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St. Catherine University Nursing Student-to-Student

Mentorship Program

Jillann Grooms

St. Catherine University

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St. Catherine University Nursing Student-to-Student Mentorship Program

Introduction

In order to meet the challenges of the ongoing nursing shortage, it is imperative to increase the retention of nursing students. A mentorship program is an effective way to support nursing program completion, ultimately contributing to the quality and diversity of the nursing workforce. In this paper, the conceptualization, build and implementation of an innovative mentorship program at St. Catherine University (SCU) between graduate nurse educator students and undergraduate RN to BS students is described.

Background and Significance

The concept of mentoring is recognized throughout history. Thought to originate in Greek Mythology, Mentor is asked to care for Odysseus's son in his absence (Dorsey & Baker, 2004). From the onset of its earliest days, the nursing profession has embraced principles of mentorship in the form of apprenticeships, and teaching and mentoring the next generation of caregivers. However, it wasn't until the early 1980s that research studies pertaining to nursing mentorship began to be published. Early studies supported the positive impact that mentoring had on the nursing profession. A literature review of mentorship in nursing by Andrews and Wallace (1999) found multiple studies discussing the benefits of mentoring. Although there was little empirical evidence to support the improvement in clinical learning, this literature review reported that the mentorship relationship was beneficial to both mentors and mentees. More recently, the benefits of mentoring have been acknowledged and supported by the Institute of Medicine (IOM) (2010) report on the future of nursing. The authors suggest that mentoring is an effective way to strengthen the nursing workforce and, in turn, improve the quality of care and patient outcomes.

Mentoring partnerships contribute to reducing the nursing shortage by providing the support and guidance needed for new nursing professionals to make the transition to practice. A lack of qualified nursing professionals has profound consequences for healthcare. These concerns include patient safety issues, accessibility and quality of care. The potential shortage of the nursing workforce is especially concerning as projections estimate that the over-65 population is rapidly increasing. According to the U.S. Census Bureau, between 2000 and 2010, the population of those 65 years and older increased at a faster rate (15.1 percent) than the total U.S. population (9.7 percent) (Werner, 2011). As these individuals age and leave the workforce, the job vacancy rate for nurses will continue to increase. In fact, the Bureau of Labor Statistics (2014) projects that the job outlook for Registered Nurses (RN) for 2012 to 2022 is 19%, faster than the average growth rate for all occupations combined (11 %). In addition to the loss of nursing workforce at the bedside due to aging, there is a capacity crisis in schools of nursing due to an aging and limited nursing faculty pool (Institute of Medicine [IOM], 2010). Therefore, proactively supporting workforce development through a mentorship program is sensible.

The projected supply of nurses will not meeting the projected demand. The Health Resources and Services Administration (HRSA) report a nursing profession shortfall of up to 1 million FTE's by 2020 (Institute of Medicine [IOM], 2011, p. 258). Coupled with the IOM's (2011) call for the RN workforce to be 80% baccalaureate prepared by 2020, nursing programs must look for effective strategies to retain students and assure completion of their degrees. With the ultimate goal of successful nursing program completion, mentorship programs may be one way to reduce nursing student attrition rates and contribute to reducing the nursing shortage by providing support and guidance.

Many established national nursing organizations value the role of mentors in nursing for students at all levels. One of the most influential of these organizations, the National League for Nursing (NLN) (2006) highlights the importance of mentoring in the context of career development for all levels of practice. Similarly, Sigma Theta Tau International Honor Society of Nursing (STTI) (2015) advocates for mentoring with a formal internal mentorship program designed to promote leadership development. In a literature review, the STTI concluded there is substantial evidence to support the benefits of mentorship programs for mentees, mentors and the nursing profession as a whole. Lastly, the American Nurses Association (ANA) (2010a) promotes mentoring as a professional obligation within its ethical provisions. These provisions speak directly to nurse educators with the importance of mentoring as an inherent component of their profession. Mentoring programs can provide unique teaching experiences for graduate nurse educator students who serve as mentors for undergraduate students. In this type of program the experienced graduate student assists in degree completion for the undergraduate, providing a positive outcome for both mentor and mentee and the nursing workforce.

In addition to facilitation of career development, mentor programs provide an opportunity to recruit and retain students from a more diverse background. The American Association of Colleges in Nursing (AACN) (2014) report that 37% of those seen in healthcare are from a diverse background, yet only 19% of the current nursing workforce is from a minority background. A strong connection has been established between a culturally diverse nursing workforce and the ability to provide quality, culturally competent patient care. The AACN (2001) recognizes that “mentoring is a key element in attracting new student populations into nursing” (para. 19). Mentoring programs are designed to address many of the perceived barriers to success that have been identified by students from diverse backgrounds. As the diversity of

our communities continues to expand so too must the diversity of our workforce. Mentoring programs may be well suited to this ideal.

Purpose of Project

At St. Catherine University (SCU), the setting of this project, the Department of Nursing (DoN) supports student diversity with a “Statement of Diversity” and inclusionary principles incorporated in the Department of Nursing Philosophy Statement. The “Statement of Diversity” speaks to the importance for SCU to prepare all students for equitable care in an inclusive environment and to systematically assess the curriculum for assurance of adherence of these principles (SCU, n.d.). The SCU DoN’s mission and philosophy calls for a fundamental commitment to diversity as expressed by the “D” for “diversity” in its L-E-A-D-E-R mnemonic (SCU, 2010). These statements guide and inform the mentoring program described in this paper.

Therefore, the purpose of this scholarly project was to develop and implement a pilot for a formal mentorship program at St. Catherine University (SCU) between graduate level nurse educator students and undergraduate students who self-identified as at-risk. The objectives of this program included: (1) increase the successful program completion of at-risk undergraduate nursing students; (2) provide significant experiences for level 3 and level 4 nurse educator students working with at-risk students; and (3) foster SCU’s social justice mission and philosophy by supporting diversity in undergraduate nursing programs. The following section details a literature review of mentoring programs that were used to guide the creation of this scholarly project.

Review of Literature

An in depth, literature review was completed to support the design and implementation of the mentorship program at St. Catherine University. Mentorship programs have been studied

through a variety of research designs, including mixed methods, qualitative and quantitative studies. No randomized controlled trials (RCTs) were found in the literature review. Prevalent themes related to mentorship are individually discussed and search strategies are outlined for the reader within each section.

Mentoring

Across the nursing profession, subjective definitions of mentorship contribute to differences in mentorship program implementation within each organization. A review of literature helped define the terms used in this project. The terms “mentor” and “preceptor” are often used interchangeably but may have different implications depending on the setting of the program (Dorsey & Baker, 2004). The Minnesota Nurses Association (MNA) (2013) defines mentoring as “a process in which a more experienced nurse shares expertise with a mentee” (p. 12). The definition used as a guide for this project is that of the American Nurses Association (ANA). The ANA (2010b) defines mentoring as “A one-to-one trusting relationship that encompasses formal or informal supporting, guiding, coaching, teaching, role modeling, counseling, advocating and networking” (para. 4). The ANA indicates that mentoring can occur in a variety of settings, both within and outside the clinical setting and may include personal and career guidance for both participants. As mentors, the ANA (2010b) suggests an enhancement of leadership skills for nurse educator students as they support the growth and development of the undergraduate nurses transitioning into professional practice.

Mentoring is often done one on one, however it is also used within the setting of a larger group. These programs are known as mentorship programs and can be formal or informal. Formal mentoring programs have been described as having a finite duration, designed to accomplish specific goals, and have a program coordinator to facilitate and evaluate. Informal

programs are defined as continuous, spontaneous and based on need (Dorsey & Baker, 2004; MNA 2013). The program described in this paper is a formal mentorship program created to assist undergraduate students who feel they are at-risk for program completion; through provision of academic, professional and emotional support via a graduate nurse educator student mentor. Program considerations for students who self-identify as at-risk for program completion are discussed in the next section.

