

AMSN

Academy of
Medical-Surgical Nurses

Compassion. Commitment. Connection.

AMSN Mentoring Program

Site Coordinator Guide

Academy of Medical-Surgical Nurses

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OVERVIEW

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

Overview

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

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

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

Objectives

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

The AMSN Mentoring Program objectives are:

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

Site Coordinator Role

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

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

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

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

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

Orientation

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

Mentor

Prior to your meeting, provide each mentor with the *AMSN Mentoring Program Mentor Guide* or any materials you customize for your program. The guide will explain the mentoring program and offer instructions for proceeding. This orientation meeting may include the following.

- An overview of the mentoring program and highlights from the mentoring materials
- Roles and responsibilities as mentors
- The evaluation process
- Opportunity for questions and concerns

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

Mentee

Prior to your meeting, provide each mentee with the *AMSN Mentoring Program Mentee Guide* or any materials you customize for your program. Your orientation meeting may include the following.

- An overview of the mentoring program and highlights from the mentoring materials
- The evaluation process
- Opportunity for questions and concerns

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

Evaluation Process

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

Confidentiality

The mentoring relationship is confidential. Mentees may choose to disclose the identity of their mentors, but the mentors should not disclose any information, with the exception of:

- Violation of hospital / agency policy
- If mentee is not reliable in keeping appointments in a timely way or not participating in the mentoring program in some other manner--the mentor should contact you should this occur.

Ensure the mentor and mentee understand the importance of confidentiality.

Contact Information

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



Mentoring Program

Introduction to Mentoring

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

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

A mentoring program will help to:

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

Matching Mentors and Mentees

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

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

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

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

Foundations of Mentoring

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

Adult Learning Principles

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

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

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

Table I.
Adult Learning Principles

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

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

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

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

Novice to Expert Continuum

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

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

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

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

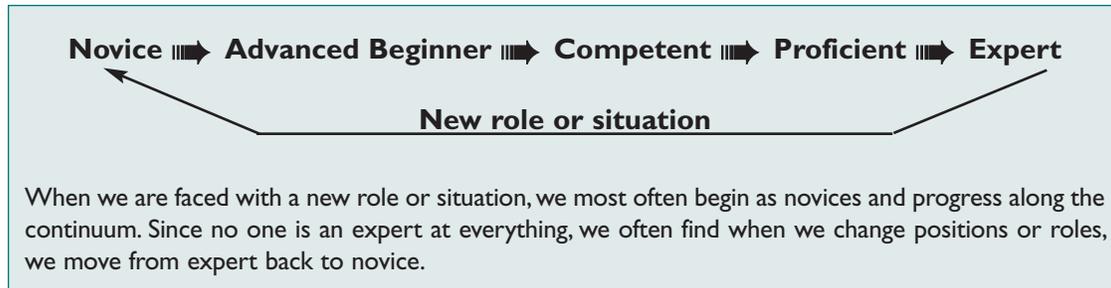
This model fits perfectly with the stages of growth for nurses who assume new roles. As they learn their new roles and grow, they progress along the novice to expert continuum (see Figure 1).

Novice

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

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

Figure 1.
Novice to Expert Continuum



Source: Benner, 1984; Hnatiuk, 2009.

