information that you are aware of and what you need work on (i.e, have prepared questions and a direction in which you would like the interaction to go)

Module 3
STAR MAP

Utilize Mentorship Framework

Open Communication

Debrief

Successful mentorship

Teaching Strategies

Time-Out

MENTORSHIP HANDBOOK AND GUIDELINES
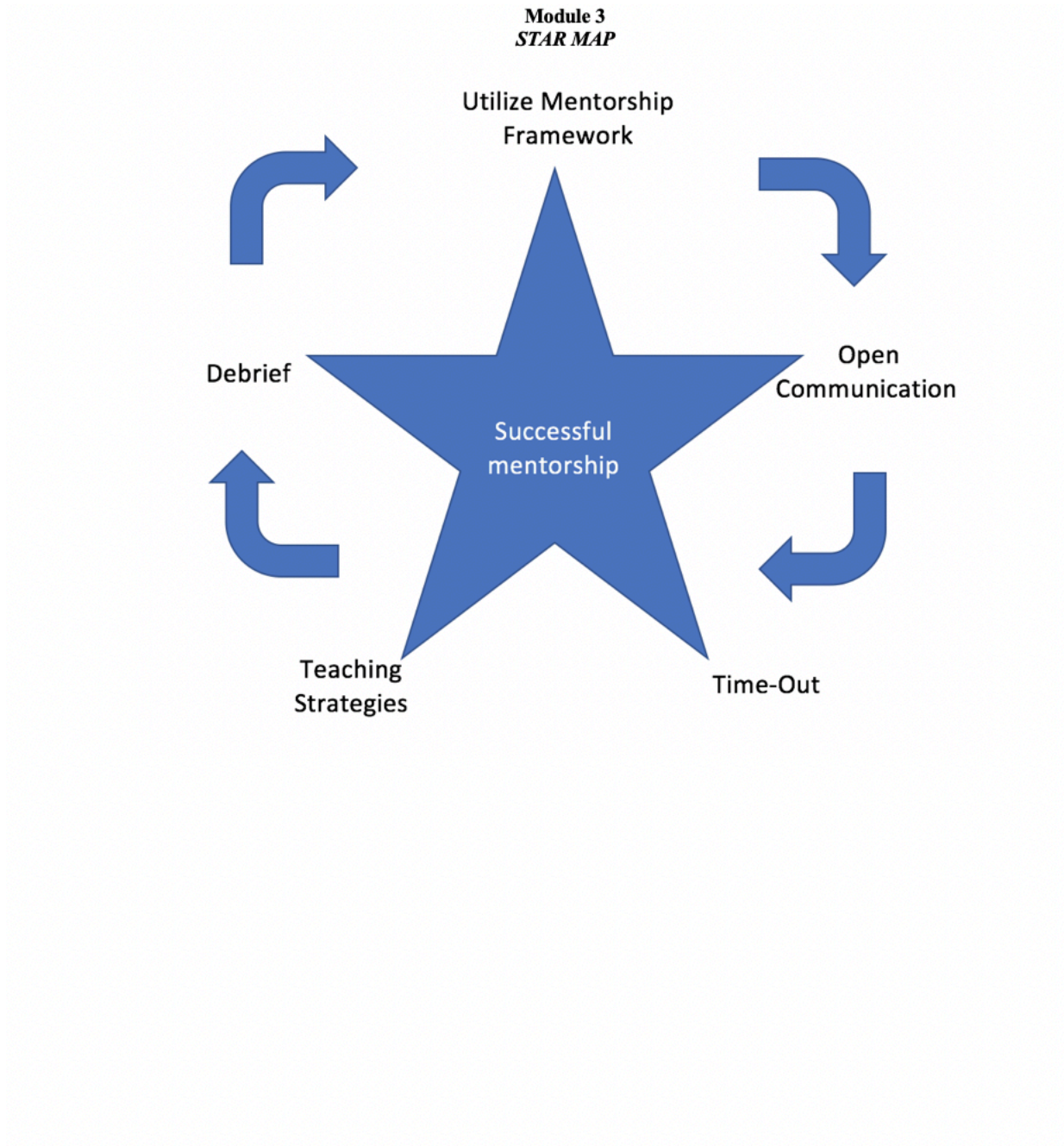
3a. Framework Utilization

Mentorship Framework: adopted version of "Best Practices in Academic Mentoring: A Model of Excellence

Excellence in Mentoring

| Orientation to the faculty role | Socialization to the academic community | Development of teaching, research, and service skills | Facilitation of growth and future leaders in nursing and nursing education |

Best practice for mentoring programs

Achieve appropriately matched dyads by...	Establish clear mentorship purpose and goals by...	Solidify the Dyad relationship by...	Advocate for and guide the mentee by...	Mobilize institutional resources by...
Seeking dyad input during the matching process	Expressing reciprocity	Creating collegiality	Providing psychological support and achieving life balance	Including mentoring expectations
utilizing a mentee driven process	Specifying a time commitment	Establishing regular communication	Advising career progression	Offering a mentor and mentee training program
Using pairing scenarios	Planning Activities spread over time	Exchange frequent feedback from mentor and mentee	Encourage and teach networking skills	
		Building a supportive environment	Facilitate socialization	

3b. Open Communication

Effective and open communication is an essential aspect of leadership. As with all medical roles, communication aids in smooth transitions as well as transformational leaders. Opening pathways of such communication between the mentor and mentee guides knowledge exchange and offers routes of emotional support. Open communication is highlighted within first meeting and is stemmed from mutual respect. Through the role of the mentor, competent and effective leaders are more likely to be respected by their followers as they practice open 2-way communication, share critical information, and freely disclose their perceptions and feelings with the people they work with. Since the mentorship is generated from the motivation of the mentee, the ability to practice open communication is integral in forward progression.

3c. Time-Out:

GAS: Gauge, Aim, and Succeed

Utilizing the time-out concept at the beginning of any mentorship interactions occurring between the mentor and mentee will increase the ability of the mentor to effectively transfer his or her knowledge successfully. This concept can be best understood by the acronym GAS, which stands for gauge, aim, and succeed. Mentors can successfully implement GAS by taking about 5 minutes at the start of the mentor-mentee conversation. During the first phase, the mentor should gauge where the mentee is in terms of current classes, clinical rotation, and experience. During the second phase, mentor should guide the mentee towards a specific aim or goal. In the final phase, the mentor will offer support and or suggest strategies to succeed

3d. Teaching Strategies

Modeling
- The mentor demonstrates his/her didactic and or clinical knowledge as the mentee listens or observes

Coaching
- The mentor offers step by step instructions to the mentee to improve upon clinical techniques and or study habits

Guiding
- The mentor indirectly suggest alternate strategies, thoughts, or pathways to guide the mentee in particular direction that will lead the mentee to an appropriate end goal of intervention

Open-ended questioning
- The mentor initiates a conversation that is rooted in open ended questions to obtain a better understanding of the mentees knowledge, stimulate critical thinking, encourage independent problem solving abilities.

3e. Debrief

DeGAS: De-stress, Gather, Analyze, and Summarize

Implementing a debrief should occur at the end of any mentoring interaction occurring between the mentor and mentee to evaluate the interaction, goals, achievements, and or struggles. Mentors can successfully utilize this evaluation tool by implementing the acronym DeGAS, which stands for de-stress, gather, analyze, and summarize for 5 minutes at the conclusion of mentor-mentee interactions. During the first phase, both the mentor and mentee

should take a moment to destress and refocus their attitude to be objective instead of emotional and subjective. During the second phase, the mentor should gather information by listening to the mentees to understand how he or she feels about their experience. The following phase, mentor should encourage the mentee to reflect on and analyze their thoughts, actions, and decision making process. During the final phase, the mentor and mentee summarize lessons learned from the shared experience and identify future improvement.