At-Risk Students

Many internal and external factors contribute to a student's successful completion of their nursing program. Bastable & Alt (2014) discuss obstacles that may affect the ability to learn. These barriers may include: 1) lack of time; 2) lack of support systems both financially and academic; 3) literacy problems; and 4) readiness to learn issues such as motivation and adherence. These obstacles may place a student at-risk for program completion. A review of literature was conducted in order to determine the retention issues associated with at-risk nursing students at-risk and program completion. CINAHL and ERIC databases were searched using the keywords: mentoring, mentor, at-risk, retention, attrition AND nursing. Inclusion criteria were English language, peer reviewed scholarly articles from 1998-2015. An exclusion criterion was the term preceptor. Forty-seven articles meeting this exclusion-inclusion criterion were identified. These articles were hand searched to select those that addressed specific mentorship programs related to undergraduate nursing students, specifically those addressing at-risk student characteristics and barriers to successful program completion. The resulting five studies and one mentorship educational program were reviewed and are synthesized below.

In an integrative review of 16 articles by Dorsey and Baker (2004), the authors identified three major factors that contribute to nursing student attrition: "vague educational goals;

dissatisfaction with the academic program; and unclear career objectives” (p. 260). Further review of multiple studies helped define what at-risk students describe as contributing to their dissatisfaction of their academic nursing programs. The barrier most often described by these students is a lack of proficiency in scholarly writing skills often attributed to inadequate introductory coursework (McGann & Thompson, 2008; Riley & Fearing, 2009; Turnbull, 2010). With the identification of this academic barrier, mentors can support their mentees with constructive feedback in writing assignments including the correct use of American Psychological Association (APA) referencing. Mentors may also explore availability of formalized writing support resources within their organization.

Time-management skills were also identified as a barrier for program completion. Coupled with an identified inability to prioritize, undergraduate students describe feeling overwhelmed and anxious because of large reading assignments and a heavy course load (McGann & Thompson, 2008; Riley & Fearing, 2009). Knowledge of these barriers provides mentors the ability to support their mentees both emotionally and academically with provisions such as study tips and prioritization with organizational assistance.

The literature provides evidence that mentoring is beneficial to students at-risk for completion of their nursing programs. By providing non-judgmental support and guidance, self-confidence was enhanced leading to the successful completion of coursework and ultimately increased program retention. Reported increased GPA rates and N-CLEX pass rates provide further evidence for the positive effects of mentoring within nursing programs (Higgins, 2004; McGann & Thompson, 2008; MNA, 2013; Price, 2009; Riley & Fearing, 2009; Wilson, Sanner, & McAllister, 2010). These positive effects provide evidence for academic nursing organizations to provide support of mentorship programs.

Along with the discussion of the student benefits of mentoring programs, advantages for the mentor must also be considered in the implementation of a mentorship program. In the next section, benefits of the mentor role are reviewed.

Benefits for the Mentor

An effective mentor is crucial to a successful mentorship program. A knowledge and understanding of the benefits of the mentor role contribute to a positive relationship with the mentee. A review of literature was conducted to explore these benefits to provide evidence for the recruitment and support of mentors in this program. CINAHL and ERIC databases were searched using the keywords: mentoring, mentor, graduate student AND/OR nursing. Inclusion criteria were English language, peer reviewed scholarly articles from 2000-2015. An exclusion criterion was the term preceptor. Seven articles meeting this exclusion-inclusion criterion were identified. These articles were hand searched to select those that addressed benefits to the mentors in mentorship programs, particularly graduate nursing students. The result was the identification of two studies. Two additional studies were reviewed pertaining to the significance of mentors in general. Syntheses of these findings are provided below.

Although the literature search revealed limited studies involving nurse educator graduate students as mentors, the articles reviewed provide evidence that mentoring relationships are vital for providing significant learning experiences for the mentor. Improved leadership skills, enhancement of professional abilities, and an increased development of professional roles were described by participants serving as mentors in multiple studies of mentorship programs (Billings and Kowalski, 2009; Lloyd and Bristol, 2006; MNA, 2013). A benefit described specifically for nurse educator graduate students as mentors indicated that the mentoring experience increased their self-confidence and abilities in applying nurse educator content in the practicum setting

(Riley & Fearing, 2009). Additional applications of this study's results found the use of the VARK (Visual, Aural Read/Write and Kinesthetic) (2015), a validated learning style assessment tool, to be beneficial for the graduate student mentors in the development of teaching strategies and preferences of the undergraduate mentees to help meet their learning needs.

A successful mentor must also recognize the barriers that may hinder an effective mentoring partnership. Hubbard, Halcomb, Foley and Roberts (2010) described findings from their mixed-method study of nurse educators and reported barriers to effective mentoring. These barriers include: a lack of time and availability; horizontal violence; a non-supportive organizational environment; incompatibility between mentors and mentees; fear and insecurity related to a lack of confidence as a nurse educator; and a lack of knowledge in development of a mentoring plan. Recommendations to minimize these barriers were included in this mentorship project's program design and resource guide. These suggestions included matching mentors and mentees from the same discipline and similar schedules; workload credits for mentors; and working with administration for support in mentoring program development.

The evidence of the benefits to the mentor described in these studies was helpful in the recruitment and support of the nurse educator student mentors. These benefits were included in the initial contact of all nurse educator students for program involvement. They were also provided in the Mentor Resource Guide to enhance role support. The evidence for the positive effects of mentorship programs extends beyond the role of mentors and their mentees. The next section describes an additional benefit, the significance of mentoring for the support of diversity within the nursing profession.

Support of Diversity

Nursing programs are challenged to enroll diverse student populations while still

maintaining high academic standards. Demographics in the nursing student population are changing and include multi-generational age groups, a rising percentage of men, and a plethora of racial and ethnic groups (Burruss & Popkess, 2012). A review of literature was conducted to explore the relationship between mentorship programs and diversity. CINAHL and MEDLINE databases were searched using the keywords: mentoring, diversity, at-risk, AND nursing. Inclusion criteria were English language, peer reviewed scholarly articles from 2000-2015. An exclusion criterion was the term preceptor. Twenty-eight articles meeting this exclusion-inclusion criterion were identified. These articles were hand searched to select those that addressed mentorship programs specifically related to mentoring underrepresented populations of nursing students. The resulting three studies were reviewed and are synthesized below.

Studies reviewed indicate that racially diverse students perceive barriers that may affect their participation in nursing programs. These barriers include perceived institutional racism, difficulties in establishing peer relationships and a perceived lack of academic preparation needed to succeed (Wilson, Andrews & Leners, 2006). Mentorship programs provide unique strategies to facilitate academic success and address some of these barriers. These strategies focus on providing mentors with specific supportive measures related to diverse nursing students. These measures include a mentor orientation program that includes cultural competence sensitivity training, encouragement for mentees to reflect through journaling and to become involved in support groups and professional nursing organizations for diverse nursing groups such as The National Black Nurses Association (Wilson et. al., 2006; Wilson et. al, 2010). An additional strategy for academic success for diverse students was reported when mentoring partners were matched with participants with similar backgrounds (Wroten & Waite, 2009). These studies are significant for mentorship programs when designing the mentor-mentee

partnerships, particularly when a diverse student and/or faculty body is not present. This literature provides evidence that mentorship programs support the recruitment and retention of diverse nursing students, which ultimately strengthens the nursing workforce.

Summary of Literature Review

The literature reviewed for this project provides significant evidence that mentoring is beneficial to both mentors and mentees and promotes diversity within the nursing profession. This literature review informed aspects of the mentorship program created for this scholarly project, including the design, implementation, and the demonstration of significance of mentoring programs to stakeholders. This literature review also provided support in the creation of the Mentor Resource Guide, which was developed in order to inform and support the nurse educator students involved in this project. The following section describes the design and implementation of this unique project.

Mentorship Program Design and Implementation

A voluntary mentorship program was implemented between graduate level 3 and 4 nurse educator students who served as mentors for self-perceived at-risk undergraduate RN to BS nursing students. The author's conception for this program began while working as a student teacher in the RN to BS program. The author observed that supplementary academic support was extremely well received and often requested. The informal mentoring provided to the students by the author, formed a basis for the development of a formal mentoring program. Initially developed to meet the requirements for a systems change project for the MSN nurse leadership course, this project was expanded and a mentorship pilot program was developed. Because SCU is in the unique position of having multi-tiered nursing programs, this mentorship

project was designed so both the graduate and undergraduate nursing programs might mutually benefit from each other.

This section of the project summary will discuss the project design, including the standards that informed the project, the theory that supported the project, resources utilized, and economic implications.

