Advocacy and Influence TL6

Choose 3 of the following (one example MUST be from ambulatory care setting, if applicable):

a. Provide one example, with supporting evidence, of the mentoring plan or program for clinical nurse(s).

b. Provide one example, with supporting evidence, of mentoring plan or program for nurse managers.

c. Provide one example, with supporting evidence, of the mentoring plan or program for AVPs/nurse directors (exclusive of nurse managers).

d. Provide one example, with supporting evidence, of the mentoring plan or program for advanced practice registered nurses (APRNs).

e. Provide one example, with supporting evidence, of the mentoring plan or program for the CNO.

Example a: Mentoring Program for Clinical Nurses on 6C Surgery & Trauma

Clinical Nurse Role

Clinical Nurse Pamela Smith, BSN, RN-BC, is the Guide to Professional Success (GPS) Coordinator for 6C Surgery & Trauma at WakeMed. The GPS program, which is coordinated by the Nursing Education Department, focuses on retention by enhancing new nurses' socialization to the unit and the hospital through mentoring relationships. Smith used “inspiration” as the guiding principle in structuring the program, believing that a person who is inspired will have a sense of purpose that increases their commitment to what they are doing.

With this concept in mind, Smith and Clinical Nurse Mattie Roadman, BSN, RN created a mentor board that features photos of each mentor, a statement of why they chose to participate in the program, and inspirational mentor quotes that are updated monthly. The board also has photos of the mentees and mentors at the beginning and end of their mentorship, and the GPS mentor class schedules for future mentors. The bulletin board is surrounded by the words “MOTIVATE,” “ROLE MODEL” and “SUPPORT,” which are attributes associated with mentors in the GPS program.

The mentoring process on 6C is initiated when 6C Supervisor/Educator Amy Beasley, BSN, RN-BC or 6C Supervisor/Educator Elizabeth Southerland, BSN, RN-BC alerts the coordinator, Smith, that there is a new hire. The mentors are then notified to gauge their interest and availability. Upon the new employee’s arrival to the unit, Smith introduces herself and gives a brief overview of the program. Smith then contacts the new hire again toward the end of their orientation to start the pairing process. Pairings are made first by preference, with factors such as personality and the compatibility of schedules also considered. Once the new employee is paired with a mentor, they fill out the GPS Enrollment Form, which is a questionnaire that provides information such as education level, hobbies, goals and future aspirations. (Evidence TL6a-1, Smith GPS Program Mentor Enrollment Form) (Evidence TL6a-2, Sisk GPS Program Mentee Enrollment Form)
Smith meets with the new mentee to discuss the mentoring process and collect the mentee's completed GPS Enrollment Form. As the unit GPS coordinator, Smith connects the mentee to a mentor based on information from the enrollment form.

Smith has partnered with Clinical Nurse Aimee Sisk, RN as her mentor, as Sisk was reassigned because her previous mentor had an unforeseen event that would limit her availability to mentor effectively. The mentor and mentee next sign a Mentoring Program Participation Agreement specifying the requirements of the program. (Evidence TL6a-3, GPS Mentoring Program Participant Agreement form) After Sisk completed unit orientation, she and Smith met on February 1, 2017 to review expectations of the GPS Mentoring Program Participants Agreement, which provides the structure and guidelines for their ongoing relationship. Before they signed the agreement, Sisk communicated the attributes she wanted in a mentor to ensure compatibility.

**Mentoring Plan**
The mentor and mentee then complete a Career Assessment Questionnaire listing the mentee’s top three objectives. This helps in developing the GPS six and 12-month Strategy Map in which the mentee and mentor outline goals and objectives to be achieved during the mentorship. (Evidence TL6a-4, GPS Six and 12-month Strategy Map) Smith and Sisk met on Saturdays either in person or by phone, depending on their availability, to discuss the goals and objectives for that month and any of Sisk’s issues or concerns. At the end of the meetings, they reviewed the goals to determine next steps and set the next meeting date, with Smith always offering words of encouragement. While Smith and Sisk’s formal mentoring relationship lasted six months, they continued to check in with each other over a year.

**Mentoring Activities**
The First Meeting Tool for the mentor is the portion of the paperwork that gives tips for a successful initial meeting with the mentee. (Evidence TL6a-5, GPS Mentor Program Tips for a Successful First Meeting Tool) Smith adds a personal gesture and gives the mentor/mentee pair instructions on a get-to-know you game with M&Ms. At their first meeting, the pair begins to fill out the GPS Strategy Map of goals and objectives, and at each subsequent meeting they discuss their advancement toward the stated goals. Smith checks in on the pairings at least monthly to assess for any issues or concerns. Some pairs meet outside of work depending on their schedules, while some who, work at the same time, have a lunch together to hold their discussions.

A pinning ceremony is held at the end of the mentorship, which can last from six to 12 months, with each participant given a pin and a thank you card from the coordinator, Smith. The coordinator also gives the 6C mentors a special thank you gift in appreciation of their time and efforts.