Module 4
Surveys & Evaluations

4a. Mentorship Agreement:
Instructions

Use this partnership agreement at your first meeting to agree on goals and objectives for the mentorship relationship, set ground rules for your meetings, to decide on how to communicate or meet, and to discuss confidentiality.

1.   We have utilized the GAS time out agreed on the following goals and objectives as the focus of this mentoring relationship.
Goal/Objectives:
1.
2.
3.

2.   We have agreed to build this relationship using open communication and have discussed how we will work together to ensure that our relationship is a mutually rewarding and a satisfying experience for both of us.
Our communication method of choice is to meet:
1.   ____face to face, _____by phone, ____ by email
2.   Our schedule for meetings will be_____
3.   Look for multiple opportunities and experiences to enhance the mentee's learning. We have identified, and will commit to, the following specific opportunities and venues for learning:_____
_____
_____
_____

3.   We have agreed to maintain confidentiality within this relationship. Any personal information shared between mentor and mentee is to be confidential unless both mentor and mentee agree that the information can be shared and with whom it can be shared. Any conversations about the mentor/mentee relationship that are held with others should not disclose any confidential information. Specifically, no information from confidential conversations between mentor and mentee are to be shared with supervisory personnel.
Yes_____   No_____

4.   We will utilize the DeGAS debriefing tool to provide regular feedback to each other and evaluate progress
Yes_____   No_____
Mentor's Signature_____   ___Mentee's
Signature_____
Print name_____   Print name_____
Date_____   Date_____

4b. Mentorship Evaluation Form
Instruction:
Thank you very much for taking a few minutes to provide this information. It will help us strengthen our program and provide data to demonstrate the effects of mentoring on mentors and mentees. All the individual data from this survey will be kept anonymous.

Evaluation Form

EVALUATION PRE-TEST FORM

Thank you very much for taking a few minutes to provide this information. It will help us strengthen our program and provide data to demonstrate the effects of mentoring on mentors and mentees. All the individual data from this survey will be kept anonymous.

Date: Cohort:

	Strongly Disagree		Neither		Strongly Agree	
How would you rate your knowledge and understanding of Mentorship?	1	2	3	4	5	6
Do you understand the role and responsibilities of being a mentor?	1	2	3	4	5	6
Do you understand the role and responsibilities of being a mentee?	1	2	3	4	5	6
Do you understand the role and responsibilities of being a mentorship coordinator?	1	2	3	4	5	6
Are you interested in becoming a mentorship coordinator?	1	2	3	4	5	6
How satisfied were you with your mentor match?	1	2	3	4	5	6

Evaluation Form

EVALUATION POST-TEST FORM

Thank you very much for taking a few minutes to provide this information. It will help us strengthen our program and provide data to demonstrate the effects of mentoring on mentors and mentees. All the individual data from this survey will be kept anonymous.

Date: Cohort:

	Strongly Disagree			Neither		Strongly Agree	
How would you rate your knowledge and understanding of Mentorship?	1	2	3	4	5	6
Do you understand the role and responsibilities of being a mentor?	1	2	3	4	5	6
Do you understand the role and responsibilities of being a mentee?	1	2	3	4	5	6
Do you understand the role and responsibilities of being a mentorship coordinator?	1	2	3	4	5	6
Are you interested in becoming a mentorship coordinator?	1	2	3	4	5	6
How accessible was the Mentorship Handbook?	1	2	3	4	5	6
Are your current mentorship coordinators meeting their role expectations	1	2	3	4	5	6

Appendix D: Recruitment Flyers

Purpose

This Handbook will support and guide the Mentor and Mentee as they develop and move through the mentorship relationship provided by the mentorship program at Rutgers University

What is Mentoring

Mentoring is a reciprocal learning relationship in which a mentor and mentee agree to a partnership where they will work collaboratively towards achievement of mutually defined goals that develop a mentee's skill, abilities, knowledge, and thinking process.

Mentorship pairing

Mentorship pairing will be conducted by the senior student mentorship coordinators. This will occur via a student run mixer. Based off this interaction, mentees are recommended write down the names of three seniors that they would like to have as mentors and submit them to the mentorship coordinators before leaving the mixer. This is highly recommended since evidence shows that mentee driven relationships have the best outcomes.

Pairing Guidelines

1. Mentee driven
   - Give mentees the opportunity to meet senior mentors
   - Mixer between D4 and D3 will take place on May 9th
   - Location and time to come…
2. Other considerations include
   - Location
   - Gender
   - Work experience
3. Once paired, mentorship coordinators final mentee-mentor pairs and contact info
4. Mentees are required to initiate the first conversation and should meet prior to the start of the semester.

Give a man a fish and you feed him for a day.
Teach him how to fish
and you feed him for a lifetime.
Lao Tzu
600 - 470 BC

RUTGERS
School of Nursing
Nurse Anesthesia Mentorship Program

Handbook for Mentors and Mentees

What we ask of you?

- Committing time
- Building relationships
- Being available by phone, text, or email
- Maintaining open communication
- Actively listening
- Giving feedback without judgement
- Evaluating the process

What you will gain!

- A new relationship
- Pride in being part of someone else's growth and development
- Practice in listening and giving feedback
- Problem solving skills and leadership qualities
- The opportunity to inspire others
- Personal growth and professional development

The Learner-Centered Mentoring Model

Mentee Role: Mentees are active partners in the relationship. They are responsible for the diagnosis, planning, implementation, and evaluation of their own learning development.

Mentee Guidelines: The beginning

1. Be able and willing to locate the mentoring that is needed
2. Approach potential mentors based on an awareness of what the person has to offer
3. Be prepared to articulate what you want from a mentorship
4. Determine if a mentoring relationship can benefit both individuals
5. Ensure that your time commitment is adequate to work with a mentor

Mentee Guidelines: The relationship

1. Convey enthusiasm and appreciation
2. Be prepared/play an active role
3. Discuss and define goals/learning styles
4. Define communication preference and meeting frequency
5. Be patient, understanding, and honest

Mentor Role: Mentors are the relationship facilitators. Their role is to create and maintain a supportive climate that promotes the conditions necessary for learning and development to take place.

Mentor Guidelines: The beginning

1. Plan experiences that allow the mentee to be successful and grow in competency and self esteem
2. Discuss what is needed to achieve desired outcomes
3. Identify learning opportunities
4. Set roles and expectations
5. Explore and discuss challenges

Mentor Guidelines: The relationship

1. Check in, ask about progress and convey ongoing support
2. Acknowledge the mentee's strength and encourage goal attainment
3. Explore potential problems and assist in problem solving
4. Suggest practical ideas, demonstrate appropriate behavior and positive ways to handle situations
5. Provide support, give feedback, and develop the mentees' self confidence

RUTGERS
School of Nursing

Research Project Title: Guidelines for the Nurse Anesthesia Mentorship Program at Rutgers University

You are invited to participate in a 30-minute education session regarding:
-The Mentorship Program at Rutgers University Nurse Anesthesia Program
-The meaning and expectation of a mentor and mentee
-Introduction to the Mentorship Handbook and guidelines of the program

With your feedback from pre-intervention and post-intervention surveys we will conduct a quantitative study to evaluate the effectiveness of a formalized mentorship handbook on student knowledge and wellness

Guidelines for the Nurse Anesthesia Mentorship

Inclusion Criteria:
Ages 25-50 with current matriculation in the Rutgers Nurse Anesthesia Program