Standards Informing Project

Three documents informed and guided this mentorship project:

- 1) National League for Nursing (NLN): *The Scope of Practice for Academic Nurse Educators*.
- 2) American Nurses Association (ANA): *Nursing: Scope and Standard of Practice*.
- 3) American Association of Colleges of Nursing (AACN): “Effective Strategies for Increasing Diversity in Nursing Programs.”

Most influential is the NLN’s (2012) Competency II: Facilitate Learner Development and Socialization, specifically the measure that guides the nurse educator to “engage in effective advisement and counseling strategies that help learners meet their professional goals” (p. 16). The ANA’s (2010c) “Standards of Professional Nursing Practice” also guide this project in “Standard 12: Leadership,” specifically the measure that informs graduate-level prepared nurses to “mentor colleagues in the acquisition of clinical knowledge, skills, abilities, and judgment” (p. 56). The strategy report by the AACN (2001) guides the enhancement of diversity in the nursing workforce when describing mentoring as “the key to retention” and “mentoring is a key element when attracting new student populations into nursing” (para. 19).

Theory Supporting Project

Using the Servant Leadership Theory (SLT) to implement a mentorship program is a natural fit. This theory is characteristic of the nursing education profession as its foundations lie in the application of principles related to empathy, listening, service learning and an overall commitment to the growth of those being “served” (Robinson, 2009). SLT informs the Mentorship Program with consideration of the overall goal of the program. The goal in designing this project was to provide a “service” to both the undergraduate mentees who need additional academic support, and the nurse educator students, who benefit by determining and applying effective strategies that enhance these students’ challenging academic needs. Prior to serving as a mentor, nurse educator students in the mentorship program would benefit from comparing this theory to their own style of communication and applying its main foundational principle of “service first to others.” SLT empowers both the mentor and mentee by establishing a caring, non-judgmental relationship where the mentor’s expertise serves as a collaborative guide in the support of the mentee. As the mentee is guided towards the perception of self-efficacy, quality and improvement issues are resolved, thus supporting the successful completion of the nursing program.

Resources

The resources needed for this project were minimal. The extra time needed for program sustainability in the future is perhaps the most prevalent resource needed for continued success of the program. A bi-annual dissemination requirement of this program would require extra time for the nurse educator faculty/program coordinator, as it would be necessary to introduce and monitor the program. This time is estimated to be about 40 hours per year. Time requirements for other participants are minimal. For undergraduate faculty and administration their role is at an advisement level and is already a part of their job responsibilities. The time requirement for

nurse educator students could be significant, however, the program was developed with the mindset that the hours students committed to this mentorship program could be used to supplement their practicum experiences. Other needed resources are readily available; for instance, meeting space for mentors and mentees are available within SCU's libraries and extensive meeting areas, and academic support such as librarians, and the O'Neill Writing Center are a part of the student resources available to all students at the University.

Economic Implications/ Return on Investment.

With no direct costs in implementing this program, a positive Return on Investment (ROI), defined as more money saved than spent, can be assumed. Calculating the approximate benefits of the program and comparing them with the approximate costs of the program determine this positive fiscal outcome. The benefits of this program include the estimation that one student retained equates to approximately \$25,000 in tuition revenue for the RN to BSN degree completion program. This pilot program expected to support six RN to BSN nursing students, thus a sum of annual benefits is estimated to be \$150,000 in tuition revenue. In the future, the cost to the program includes one nurse educator faculty's resource of time needed to promote and sustain this program which is estimated to be approximately 20 hours per semester or 40 hours per year. With an average full time nurse educator salary estimated at \$60,000, a salary is calculated at approximately \$30 per hour. The estimated hourly salary then multiplied by the approximate needed 40 hours per year yields an estimated sum of annual costs of \$1200. After final calculations, the ratio of net benefits to costs is determined to be 12400%, a very high return on investment.

Implementation of Program

The objectives of increasing the success of at-risk undergraduate nursing students; providing experiences for nurse educator students to gain knowledge and skills in working with at-risk students; and fostering SCU's social justice mission and philosophy by promoting diversity in undergraduate program enrollment, remained the focal points of this project design.

The expected outcomes at the conclusion of this mentorship program included:

1. At least two RN to BS nursing student mentees will actively participate in this program and describe success in their academic coursework related to mentor support as evidenced by survey responses.
2. RN to BS course faculty will describe this program as beneficial to the RN to BS students.
3. At least two nurse educator graduate student mentors will actively participate in this program and describe a gain in knowledge and skills in working with at-risk students as evidenced by survey responses.
4. Nurse educator faculty will describe this program as beneficial to the nurse educator students.
5. Faculty key stakeholders will report a promotion of diversity for their respected programs as evidenced by their elicited program feedback.
6. Stakeholder support for program continuance and expansion as evidenced by survey responses and feedback.

The stakeholders of this project were identified within the SCU nursing department.

These include nursing administration, nurse educator faculty coordinators, undergraduate RN to BS faculty and program coordinators, nurse educator graduate students, and undergraduate RN to BS students. Key members within each faculty stakeholder group were identified and contacted

regarding this project. A vital component in this project was the permission granted by nurse educator faculty allowing accrual of required practicum hours for nurse educator student mentors as providing credit for mentors helps minimize barriers to effective mentoring relationships (Hubbard et. al., 2010). Also fundamental to this project was the permission given by the nursing administration and the RN to BS program coordinator to work with one new cohort of the RN to BS hybrid program. The literature reviewed for this project, advocates the importance of administrative support for effective mentorship programs (Dorsey & Baker, 2004; Hubbard et al, 2010; Slimmer, 2012).

Upon approval of this project by key faculty stakeholders in the form of a formal proposal (see Appendix A), the author, also known as the program facilitator here forth, began negotiations and recruitment for mentors and mentees for program involvement. The use of voluntary participants was decided for full inclusivity. Undergraduate students in one RN to BS cohort were introduced to the mentorship program. Students were asked to consider their own academic needs and risk, eliminating potential ethical concerns of identification of participants by faculty. Recruitment measures for nurse educator student mentors included discussion of benefits via emails, phone calls and face-to-face meetings. Five mentors agreed to be part of the program. Recruitment measures for undergraduate RN to BS student mentees included providing a program flyer with discussion of benefits to students at the new student orientation day, the first day of class, and multiple emails (see Appendix B). One-to-one mentoring partnerships were randomly determined based on response time. Six mentees agreed to be part of the program, with one mentor agreeing to partner with two mentees.

A mentor resource guide was developed by the program facilitator and provided to each mentor for program support (see Appendix C). This guide served as a resource tool for the

mentors and included the following: goals and objectives of the program; leadership theory and standards that inform the project; benefits of the program; program logistics and timeline; tips for guiding and advising; RN to BS program information; and a mentorship agreement form. The agreement form was designed as a means for providing an informal agreement between participants as well as served as a springboard for discussion of roles, responsibilities, guidelines and boundaries. Pertinent mentoring literature and studies were provided to the mentors for relevance. The VARK (Visual, Aural, Read/Write, Kinesthetic) (2015) learning assessment tools were provided to the mentors as an optional way to assess and strategize for support of their mentee's learning style.

Once mentorship partnerships were formed, mentors were encouraged to have an initial face-to-face meeting with their mentees and discuss aspects of the program included in the informal agreement. Mentors were granted access to their mentee's coursework and assignments on the course management system, D2L and encouraged to email the RN to BS course faculty with any questions or concerns. As outlined in the resource guide, mentors provided support and assistance for academic coursework during the first two, 7.5-week courses, of this RN to BS program cohort. Communication and mentor support was provided in emails and face-to-face meetings between mentors and the program facilitator during the designated timeframe. At the end of the program, feedback was elicited from participants and key faculty stakeholders for the purpose of program evaluation and is discussed in the next section of this paper. Specific aspects of this project's implementation can be reviewed in the timeline established by the author of this mentorship project (see Appendix D).

Program Evaluation and Outcomes

Program Evaluation Measures

The evaluation process is fundamental to any program implementation. Program outcomes determine feasibility and sustainability for future program implementation and expansion. This mentorship program was evaluated for the success of achieving its initial objectives and expected outcomes. Recruiting at least two mentors and two mentees and eliciting their respective feedback contributed to the determination of program outcomes. Also contributing to the determination of program outcomes was feedback elicited from key stakeholders. Qualitative questions were developed and feedback elicited from the nurse educator faculty coordinator and RN to BSN cohort faculty (see Appendix E). For mentor and mentee participants, a brief anonymous survey was developed using a Likert scale and ranking questions for quantitative feedback and short-answer questions for qualitative feedback (see Appendices F and G). Program participant survey responses are included as “Mentee Responses” and “Mentor Responses” in the included graphs and will be discussed in each of the next sections of this paper.