Moving from Novice to Advanced Beginner and Beyond

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

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

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

Phases of the Mentoring Relationship

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

Characteristics of Successful Mentoring

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

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

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

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

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

Table 2.
Characteristics of Advanced Beginner to Expert Stages

Advanced Beginner	
<p>Advanced beginners demonstrate marginally acceptable performance. They have encountered enough real situations to realize there is recurrent meaning in the components of the situation. Nurses at the advanced beginner stage need assistance in determining priorities because they cannot readily sort out what is significant in complex situations. Their work centers on organizing and completing tasks. They become anxious when they feel they are losing control of the task environment. They are concerned with the current situation with little regard for the past or future. They rely on</p>	<p>protocols or procedures to guide their actions and believe the protocols are appropriate for all contexts.</p> <p>Advanced beginners are often working at the edges of their safety and knowledge. They are fully responsible for their actions, while at the same time feel largely dependent on more experienced individuals such as the mentor. Guidelines and applicable examples are helpful for them.</p>
Competent	
<p>As advanced beginners gain confidence through experience with actual situations, they move to the competent stage of performance. Nurses at the competent stage begin to see their role in terms of long-range plans or goals. They focus their energy on accomplishing what they planned and controlling the activities and events in the situation. They are able to differentiate between important and insignificant components of a situation. These nurses are able to set priorities.</p> <p>They feel responsible for and emotionally attached to the decisions they make. Decisions are analytical and they are invested in the outcome. Successful outcomes can be very satisfying, while</p>	<p>unsuccessful outcomes are not easily forgotten. Since nurses at the competent stage are emotionally invested in their decisions, it is important at this stage to encourage them to talk about their feelings and anxieties and verbalize the questions they have.</p> <p>The competent stage is characterized by not needing help, putting tasks in order, and planning based on goals and predictions. At the competent level, the nurse's abilities to view the whole situation may be hampered by their emphasis on structuring their work by specific plans and goals. They may lack speed and flexibility. However, it is at this stage that they feel they have mastered their roles.</p>
Proficient	
<p>With continued practice and experience, nurses at the competent stage move to the proficient level. This stage is characterized by the ability to recognize the big picture and think systematically. Proficient nurses are guided by their experience to anticipate what to expect in a given situation and how to modify their plans to respond to these events. Systems thinking improves their decision making ability.</p>	<p>Proficient nurses are able to organize and analyze, interpret and understand, and manipulate the environment to respond to the situation at hand. Their actions are now ordered by the situation as it unfolds rather than by preset plans. Proficient nurses read situations well and are able to set priorities. Leaving things out is no longer a worry because they are confident in their ability to notice the important things and filter out those that are unimportant.</p>
Expert	
<p>Proficient nurses may make the transition to the expert stage, although not all individuals will attain the expert level of practice. This may be a matter of choice or a matter of ability. Experts function much differently from the other stages of development. When things are running smoothly and experts find themselves in familiar territory, they are immediately and directly able to grasp the situation. Important aspects of a situation stand out, and they are able to readily dismiss those that are unimportant. They know when they have a firm grasp of the situation and when they don't.</p> <p>Expert nurses are often great historians and can explain why decisions were made in the past. They are often a rich source of information and quite capable of providing sound advice. Expert</p>	<p>nurses possess a sense of intuition about certain situations as a result of extensive experience. Experts are quick and skillful in their actions. They zero in on problems and are fluid, flexible, and highly proficient. They are able to manage a variety of tasks or activities at the same time. They display a sense of calmness and control. Experts selectively filter information and pass on the important aspects to appropriate individuals.</p> <p>Experts no longer rely on rules to govern their practice. It is often difficult for experts to explain the thinking process they use in reaching a decision. They no longer think in steps or increments. Often the expert nurse is not the best teacher for the novice because it is difficult for the expert to explain decisions or actions in enough detail for the novice to grasp and learn.</p>

Source: Benner, 1984.