Participant Consent form

COACHING TRAINING
DIRECTION
Mentoring SUPPORT
SUCCESS
MOTIVATION ADVICE GOAL

Program at Rutgers University
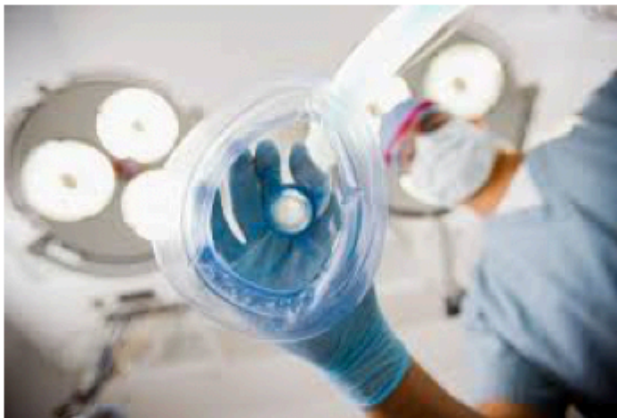
Date and Location:
Monday, October 15, 2018 at 8:00 AM
Room GA 55
Rutgers School of Health Professions
65 Bergen Street, Newark, NJ, 07107
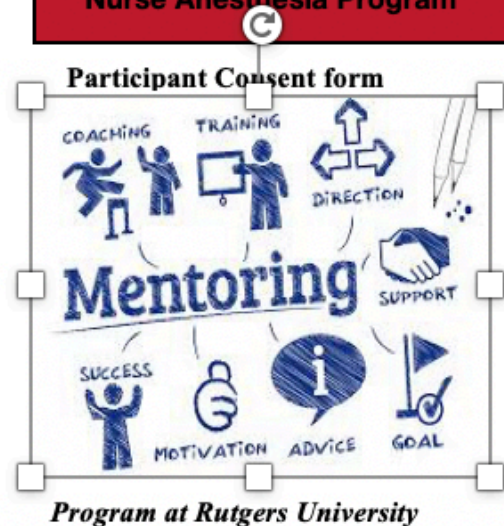
RESERVED FOR IRB APPROVAL STAMP
DO NOT REMOVE

If you have any questions please contact:
Reve Brander (Rjb326@sn.rutgers.edu)
Patti Meringer (Pcm79@sn.rutgers.edu)

MENTORSHIP HANDBOOK AND GUIDELINES

Appendix E: Recruitment Script via Email

Participant Consent Form
Guidelines for the Nurse Anesthesia Mentorship Program at Rutgers University

Principal Investigator and Co-Investigator:

Hello current Nurse Anesthesia Students,

Our names are Reve Brander and Patricia Meringer and we are currently DNP candidates in the Rutgers Nurse Anesthesia Program. As members of the second DNP cohort, we are also the Mentorship Coordinators within the Mentorship Program. For our doctoral project we have comprised evidenced-based knowledge and formulated a standardized Mentorship Handbook that explains the following:

- What is mentorship?
- Benefits of mentorship
- Requirements and gains of participating in a mentor/mentee relationship
- Understanding the roles of mentor, mentee, and mentorship coordinators
  - Guidelines, responsibilities, and tips for success of each role
- Strategies to enhance the relationship and overcome barriers
- Methods of agreements
- Evaluations of the relationship
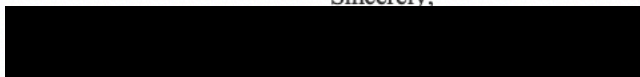
We are currently recruiting all Nurse Anesthesia Students to participate in an educational session that details such information located in the handbook. With your feedback from pre-intervention and post-intervention surveys we will conduct a quantitative study to evaluate the effectiveness of a formalized mentorship handbook on student knowledge and wellness.

The 30-minute educational session will take place on Monday, October 15, 2018 at 8:00 AM in Room GA 55 at Rutgers School of Health Professions located at 65 Bergen Street, Newark, NJ, 07107.

Confidentiality of such surveys will be maintained and consent is obtained prior to initiation of the educational session.

If you have any questions, please feel free to contact us.
We look forward to seeing you there!

Sincerely,

Appendix F: Consent Form

RUTGERS

Rutgers School of Nursing
Stanley S. Bergen Building
Rutgers, The State University of New Jersey
65 Bergen Street
Newark, NJ 07101-1709

Participant Consent form
Guidelines for the Nurse Anesthesia Mentorship Program at Rutgers University

Principal Investigator and Co-Investigator:
Patricia Meringer, BSN, RN, CCRN may be reached at ▮
Reve Brander, BSN, RN, CCRN may be reached at ▮
Rutgers University School of Nursing
65 Bergen Street
Newark, NJ 07107

This document provides informed consent regarding your voluntary participation in the following research study. Please be advised that participation is free of cost and voluntary without reimbursement. Since participation is voluntary, you are free to withdrawal from this study at any point in time without consequences. Please feel free to ask any questions and/or voice any concerns you may have. If you still wish to partake in the following research study, please sign the informed consent form detailed below. You are not giving up any of your legal rights by agreeing to take part in this research study or by signing the consent form below.

Who is conducting the research?
Patricia Meringer, BSN, RN, CCRN is the Principal Investigator and Reve Brander, BSN, RN, CCRN is the Co-Investigator of this research study. Patricia Meringer may be reached at (973) 479-9885 and Reve Brander can be reached at (631) 339-5015. *A Principal Investigator has the overall responsibility for the conduct of the research. However, there are often other individuals who are part of the research team.*

Patricia Meringer, BSN, RN, CCRN may be reached at ▮
Reve Brander, BSN, RN, CCRN may be reached at ▮
Rutgers University School of Nursing
65 Bergen Street
Newark, NJ 07107

Patricia Meringer, BSN, RN, CCRN and Reve Brander BSN, RN, CCRN or another member of the study team will also be asked to sign this informed consent. You will be given a copy of the signed consent form to keep.

Why is this study being done?
The purpose of this study is to assess the knowledge and evaluate the effectiveness of a Mentorship Program Handbook that can be utilized by any Student Registered Nurse Anesthetist (SRNA), Certified Registered Nurse Anesthetist (CRNA), and or Nurse Anesthesia Academic Institution to implement, maintain, and sustain a successful mentorship program that not only promotes wellness, but produces strong leaders and clinical educators of tomorrow.

Who may and may not participate in this Study?
All participants must be SRNA's currently enrolled in the Rutgers Nurse Anesthesia Program. Exclusion criteria consists of all individuals that are not SRNA's currently enrolled in the Rutgers Nurse Anesthesia program at Rutgers University.

Why have I been asked to take part in this study?
You, the participant, have been asked to take part in this study because you are a current SRNA enrolled in the CRNA program at Rutgers University.

How long will the study take and how many subjects will take part?
The time requested from each participant will be approximately 30 minutes. We estimate that the Mentorship Handbook will take about 20 minutes to review with room for questions and clarifications and completion and collection of pre and post surveys will take 5 minutes each.

What will I be asked to do if I take part in this study?
You will be asked to review the Mentorship Handbook to gain a better understanding of mentorship guidelines, roles, and responsibilities. We then ask that you complete and return a brief survey questionnaire assessing your pre-mentorship handbook knowledge of the guidelines, roles, and responsibilities of mentorship and post mentorship handbook knowledge.

What are the risks and or discomforts I might experience if I take part in this study?
There is no participant risk expected from the participation of this study. Any obtained information will remain anonymous and kept confidential. All participant involvement will remain anonymous and data collected will be kept confidential, only to be analyzed by the Principal Investigator and Co-Investigator. Each survey is maintained as an anonymous entry and no personal information will be required. All data from the surveys will be stored in a locked safe within Rutgers University Newark campus within out DNP chairs office.

Are there any benefits to me if I choose to take part in this study?
The benefits of taking part in this survey include gaining knowledge pertaining to the guidelines, roles, and responsibilities of mentorship, enhanced leadership skills, and improved clinical preceptor aptitude. However, there is always the possibility that you may not receive any direct benefit from taking part in this study.