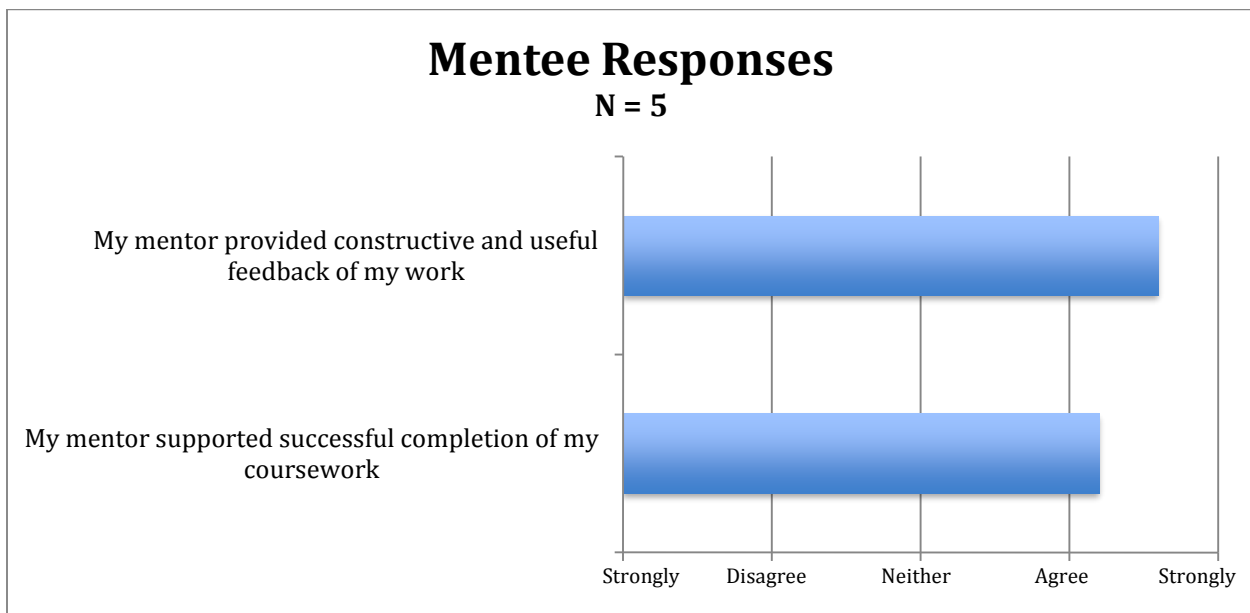
Program Outcomes

Program evaluation was determined by the outcome data for each of the three program objectives: success for at-risk students; experiential learning for nurse educator graduate students; and the promotion of diversity. Also included is an evaluation of the overall program. Expected outcomes and actual outcomes are described in each section. The utilization of mentor-provided support measures is also reported in this section.

Program objective 1: Success for at-risk undergraduate students. The expected outcomes of this project included the participation of at least two undergraduate RN to BS program student mentees reporting academic success with the support of their mentor. The actual outcome surpassed this expectation with six RN to BS students electing to participate as

mentees. With five of these six mentees completing the requested surveys, the expected outcome of perceived academic success was achieved as evidenced by the positive responses of two relevant survey questions. The first question asked the mentee if the mentor provided constructive and useful feedback of their work and the second question asked if their mentor supported the successful completion of their coursework. Both questions elicited an “agreed” or “strongly agreed” by responding mentees thus supporting the achievement of the expected outcome for mentee success in their academic coursework related to mentor support. These results are presented in Graph 1. The blue bars in the graph below each represent a weighted average of all mentee responses.

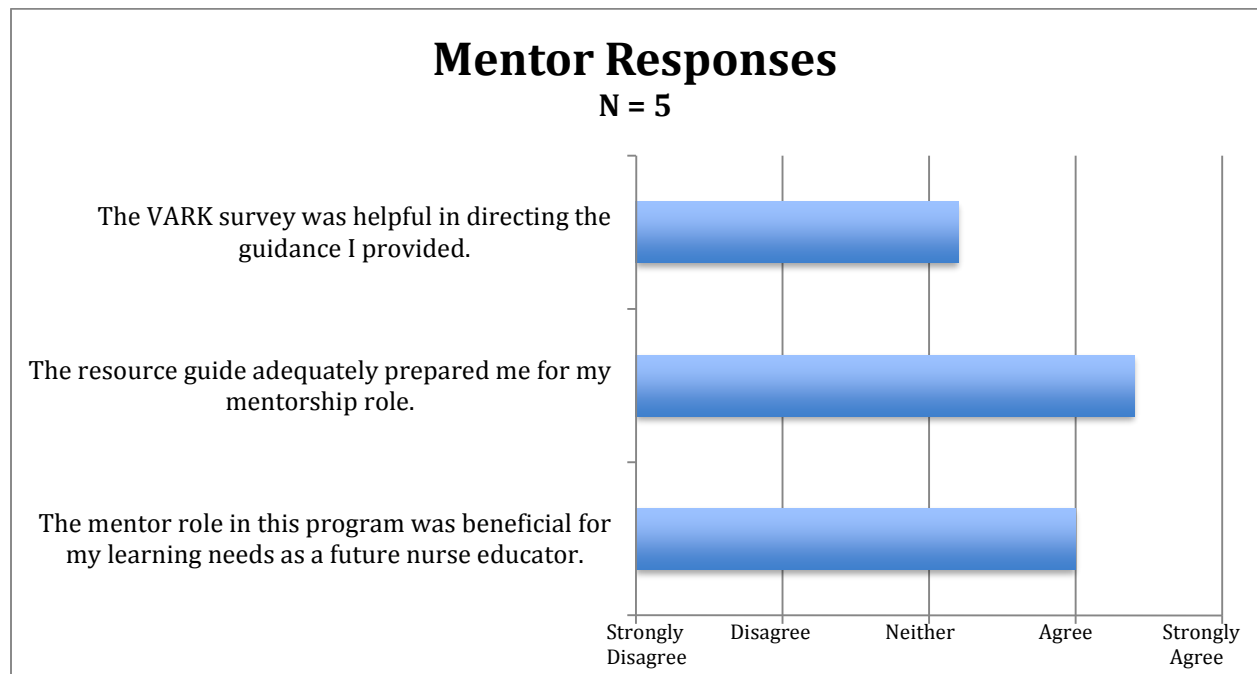
Graph 1: Mentee Survey Responses



Additionally, formal feedback from RN to BS faculty provided evidence for meeting the expected outcome of this program providing benefits to their students. Faculty felt a strong benefit to those undergraduate students who had expressed apprehension about junior-level academic expectations, particularly in the support of time-management skills.

Program Objective 2: Experiential learning for nurse educator students. The expected outcomes of this project also included the active participation of at least two nurse educator graduate student mentors, and a gain in knowledge and skills in working with at-risk students. The first outcome was surpassed with the active participation of five-nurse educator graduate student mentors. All mentors completed the requested survey, agreeing that this program was beneficial to their own learning needs as an educator. Two additional survey questions were asked of the mentors to determine if supplemental materials were helpful for contributing to their learning needs as a mentor. Participants were indifferent to the “VARK” learning assessment survey as being helpful but “agreed” to “strongly agreed” that the Mentor Resource Guide was helpful in supporting the mentors in their new roles. These results are presented in Graph 2. The blue bars in the graph below each represent a weighted average of all mentor responses.

Graph 2: Mentor Survey Responses



Additionally, the mentors were asked what one word describes their experience as a mentor in this program, the answers ranged from “perfunctory” and “adequate” to “enlightening” and “supportive.” These responses were helpful for the program facilitator in determining the mentor’s perceived attitudes of their personal gain from the program. Lastly, feedback from the nurse educator faculty coordinator was positive. This program was described as having significance for meaningful learning experiences needed by nurse educator graduate students in order to better prepare them for their upcoming roles as educators.