Table 3.
Phases of the Mentoring Relationship

Beginning Phase – Characteristics
<p>Mentors and mentees focus on interpersonal relationship building through establishing trust and nonjudgmental acceptance, articulating expectations of the relationship and each other, engaging in meaningful dialogue, determining well-defined learning goals, and initiating relevant self-disclosure. Mentees tend to put mentors on a pedestal and emulate behaviors. Mentors feel rewarded by the mentor role and value and nurture the development of the mentees. They may exchange and discuss their resumes/CVs.</p>
Middle Phase – Characteristics
<p>A safe and positive psychological climate is established and nurtured. Mentors request detailed information from the mentees and offer specific suggestions about current plans and progress in achieving goals. Mentees feel enhanced self-esteem due to the coaching and progress made. Mentees develop and confirm new skills. This phase is characterized by a high degree of interaction and intellectual exchange.</p> <p>Mentors progressively suggest new avenues for learning, then move toward tactics for solving new and more complex situations and problems. As the relationship builds, feedback (positive, but especially constructive) is given and taken in a more comfortable and growth-producing way. Mentors encourage less and less reliance and the mentees become more autonomous in their roles.</p>
Closing Phase – Characteristics
<p>The formal part of mentoring comes to closure when mentees feel comfortable functioning on their own. Mentors encourage the mentees to reflect critically on outcomes, goal achievements, and future plans. Mentors motivate mentees to take risks, make decisions without certainty of the results, overcome difficulties in the journey to reach their career goals, and become independent adult learners. Mentees achieve greater autonomy and become empowered. Both may mutually seek to dissolve the relationship. They may alternate between feelings of loss and liberation.</p> <p>Mentors remain interested and stay in touch with the mentees to provide continuing support and a safety net if needed. Mentors may feel they have shared everything they know and are proud of the mentees. As separation occurs, the relationship may transform into a friendship or peer mentoring in which both individuals take turns in mentoring each other through their nursing and life experiences. Mentoring that progresses and ends on a positive note will be memorable throughout the lives of both mentors and mentees. Mentees may themselves become mentors some day. Both partners reflect on the success of the mentoring relationship, share best mentoring practices, thoughtfully consider any stumbling blocks and what was learned from them, determine ways to improve future mentoring, and celebrate the successes.</p>

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

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

Mentee Role

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

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

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

Mentor Role

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

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

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

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

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

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

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

Ideal mentor qualifications and characteristics include:

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

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

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

Potential Problems with Mentoring

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

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

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

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

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

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

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

Developing Expectations

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

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

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

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

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

Below are some examples.

I expect my mentor to:

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

I expect my mentee to:

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

Evaluating the Mentoring Relationship

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

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

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

Adapted with permission from Hnatiuk, 2009.

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Site Coordinator Role Description

Role

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

Qualifications

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

Responsibilities

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

Mentor Role Description

Role

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

Qualifications

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

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

Responsibilities

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

Mentee Role Description

Role

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

Qualifications

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

Responsibilities

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

Timeline Checklist

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

Pre-Program Preparation

<u>Mentor</u>	
Date Completed <small>(dd/mm/yyyy)</small>	Activity
	1. Completes orientation with site coordinator
	2. Reads and completes the following:
	a. <i>AMSN Mentoring Program Mentor Guide</i>
	b. <i>Introduction to Mentoring</i> article
	c. Mentor Self-Assessment tool
	d. Background Information – Mentor Form
	e. Tips for Successful Mentoring
	f. “Remember When” Exercise
	g. Guidelines for Meeting with Your Mentee
	h. Background Information tool
	3. Contacts mentee to arrange first meeting

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

Timeline Checklist continued

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

Week One

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

Timeline Checklist continued

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

3 Months

<u>Mentor</u>	
Date Completed <small>(dd/mm/yyyy)</small>	Activity
	1. Completes the Assessment of the Relationship with the Mentee and the Mentoring Program Satisfaction Survey
	2. Encourages the mentee to complete the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor Form
	d. Mentoring Program Satisfaction Survey
	3. Discusses the results of the above with the mentee
	4. Revisits and makes any revisions to the Mentoring Program Plan
<u>Mentee</u>	
Date Completed <small>(dd/mm/yyyy)</small>	Activity
	1. Completes the following tools
	a. Job Satisfaction Scale
	b. Intent to Stay in the Job Survey
	c. Assessment of the Relationship with the Mentor
	d. Mentoring Program Satisfaction Survey
	2. Discusses the above completed tools with the mentor
	3. Revisits and makes any revisions to the Mentoring Program Plan

Timeline Checklist continued

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

6 Months

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

Timeline Checklist continued

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

12 Months

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

Site: _____

Site Coordinator _____

Mentor / Mentee Progress Record

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

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

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

AMSN Helps You Succeed!

Our members are nurses like you!

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

They practice in a variety of settings

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

AMSN is a vibrant community of medical-surgical nurses who care about

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

Member Benefits

Improve patient care

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

Develop personally and professionally

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

Connect with other nurses

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

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

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