What are my alternatives if I do not want to take part in this study?
There are no alternatives available. Your only alternative is to not partake in this study.

How will I know if new information is learned that may affect whether I am willing to stay in the study?
During the course of the study, you will be updated about any new information via your Rutgers University email, that may affect whether you are willing to continue taking part in the study.

Who might benefit financially from this research?
No financial gain will occur from the participation and or completion of this research.

Will there be any cost to me to take part in this study?
There is no cost to participate in this study. It is free for all participants who choose to take part in this study.

Will I be paid to take part in this study?
No, you will not be paid to take in this study.

How will information about me be kept private or confidential?

All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed. Each survey is maintained as an anonymous entry. The survey questions do not request personal information about the participant. All data from the surveys will be collected and stored in a locked safe within Rutgers University Newark campus within the Assistant Director, Michael McLaughlin's, office.

What will happen if I do not wish to take part in the study or if I later decide not to stay in the study?

It is your choice whether to take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. Participation is strictly voluntary. You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to:

Patricia Meringer, BSN, RN, CCRN and Reve Brander, BSN, RN, CCRN
Rutgers University School of Nursing
65 Bergen Street
Newark, NJ 07107

Who can I call if I have questions?

If you have questions about taking part in this study or if you feel you may have suffered a research related injury, you can call the primary investigators:

Patricia Meringer, BSN, RN, CCRN may be reached at ████████████
Reve Brander, BSN, RN, CCRN may be reached at ████████████

If you have questions about your rights as a research subject, you can call the IRB Director at:

Newark Health Sciences IRB, Director: (973) 972-3608
or
Newark Rutgers Human Subjects Protection Program: (973) 972-1149

MENTORSHIP HANDBOOK AND GUIDELINES

Appendix G: Pre-Test Survey

RUTGERS

Evaluation Form

EVALUATION PRE-TEST FORM
Thank you very much for taking a few minutes to provide this information. It will help us strengthen our program and provide data to demonstrate the effects of mentoring on mentors and mentees. All the individual data from this survey will be kept anonymous.

Date: Cohort:

	Strongly Disagree		Neither		Strongly Agree	
How would you rate your knowledge and understanding of Mentorship?	1	2	3	4	5	6
Do you understand the role and responsibilities of being a mentor?	1	2	3	4	5	6
Do you understand the role and responsibilities of being a mentee?	1	2	3	4	5	6
Do you understand the role and responsibilities of being a mentorship coordinator?	1	2	3	4	5	6
Are you interested in becoming a mentorship coordinator?	1	2	3	4	5	6
How satisfied were you with your mentor match?	1	2	3	4	5	6

MENTORSHIP HANDBOOK AND GUIDELINES

Appendix H: Mentorship PowerPoint Presentation

Mentorship

- Mentorship is a reciprocal learning relationship in which mentor and mentee agree to a partnership where they work collaboratively toward achievement of mutually defined goals that will develop a mentee's skills, abilities, knowledge, and/or thinking.

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Impact of Mentorship

Decreased Stress → Safer SRNAs → Improved Patient Outcomes

Mentorship Promotes:
- Empathy
- Encouragement
- Information sharing
- Healthy lifestyles
- Belongingness
- Acknowledgement
- Validation
- Communication

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The Mentoring Process...

Keep in mind, every mentoring relationship is unique....

- There, however, are basic elements common to mentorship no matter who is involved:
  - The first meeting sets the tone for the entire relationship
    - Allow time to get to know one another
    - Share information about backgrounds
    - Establish a foundation of trust
    - Discuss goals, sketch out a framework for future interactions, ensuring both are actively involved and engaged

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The Mentoring Process Continued

- Other common elements include:
  - Defining roles of both the mentor and mentee
  - Agreeing on a meeting schedule and format
  - Clarify communication preferences and/or limitations
  - Develop concrete measures of progress and success
  - Discuss personal values, as they influence behavior and decision making
  - Explore the value of networking and introduce the mentee to people who can help
  - Check-in between meetings and arrange for meetings with other mentors and mentees as appropriate

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Benefits of Mentorship

✓ **Mentee**
  - Idea sharing, problem solving, advice, and increased self-confidence
  - Support, empathy, encouragement, counseling, friendship
  - Monthly mentorship email updates and reminders
  - Quarterly morale boosting gatherings
  - Assistance with teaching strategies and subject knowledge
  - Gain personal guidance, positive reinforcement, and feedback
  - Vent to someone who has "been there"

✓ **Mentor**
  - Become a positive role model
  - Self-reflection, personal satisfaction, increased retention, and leadership skills
  - Interpersonal skill development, professional growth, and increased creativity
  - Paying it forward is a rewarding experience
  - Exposure to new ideas and opportunities

✓ **Additionally**
  - Mentor and mentee matched into job pairing
  - Lifelong friendships

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Module 2: Understanding Roles

The Mentor:

"Trusted guide, role model, counselor, supporter, confidante, advocate, or advisor. A mentor faithfully supports a mentee" (Horton, 2003, p. 191).

The Mentee:

"Student, advisee, novice, beginner, or junior faculty member. They are the beneficiaries of special relationships who are protected and supported by their mentors" (Horton, 2003, p. 191).

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The Mentor

Roles:
- Teacher
- Sponsor
- Advisor
- Role model
- Coach
- Confidante

Characteristics:
- Seniority
- Altruistic
- Approachable
- Accessible
- Patient
- Honest
- Good listener
- High professional and moral character
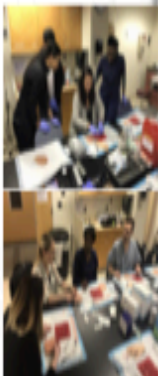- Non-judgmental

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Responsibilities of the Mentor

- Inspire the mentee and commit to the process
- Set realistic expectations
- Maintain confidentiality
- Respect personal differences and demonstrate sensitivity
- Commit time and energy regularly
- Encourage positive behavior and excellence
- Establish high and attainable standards
- Promote identity development and networking
- Protect against potential threats
- Provide and receive constructive feedback
- Share personal knowledge, including failures
- Encourage new opportunities

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Roles and Responsibilities of the Mentee:

- Initiate and take ownership of the relationship
- Display commitment and passion to succeed
- Remain receptive to criticism and advice
- Maintain clear communication regarding needs/expectations
- Maintain openness, honesty, and willingness to learn
- Request mentor's time and expertise; remain flexible
- Actively display gratitude
- Set realistic expectations
- Consult with mentor regarding difficult decisions
- Provide mentor with feedback
- Be prepared with lists of topics for discussions, including timelines
- Volunteer to mentor future mentee(s)

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Roles and Responsibilities of the Mentorship Coordinator:

- Nominated by the Nurse Anesthesia Faculty
- Requires leadership capabilities to autonomously manage and maintain a mentorship program
- Primary role: focus on creating optimal matched dyads, which sets the foundation for the mentorship experience
- Secondary goals: focus on mentorship program maintenance
  - Setting goals
  - Monthly emails
  - Student engagement
  - Remediation

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Roles and Responsibilities of the Mentorship Coordinator:
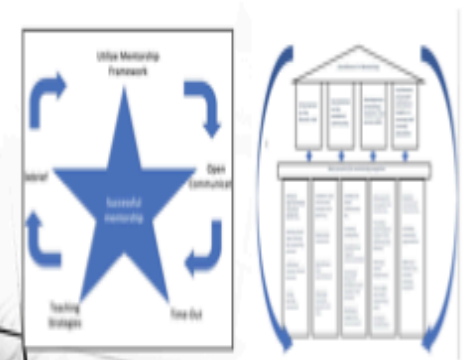
Matching dyads
- Best practice includes obtaining input from both the mentee and mentor
  - Primary mentee driven process
- Dyad pairing can be achieved via a student mixer, meet and greet, or during mentee orientation
  - Informal process to encourage openness and reduce anxiety
- Three variables that should be considered is:
  - Location of each individual
  - Gender
  - Prior relationships