Program Objective 3: Fostering the promotion of diversity. Another expected outcome of this program was that key faculty stakeholders would feel that this program promoted diversity and provided an overall significance for their respective programs. Although faculty members did not report specific indicators that this mentorship program promoted diversity, RN to BS faculty did support mentorship programs in general as being helpful to those students who are at-risk for not completing their program. This is noteworthy as much of the literature indicates that students from diverse backgrounds are more likely to be at-risk (Wilson et. al., 2006; Wroten & Waite, 2009).

Summary

The first two outcomes of this scholarly project were easily met. The third outcome of increasing diversity was perhaps a bit lofty for this pilot. However, feedback gleaned from a post program survey indicates that the program has the potential to support *all* learners to be successful. In the next section, the evaluation of the program by mentors, mentees and stakeholders is presented.

Overall Program Evaluation

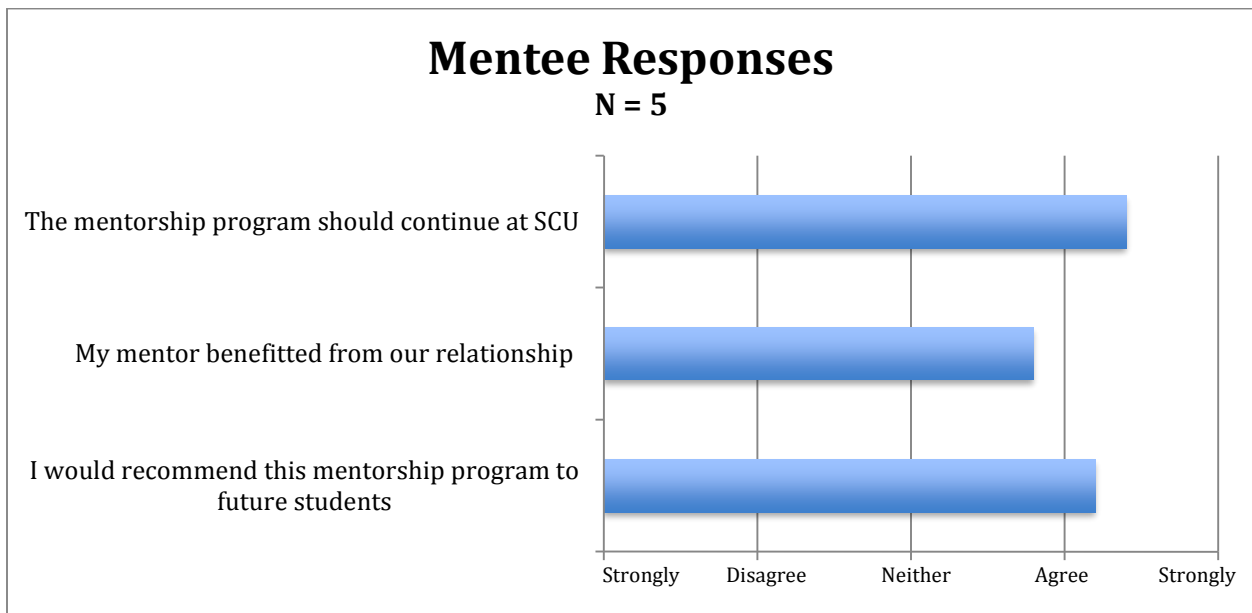
Questions regarding overall program evaluation were also included in the mentor and mentee participant surveys (see Appendices F & G) as well as the formal questions for key faculty (see Appendix E). Faculty, mentor and mentee feedback conclusively support the need and desire to continue this mentorship program. A discussion of this feedback is provided next.

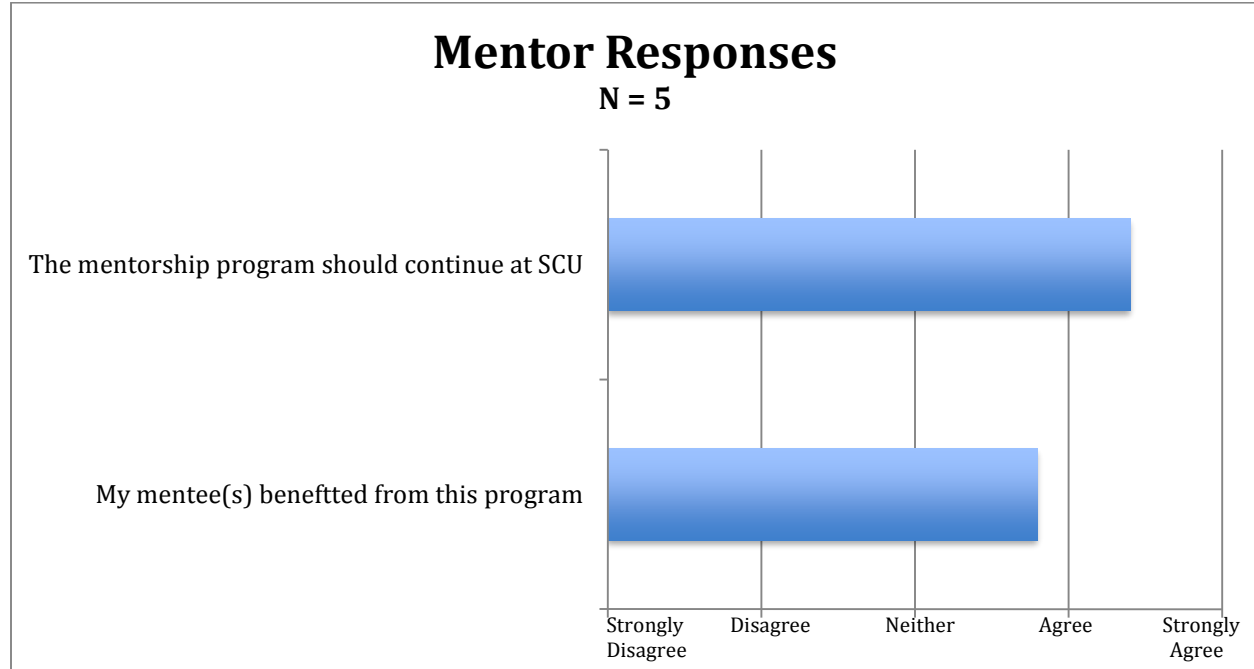
Mentee program evaluation. Mentees were asked to evaluate the overall program by two qualitative and three quantitative anonymous survey questions. The two qualitative questions included: 1) What one aspect of the program they would like to see improved? and 2) What one word best describes their experience in the program? Responses for the first question ranged from desiring a longer mentoring relationship to reducing the response time of mentors to mentees. Responses for the second question included terms such as “valuable,” “helpful,” and “worthwhile.” Additionally, three quantitative questions using a Likert scale were asked of the mentees. Responses of “agreed” to “strongly agreed” were reported when asked if 1) Should the mentorship program continue at SCU? and 2) Would the mentees recommend this program to future students? A third question was asked in order to gain the perspective of the mentee as to whether the mentee felt that their mentor may have benefitted from this program. The mentees responses yielded a somewhat indifferent response, with the majority reporting between “neither agree nor disagree” and “agreed” as to whether they felt their mentors derived benefits from this program. This question did not provide significance to the outcomes of this program. These results are presented in Graph 3 on the next page. The blue bars in the graph each represent a weighted average of all mentee responses.

Mentor program evaluation. Mentors were asked to evaluate the overall program by one qualitative and two quantitative anonymous survey questions. The qualitative question asked the

mentors to describe what improvements they might make. Responses included the suggestion to have a mentorship program orientation, increase the length, employ matching methods between partners, and limit the program to mentoring only students deemed at-risk by measures other than self-perception. The quantitative questions asked the mentors if this program should continue at SCU and if they felt the mentees benefitted from the program. The responses for the first question were very positive with all five mentors either reporting an “agree” or “strongly agree”. When asked if the mentors felt that the mentees benefitted from this program, the responses were not as strongly positive but still positive with the average between “neither agree nor disagree” and “agree” but leaning toward “agree”. These results are presented in Graph 4 on the next page. The blue bars in the graph below each represent a weighted average of all mentee responses.

Graph 3: Mentee Survey Responses



Graph 4: Mentor Survey Responses

Key faculty evaluation. Formal feedback was provided by key faculty stakeholders, which included the nurse educator faculty coordinator and the RN to BS faculty and program coordinator. The nurse educator faculty coordinator indicated that continuing this program would be feasible with possible expansion into providing mentors to other undergraduate nursing programs. Recommendations for improvement were not indicated. RN to BS faculty members also reported that they would like to see a continuance and expansion in this program and had no recommendations for improvement at this time. Faculty feedback provided evidence for meeting the expected outcomes that key stakeholders would support continuance and/or expansion of this program.