Pairing Guidelines
- Pairing will be conducted by the senior student mentorship coordinators
- Mentees are recommended write down the names of three seniors that they would like to have as mentors and submit them to the mentorship coordinators before leaving the mixer
- Once pairing is complete, Mentorship Coordinators will email final mentee-mentor matches along with contact info
- Mentees are required to **initiate** the first conversation and should meet prior to the start of their first semester

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Module 3a: STAR Map/Framework Utilization

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Module 3b: Open Communication

- Opening pathways of such communication between the mentor and mentee guides knowledge exchange and offers routes of emotional support

- Open communication is highlighted within first meeting and stems from mutual respect

- Through the role of the mentor, competent and effective leaders are more likely to be respected by their followers as they practice open 2-way communication, share critical information, and freely disclose their perceptions and feelings with the people they work with

- Since the mentorship is generated from the motivation of the mentee, the ability to practice open communication is integral in forward progression.

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Module 3c: Time-Out

- GAS: Gauge, Aim, and Succeed

- Utilizing the time-out concept will increase the ability of the mentor to effectively transfer his or her knowledge successfully

- Mentors can successfully implement GAS by taking about 5 minutes at the start of the mentor-mentee conversation

  - During the first phase, the mentor should gauge where the mentee is in terms of current classes, clinical rotation, and experience

  - During the second phase, mentor should guide the mentee towards a specific aim or goal

  - In the final phase, the mentor will offer support and or suggest strategies to succeed

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3d. Teaching Strategies

- Modeling
  - The mentor demonstrates his/her didactic and or clinical knowledge as the mentee listens or observes.

- Coaching
  - The mentor offers step by step instructions to the mentee to improve upon clinical techniques and or study habits

- Guiding
  - The mentor indirectly suggest alternate strategies, thoughts, or pathways to guide the mentee in particular direction that will lead the mentee to an appropriate end goal of intervention

- Open-ended questioning
  - The mentor initiates a conversation that is rooted in open ended questions to obtain a better understanding of the mentees knowledge, stimulate critical thinking, encourage independent problem solving abilities.

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3e. Debrief: DeGAS: De-stress, Gather, Analyze, Summarize

- Debriefing should occur at the end of any mentoring interaction occurring between the mentor and mentee to evaluate the interaction, goals, achievements, and or struggles

- Mentors evaluate by implementing the acronym DeGAS, which stands for de-stress, gather, analyze, and summarize for 5 minutes at the conclusion of mentor-mentee interactions

  - In the first phase, both the mentor and mentee should take a moment to de-stress and refocus their attitude to be objective instead of emotional and subjective

  - During the second phase, the mentor should gather information by listening to the mentees to understand how they feel about their experience

  - The following phase, mentor should encourage the mentee to reflect on and analyze their thoughts, actions, and decision making process

  - During the final phase, the mentor and mentee summarize lessons learned from the shared experience and identify future improvement

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Module 4: Surveys and Evaluations

Mentorship Agreement

- Acknowledges the use of GAS and identifies three shared goals/objectives between the mentor and mentee

- Verification of how communication will be conducted

- Signature of agreement of confidentiality within the partnership

- Commitment to evaluation and debriefing using the specified tool previously provided
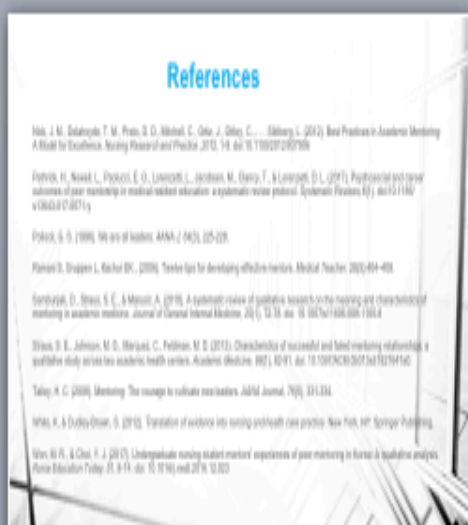
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Module 4: Surveys and Evaluations

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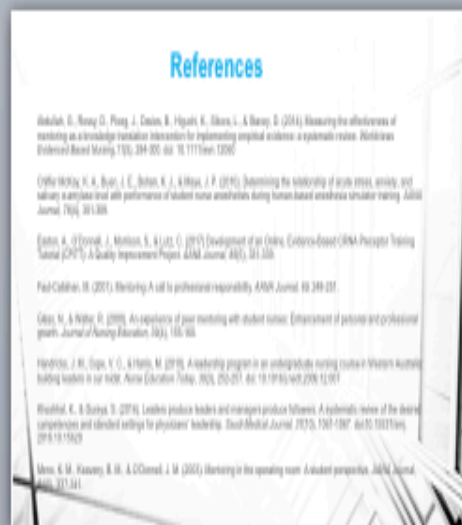
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Appendix I: Post-Test Survey

RUTGERS

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Evaluation Form

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Version #2
8/13/18

MENTORSHIP HANDBOOK AND GUIDELINES

Appendix J: D2 Pre-Intervention and Post-Intervention Results

D2 Pre-Intervention Results

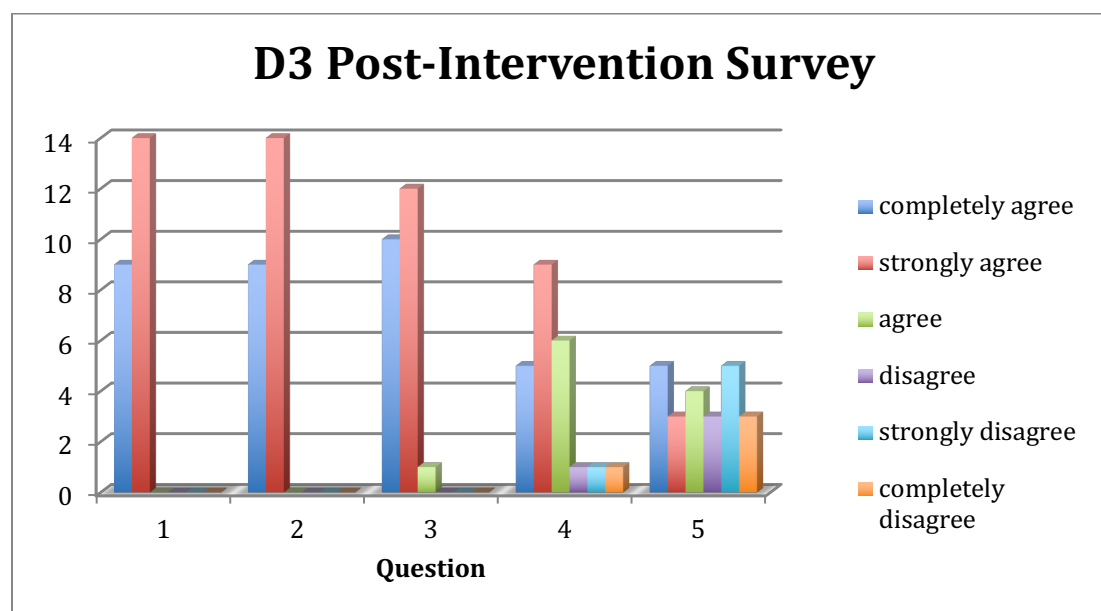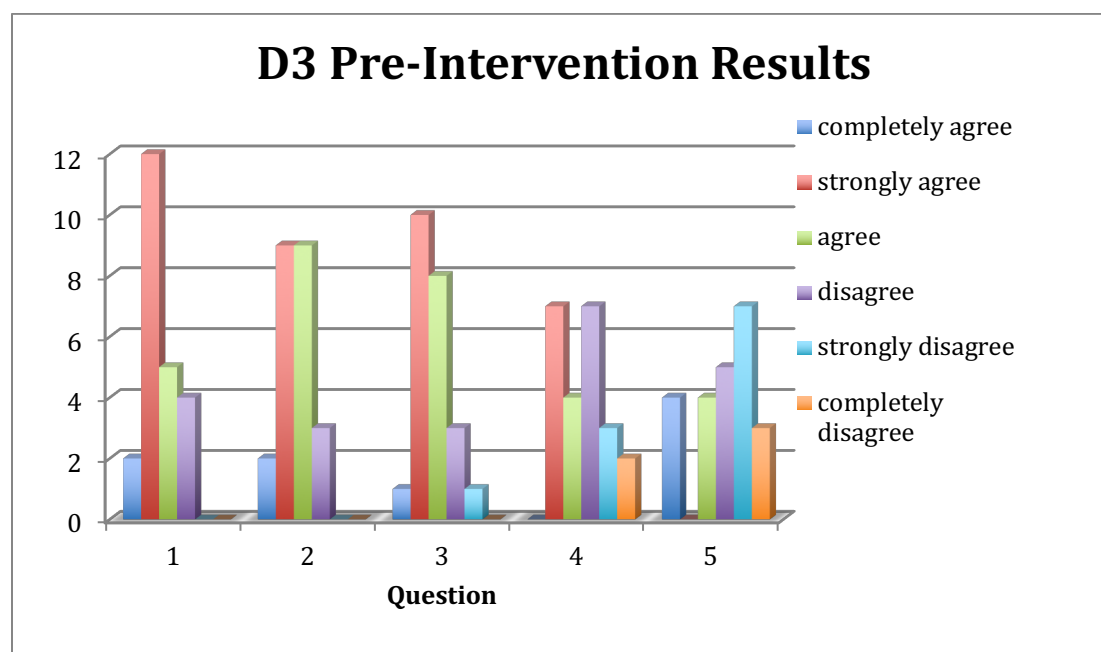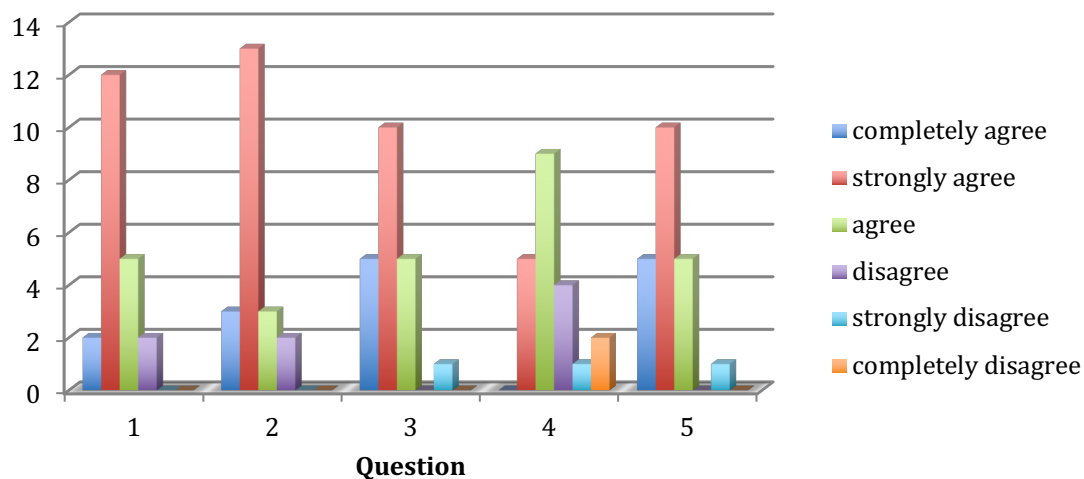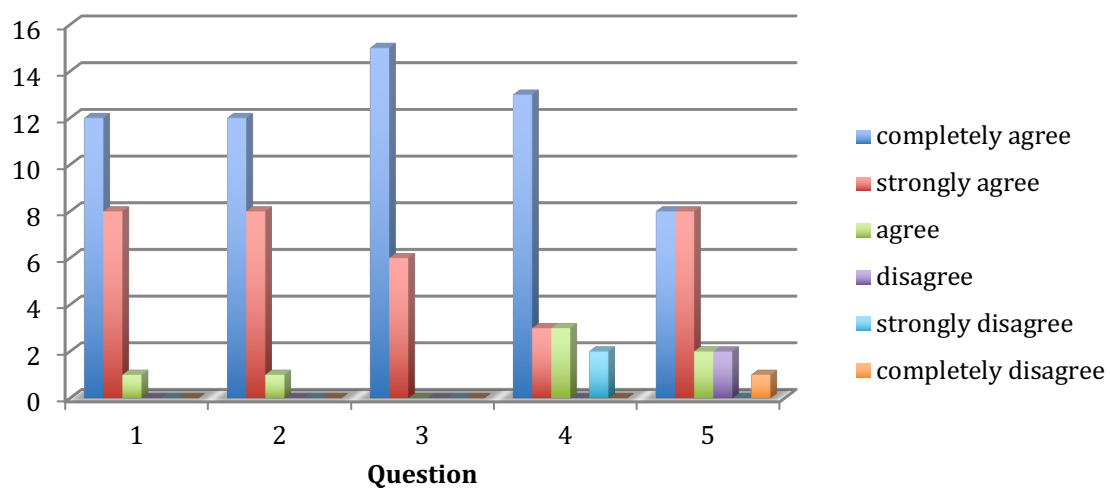**D2 Post-Intervention Results**
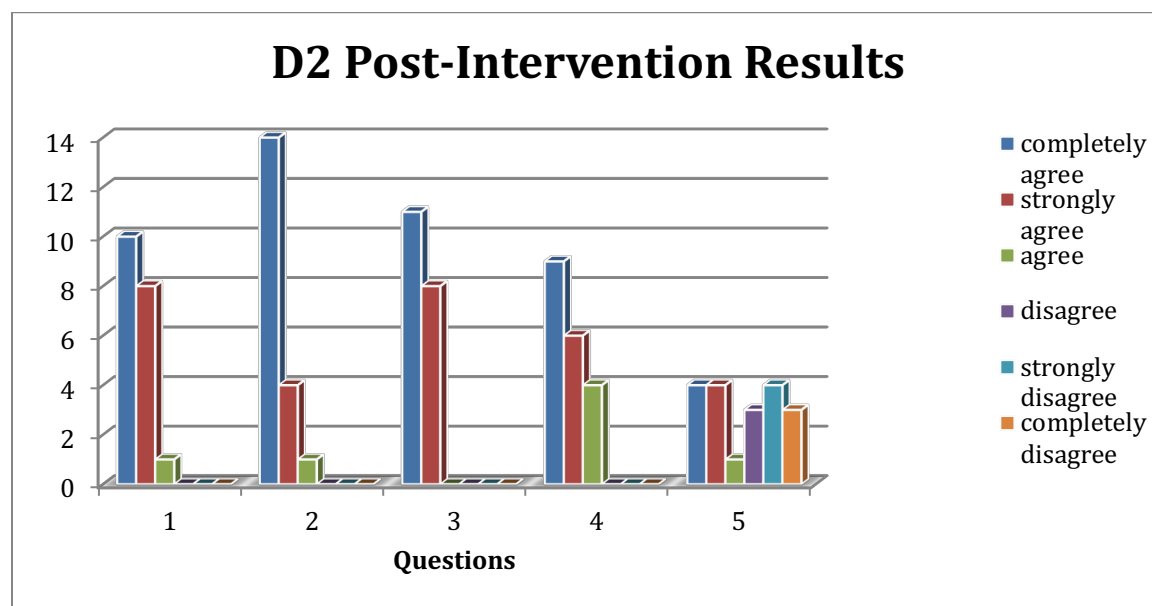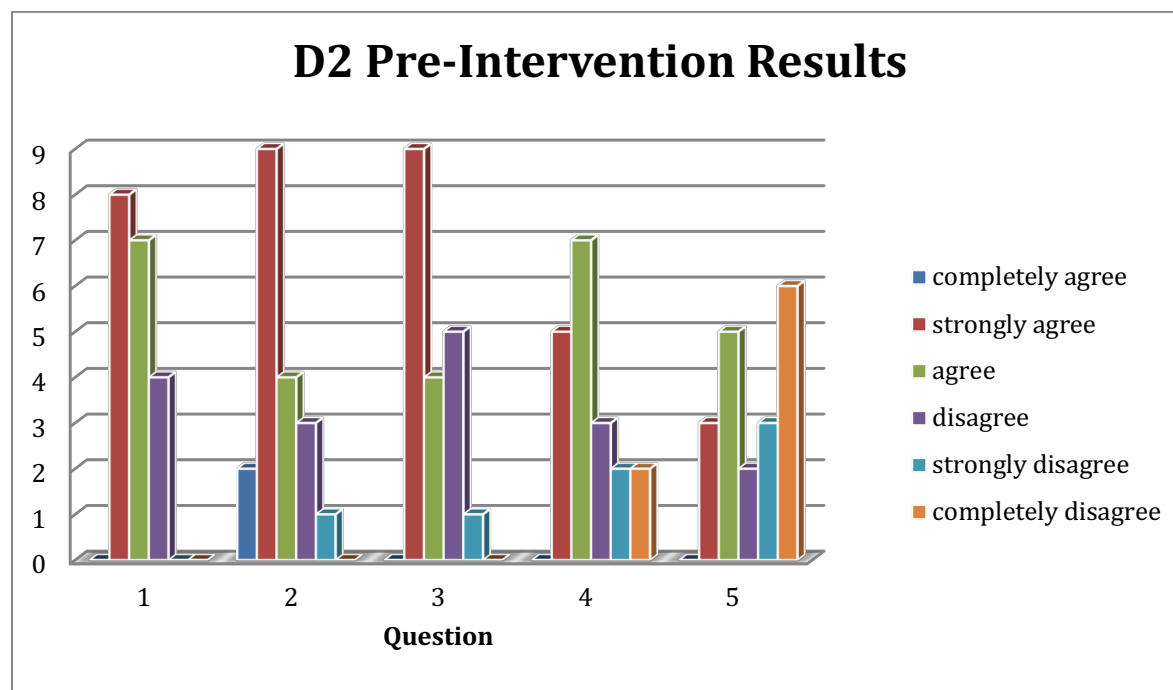
MENTORSHIP HANDBOOK AND GUIDELINES