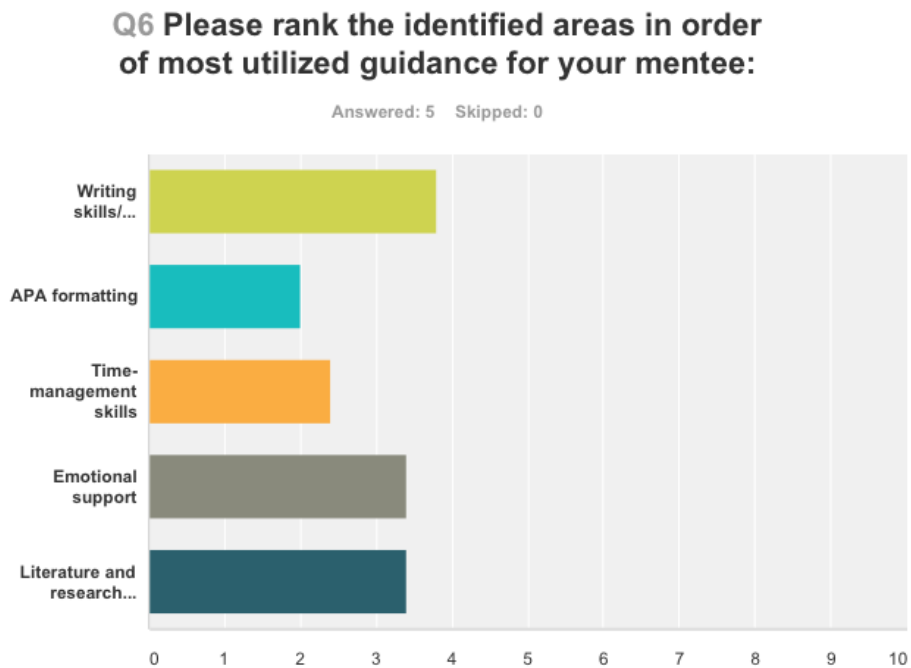
Utilization of Mentor Support Measures

Graphs 5 and 6 represent the perceived support measures provided by the mentors to the mentees. This feedback was elicited to provide information for future program implementation regarding support measure utilization. The mentees and the mentors were asked to rank five

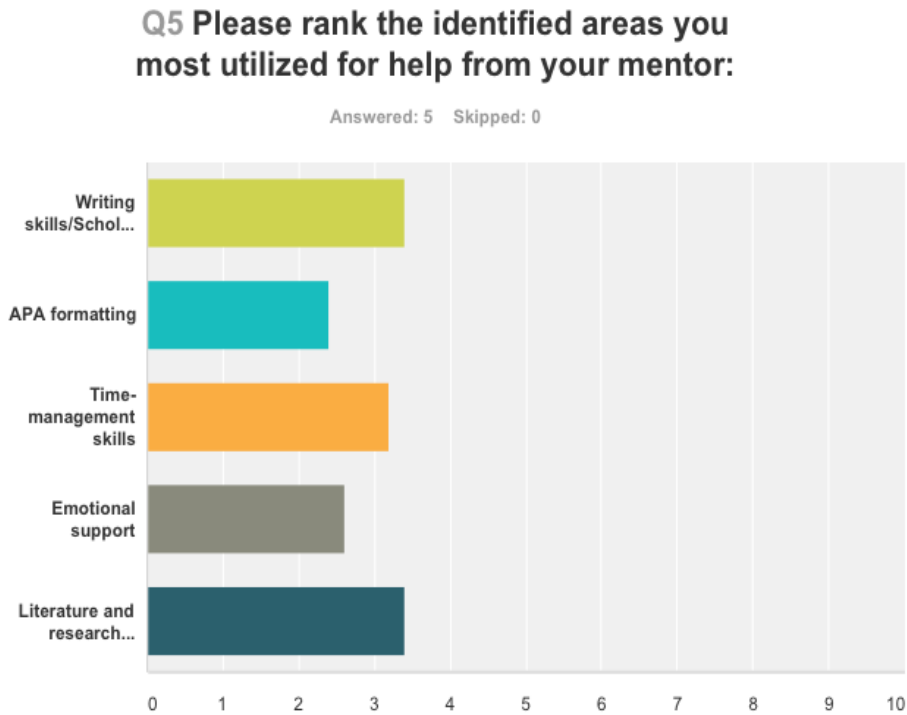
measures of support that were utilized or provided during their mentorship program in order of importance. These support measures include writing skills/scholarly writing, APA formatting, time-management skills, emotional support, and literature and research skills.

Graph 5 represents the support measures that mentors ranked as most utilized by their mentee. The measures were somewhat evenly distributed although writing skills/scholarly writing support was ranked slightly higher with emotional support and literature and research support measures evenly ranked as next important.

Graph 5. Report by Mentor of Support Measures Utilized



Graph 6 represents the support measures that mentees ranked as most utilized from their mentors. These measures were very evenly distributed with nearly identical importance for all measures although writing skills/scholarly writing, time-management skills, and literature and research skill support evenly ranked slightly higher.

Graph 6. Report by Mentee of Support Measures Utilized

This data demonstrates that mentors, mentees and nurse educator faculty largely felt that this program was beneficial. A discussion of these results follows.

Discussion

This mentorship program was conceived, developed and implemented to provide a “service” that supports the success of at-risk undergraduate students, provides significant learning experiences for nurse educator graduate students and fosters the SCU social justice mission and philosophy for the promotion of diversity in nursing. The ultimate goal was to increase retention in nursing student programs. The survey data provides evidence that supports the goal and that each of the objectives for this mentorship program were met.

Current literature supports the findings of this program evaluation. By providing non-judgmental support and guidance, the self-confidence of mentees was enhanced leading to the successful completion of coursework and ultimately increased program retention (Higgins, 2004;

McGann & Thompson, 2008; MNA, 2013; Price, 2009; Riley & Fearing, 2009; Wilson, Sanner, & McAllister, 2010). The relationships that were built during this mentorship program provided the guidance and support needed for the successful completion of undergraduate student coursework during this program.

Additionally, these outcomes support the literature that mentoring relationships are vital for providing significant learning experiences for the mentor which may include improved leadership skills, enhancement of professional abilities, and an increased development of professional roles (Billings and Kowalski, 2009; Lloyd and Bristol, 2006; MNA, 2013). The positive mentor survey responses in this project imply that these nurse educator students experienced meaningful learning and will be better prepared to recognize and address issues surrounding the academic support of at-risk students.

While there wasn't definitive data to support the desired outcome of increasing diversity in the nursing workforce, it is presumed that with a long-term implementation of a similar program that this outcome could be achieved. (AACN, 2001; Wilson et. al., 2006; Wilson et. al, 2010).

Based on the overall program evaluation outcome measures, this mentorship program should continue at SCU. These findings support the literature that mentoring programs support career and leadership development while benefitting the nursing profession as a whole (NLN, 2006; STTI, 2015). The beneficial outcomes provided by the mentors and mentees are significant for discussions with SCU DoN administration as grounds for future program feasibility and implementation. The additional program support from the nurse educator faculty coordinator is significant for the sustainability of this program and supports the literature for the importance of administration involvement (Hubbard et. al., 2010). Interesting to note in the

outcomes was the perception that the mentors personally did not think that their mentorship was as meaningful to their mentees as the mentees seem to perceive. This finding is relevant knowledge for future mentors to provide persistent support of their mentees.

Also significant for this program evaluation was the ranking of the support measures seen in Graphs 5 and 6. Difficulty with scholarly writing assignments and time management skills described in the literature are similar to the support measures utilized most frequently by both mentors and mentees in this program (McGann & Thompson, 2008; Riley & Fearing, 2009; Turnbull, 2010). Although scholarly writing skill support measures were most utilized, the survey responses presented a fairly even distribution of perceived support measures. The implications for this data signify that the support needed by mentees may vary considerably and should be assessed early in the mentoring relationship.

The findings presented in this paper support the need and desire of mentorship programs, such as the one piloted for this scholarly project, at St. Catherine University.