Appendix K: D3 Pre-Intervention and Post-Intervention Results

MENTORSHIP HANDBOOK AND GUIDELINES

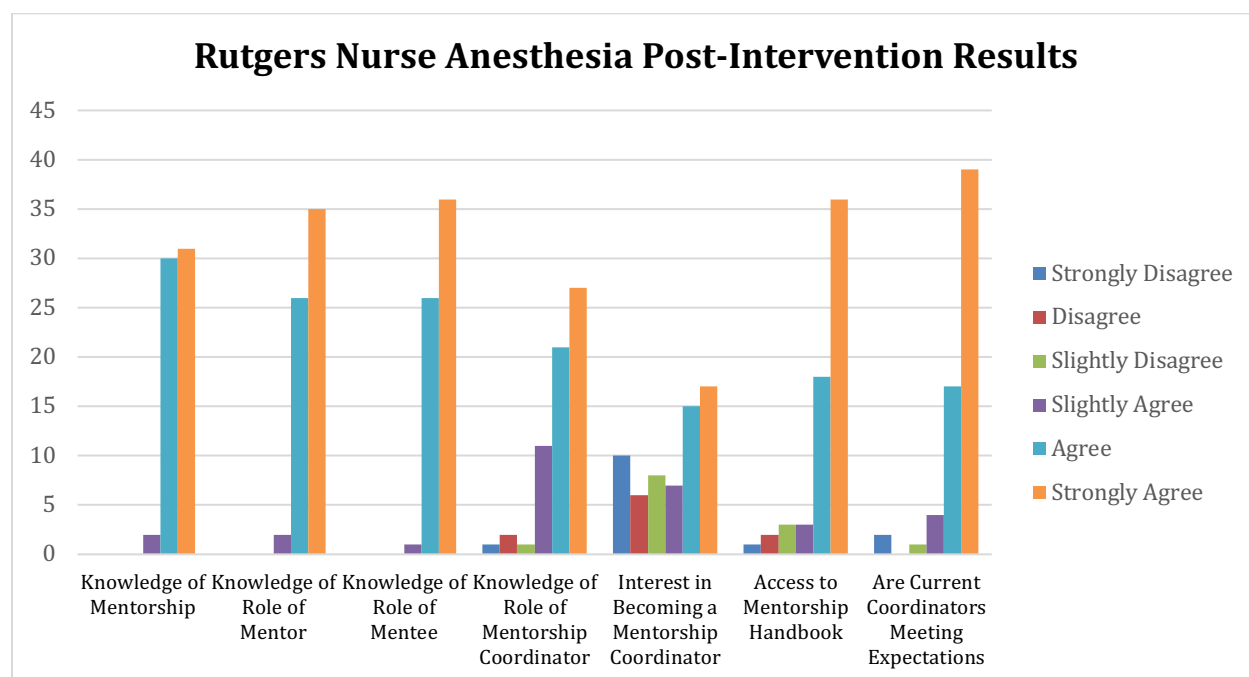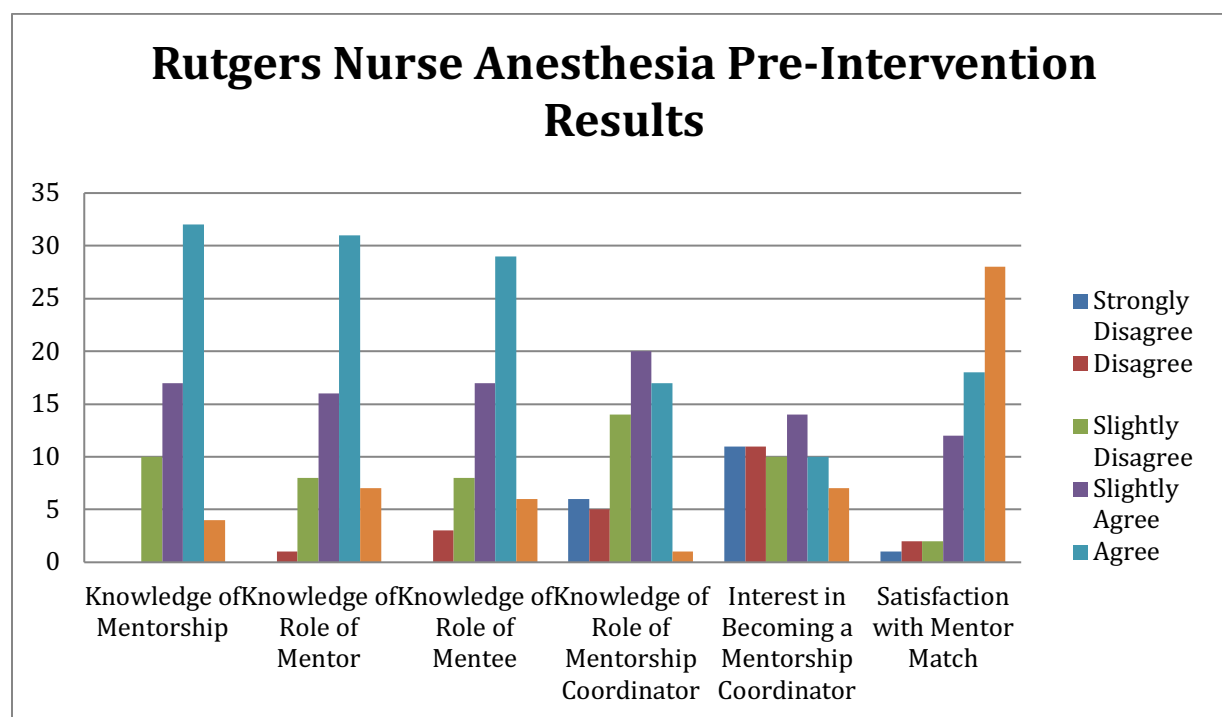Appendix L: D4 Pre-Intervention and Post-Intervention Results

MENTORSHIP HANDBOOK AND GUIDELINES

Appendix M: Rutgers Nurse Anesthesia Program Pre-Intervention and Post-Intervention Results
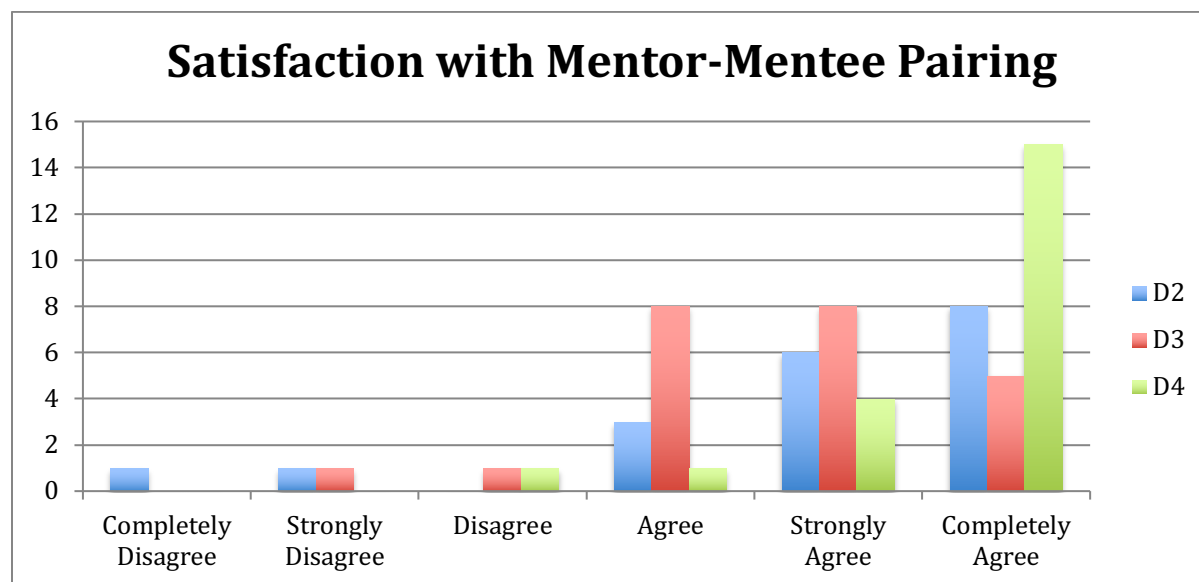

Rutgers Nurse Anesthesia Pre-Intervention Results

Rutgers Nurse Anesthesia Post-Intervention Results

MENTORSHIP HANDBOOK AND GUIDELINES

Appendix N: Access to Mentorship Handbook

Access To Mentorship Handbook
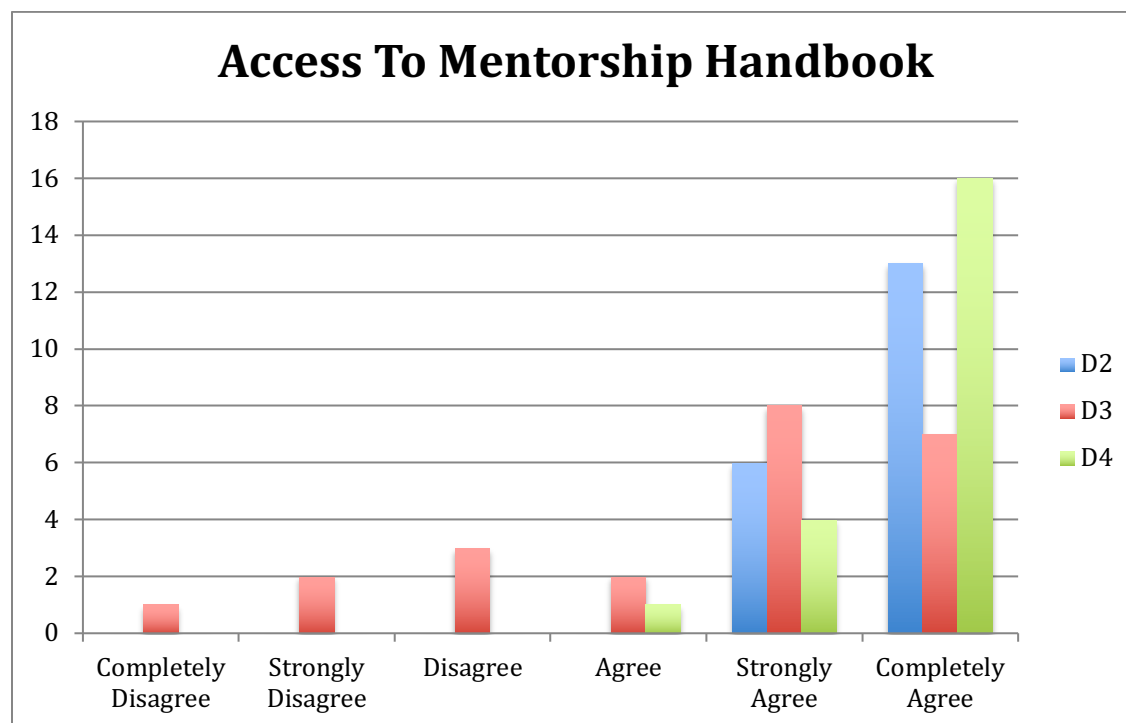
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Appendix O: Satisfaction with Mentor-Mentee Pairing

Satisfaction with Mentor-Mentee Pairing

A bar chart titled "Satisfaction with Mentor-Mentee Pairing" with a y-axis scaled from 0 to 16 in increments of 2, and an x-axis with categories: Completely Disagree, Strongly Disagree, Disagree, Agree, Strongly Agree, Completely Agree. Legend: D2 (blue), D3 (red), D4 (green).

- Completely Disagree: D2 = 1
- Strongly Disagree: D2 = 1, D3 = 1
- Disagree: D3 = 1, D4 = 1
- Agree: D2 = 3, D3 = 8, D4 = 1
- Strongly Agree: D2 = 6, D3 = 8, D4 = 4
- Completely Agree: D2 = 8, D3 = 5, D4 = 15

MENTORSHIP HANDBOOK AND GUIDELINES

Appendix P: Mentorship Coordinator Role Expectations

Mentorship Coordinator Role Expectations