Considerations for Future Program Implementation

In order for this program to continue and/or expand, a few design modifications would need to be made. Sustainability of this program depends on the support of the SCU nurse educator faculty coordinators. This program could be incorporated into various MSN nurse educator practicum requirements as deemed appropriate by the faculty coordinators. A short orientation to the program was suggested by a mentor and would be helpful to enhance knowledge and skills needed to be an effective mentor. With enrollment variances each semester, mentor participation will vary ultimately affecting undergraduate program involvement.

Future mentee participation considerations include the debate for determination of program involvement. Key undergraduate and graduate program faculty stakeholders should explore mentee variables for defining at-risk status; voluntary versus self-perceived. For expansion of this program, the proposal, recruiting flyer and Mentor Resource Guide could easily be standardized to allow for any undergraduate student group. Additional supplemental materials such as VARK teaching/learning strategies could be added to the Mentor Resource guide to further support the mentor in the initial assessment of the mentee's goals and learning needs. The provision of specific undergraduate program information for each involved mentee group would also serve as a valuable adjunct for mentor support.

These recommendations and modifications would be beneficial for continuance and/or expansion of the current design and should be incorporated in this program's future implementation.

Conclusion

The inherent concepts of support and guidance within mentoring relationships have historically provided advancement of the nursing profession. The literature reviewed provides evidence for the benefits of mentorship for the mentor, students at-risk for program completion and for the nursing profession. The pilot mentorship program described in this paper provides further evidence that continuation and expansion of this program within SCU's many nursing programs is important and worthy of future consideration.

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Appendix A - Program Proposal



St. Catherine Nursing Student-to-Student Mentorship Program

Proposal for RN to BS Degree Completion Program Faculty
January 20, 2015
Jillann Grooms, MSN Nurse Educator Student

St. Catherine Nursing Student-to-Student Mentorship Program

Goals and Objectives:

This project serves as the scholarly project for St. Catherine University (SCU) MSN Nurse Educator Student, Jillann Grooms. It intends to establish a voluntary mentorship program at SCU between graduate level nurse educator students and undergraduate nursing students, specifically the spring cohort of students in the RN to BS degree completion program. At-risk undergraduate students who may have more difficulties completing the academic portion of their programs will be the focus of this pilot project. The objectives of this program ultimately include:

1. Increasing the success rates of at-risk students
2. Providing experiences for level 3 and level 4 nurse educator students working with at-risk students
3. Fostering SCU's social justice mission and philosophy by increasing diversity in undergraduate program enrollment.

Participants/Role Definition:

Mentors:

Five SCU MSN Nurse Educator students, near degree completion, have voluntarily committed to this program with knowledge that they may receive up to 30 hours of required leadership practicum hours with this program. This has been pre-approved by SCU Nurse Educator faculty, Emily Nowak. Mentors will receive orientation to this program in the form of a self-learning packet (in current development), which outlines their roles and responsibilities, which may include:

- D2L navigation and general Word and PPT assistance
- Literature searches utilizing online resources and database guidance
- Research analysis including critiques and matrix guidance
- Idea formation including PICO, reflective papers, general assignments
- Guidance on presentations
- APA formatting
- General needs as indicated by course faculty

Mentors will elicit email contact and future meetings.

Mentees:

Participants will include approximately five RN to BS students in the 2015 spring cohort of the RN to BS degree completion program, for courses 3910 and 3920. After a brief presentation of the program details at orientation, students can voluntarily and discreetly choose to be part of the program by emailing project facilitator, Jill Grooms. Jill Grooms will provide all information at orientation.

RN to BS Faculty:

William Vanstralen, 2015 Wednesday Hybrid Course Faculty.

Provide assignment clarification and information for mentors as needed, by email. Provide course syllabus and assignment details at the start of the course.

Project Facilitator:

Jillann Grooms, MSN nurse educator student.

Oversee program including:

- Self-learning packet development for MSN nurse educator students outlining roles and responsibilities including informal contract discussion (with final approval of both nurse educator and RN to BS faculty).
- Presentation of information to potential mentees at orientation.
- Pre-program email survey for final participants (basic Likert questionnaire with some qualitative questions).
- Contact with mentors and RN to BS Faculty throughout semester, for purposes of “checking in”.
- Post-program email survey to all participants to gather information for project outcome evaluation purposes.
- Presentation of outcomes to RN to BS faculty at the end of course 3920 with elicitation of feedback for future improvement.
- Project revisions and outcome presentation to SCU Nursing Administration for future implementation discussion and decisions.

Timeline and “To-Dos”:

- *Immediate:* Approval of program by RN to BS faculty.
- *Prior to first class (Feb. 4th):* Self Learning Packet/informal contract for mentors to be distributed and approved by both nurse educator faculty and RN to BS faculty.
- *Student orientation January 24th:* Project facilitator to participate in and deliver 3-5 minute information session on program, inclusive of questions. Handout will be provided for student interest.
- *Week of first class:* Interested mentees will be contacted and paired with mentor by facilitator. Mentors to make contact and set up first meeting with students. First meeting includes program guidelines, contract discussion and signing of informal contract. Pre-program survey distribution by email by program facilitator.
- *Ongoing:* Project facilitator will remain in contact with all participants to answer questions and guide program.
- *End of course 3920:* Post-program evaluation and dissemination of results.

Conclusion:

The ultimate objectives for this mentorship project of increasing the success of at-risk undergraduate nursing students, providing experiences for nurse educator students to gain knowledge and skills in working with at-risk students, and fostering SCU's social justice mission and philosophy by increasing diversity in undergraduate program enrollment, remained the focal points of this project design. Mentorship is fully supported in the literature as a means of providing positive outcomes all involved; from the mentee to the mentor to the nursing program and ultimately for the academic institution. SCU is in the unique position of having multi-tiered nursing programs, which could mutually benefit from each other with implementation of this mentorship project. This proposal serves as an outline for this project. Proposal dated later than January 13th may include revisions to the original plan.

Appendix B – Recruitment Flyer**St. Catherine University Nursing Student-to-Student
Mentorship Program**

- WHO:** Nurse Educator Students mentoring RN to BS students
WHAT: Academic guidance- idea formation, APA scholarly writing, literature searching, research critique, and presentations
WHERE: Email and meetings (library, coffee shops)
WHEN: Spring semester, Courses 3910 and 3920
WHY: Concerned about computer skills, scholarly writing, presentations: HELP and GUIDANCE

Goals:

RN to BS students (mentees):
Success and confidence in completing BS degree.

Nurse Educator Graduate Students (mentors):
Increased experience in nursing education.

Participation:

If interested in participating please email program facilitator:

jkgrooms@stkate.edu

Please describe why you are interested in a mentee-mentor relationship and how you feel this relationship could benefit you.

Thanks for your interest; we're here to help!

Jill Grooms, MSN Nurse Educator Student
Mentorship Program Facilitator

Appendix C – Mentor Resource Guide



St. Catherine Nursing Student-to-Student
Mentorship Program

Resource Guide for MSN Nurse Educator Students
Mentoring RN to BS Students

Spring 2015

Welcome St. Kate's Nurse Educator Students!

The purpose of this guide is to provide a resource tool for the MSN nurse educator student while serving as a mentor for students in the RN to BS degree completion program.

This guide includes general program information: goals and objectives of the program; establishment of the importance of mentoring; the leadership theory and standards which support this program; and the benefits of this program to the participants.

Also included are the program logistics and timeline and ways you may be able to help guide and advise your mentee.

Information on the RN to BS program has been included to help you understand the overall program including the "St. Catherine University Nursing Student-to-Student Mentorship Program" information sheet received by the mentees on orientation day.

The final page is the "St. Catherine University Nursing Student-to-Student Mentorship Agreement" document. This should be utilized at your first face-to-face meeting as a point of discussion and to keep in your records.

Your time and commitment is greatly appreciated!
Please email me with any questions or concerns you may have.

Sincerely,

Jill

Jill Grooms

jkgrooms@stkate.edu

Mentorship Program Information

Goals and Objectives:

This project serves as the scholarly project for St. Catherine University (SCU) MSN Nurse Educator Student, Jillann Grooms. It intends to establish a voluntary mentorship program at SCU between graduate level nurse educator students and undergraduate nursing students, specifically the spring cohort of students in the RN to BS degree completion program. At-risk undergraduate students who may have more difficulties completing the academic portion of their programs will be the focus of this pilot project. The objectives of this program ultimately include:

4. Increasing the success rates of at-risk students
5. Providing experiences for level 3 and level 4 nurse educator students working with at-risk students
6. Fostering SCU's social justice mission and philosophy by increasing diversity in undergraduate program enrollment.

Why is a Mentorship Program Important?

Shortages for both staff nurses and nursing faculty continue to increase (Institute of Medicine [IOM], 2011). With the IOM's call for the RN workforce to be 80% baccalaureate prepared by 2020, nursing programs must look for effective strategies to retain students and assure completion of their degrees (2011). Many internal and external factors contribute to a student's successful completion of their nursing program including a supportive personal and academic environment. Mentorship programs have been shown to be a successful teaching-learning strategy, providing benefits to both the mentee and the mentor. In one study of a mentorship program, undergraduate students reported that having a mentor increased their success in completing their coursework, ultimately leading to increased program retention (Riley & Fearing, 2009).

Theory Supporting Systems Project:

The Servant Leadership Theory (SLT) is characteristic of the nursing education profession as its foundations lie in the application of principles related to empathy, listening, service learning and an overall commitment to the growth of those being "served" (Robinson, 2009). SLT informs the Mentorship Program with consideration of the overall goal of the program. The goal in designing this project is to provide a "service" to both the undergraduate mentees who need additional academic support, and the nurse educator students, who benefit by determining and applying effective strategies that enhance these students' challenging academic needs. Prior to serving as a mentor, nurse educator

students in the mentorship program would benefit from comparing this theory to their own style of communication and applying its main foundational principle of “service first to others.” SLT empowers both the mentor and mentee by establishing a caring, non-judgmental relationship where the mentor’s expertise serves as a collaborative guide in the support of the mentee. As the mentee is guided towards the perception of self-efficacy, quality and improvement issues are resolved, thus supporting the successful completion of the nursing program.

Standards Informing Project:

Three documents have been found that inform and guide this systems project:

1. National League for Nursing (NLN): *The Scope of Practice for Academic Nurse Educators: Competency II: Facilitate Learner Development and Socialization*, specifically the measure that guides the nurse educator to “engage in effective advisement and counseling strategies that help learners meet their professional goals” (2012, p. 16).
2. American Nurses Association (ANA): *Nursing: Scope and Standard of Practice*; “Standard 12: Leadership,” specifically the measure that informs graduate-level prepared nurses to “mentor colleagues in the acquisition of clinical knowledge, skills, abilities, and judgment” (2010, p. 56).
3. American Association of Colleges of Nursing (AACN): “Effective Strategies for Increasing Diversity in Nursing Programs.” guides the enhancement of diversity in the nursing workforce when describing mentoring as “the key to retention” and “mentoring is a key element when attracting new student populations into nursing” (2001, para. 19).

Why Mentor?

Mentorship is fully supported in the literature as a means of providing positive outcomes all involved; from the mentee to the mentor to the nursing program and ultimately for the academic institution. SCU is in the unique position of having multi-tiered nursing programs, which can mutually benefit from each other with implementation of this mentorship project.

Benefits:

For Mentors:

- Enhanced knowledge and skills in handling academic situations surrounding undergraduate nursing students who may be “at-risk” for BS program completion
- Up to 30 practicum hours for fulfillment of required course- NURS 7992: Nurse Educator as Leader
- Resume/Portfolio enhancement
- Personal satisfaction in helping nursing peers

For Mentees:

- Confidence and success in completing RN to BS degree program
- Confidence in current nursing professional role
- Opportunities for increased professional development with completion of program

For St. Catherine Nursing Program:

- Increased retention in undergraduate program
- Potential for increased enrollment in both undergraduate and graduate level courses with marketing of this program
- Support of SCU’s Department of Nursing’s social justice mission and philosophy

Program Logistics and Timeline:

- Five Level 3 and 4 nurse educator graduate students will serve as mentors for RN to BS degree completion program students (mentees) enrolled in the hybrid format.
- Mentees will be introduced to the program on orientation day (January 24th, 2015) by Jill Grooms, program facilitator and on the first day of class (Feb. 4th, 2015).
- Mentees who voluntarily participate will notify program facilitator of interest and goals for program by email (see attached information sheet received at orientation).
- Program facilitator will provide you with mentee contact information after the first class, February 4, 2015.
- Make contact and arrangements for first face-to-face meeting to discuss program and program agreement (see attached)
- Complete pre-program emailed survey; which will be sent out second week of class.
- Mentorship relationship will occur during 1st two RN to BS program courses.
 - NURS 3910: Empirical Foundations – February 4 – March 18th
 - NURS 3920: Professional Nursing: Theories, Concepts and Practice – March 25th- May 12th.
- Course Faculty is William Vanstralen, MSN, RN:
 - wlvanstal@stkate.edu
 - He will email you shortly with course syllabus and assignment information

How will I help?

Guidance and assistance may be needed for the following academic matters:

- D2L navigation and general Word and PPT assistance
- Literature searches utilizing online resources and database guidance
- Research analysis including critiques and matrix guidance
- Idea formation including PICO, reflective papers, general assignments
- Guidance on presentations
- APA formatting
- General needs as indicated by course faculty
- Accessing St. Kate's writing center

Non-academic matters may come up. Your role is not of a therapist, although support and referral to appropriate resources is encouraged. St. Kates offers a multitude of student support and course faculty should be notified for any concerns and referral information (see next page). If at any time, a situation arises that you feel uncomfortable with, please contact course faculty.

St. Catherine University Referral Information:

- O'Neill Writing Center: <https://www2.stkate.edu/oneill-center/home>
- Student Counseling Center: <https://www2.stkate.edu/counseling/home>

References Cited for Mentorship Program Information

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St. Catherine RN to BS Degree Completion Program Information

SCU Undergraduate Nursing Program offers Associates and Diploma educated working nurses a program to complete a baccalaureate degree.

*Here is the info on the website the students receive regarding the program
(Note that this mentorship program involves the **first 2 courses**):*

“You may start the 22-credit nursing sequence in fall (September) or spring (February). To be eligible to start nursing courses, you must have passed the NCLEX-RN exam and have some nursing work experience. To enroll in nursing courses, you must possess and maintain an unencumbered registered nurse (RN) license. You must also have completed:

- At least 82 semester credits in total, including statistics and CORE 2000:
The Reflective Practitioner (or take CORE 2000 with your first nursing courses)

You'll take the following upper-level nursing courses, one concentrated course at a time:

- **3910: Empirical Foundations (4 cr.)**
- **3920: Professional Nursing: Theories, Concepts and Practice (4 cr.)**
- Introduction to Public Health Nursing (3 cr.)
- Population-Based Nursing Practice (4 cr.)
- Leadership and Systems Change (4 cr.)
- Evidence-Based Practice and Outcome Management (3 cr.)”

Additional information about the program can be accessed on the St. Catherine website: <https://www2.stkate.edu/rn-bs/hom>



**St. Catherine University Nursing Student to Student
Mentoring Agreement Form**

We are both voluntarily entering into this partnership. We wish this to be a rewarding experience, spending most of our time discussing developmental activities. We agree that...

1. The mentoring relationship will last until the end of the second course: 3920. This period will be evaluated every few weeks and will end by amicable agreement once we have achieved as much as possible.

2. We will meet at least once by email, phone or face to face at least every 2 weeks. Meeting times, once agreed, should not be cancelled unless this is unavoidable. At the end of each meeting we will agree a date for the next meeting.

3. The aim of the partnership
 - a)
 - b)
 - c)

4. We agree that the role of the mentor is to:

5. We agree that the role of the mentee is to:

6. We agree to keep the content of these meetings confidential.

7. The mentor agrees to be honest and provide constructive feedback to the mentee. The mentee agrees to be open to the feedback.

Date: _____

Mentor's signature: _____

Mentee's signature: _____

Appendix D - Project Timeline

Pre-program: Develop program materials, meet with stakeholders:

- 1) Nurse educator faculty/program co-coordinators: to evaluate the program's components, assure practicum hour allocation requests and provide overall input.
 - a) Approval of practicum hours for leadership practicum hours for participating nurse educator graduate students: Outcome: Up to 30 practicum hours were approved for students in course NURS 7992: Nurse Educator as Leader.
 - b) Agreement to serve as an advisor for project developer and mentors.
 - c) Approval of Mentor Resource Guide Components: Outcome: Approved for distribution to nurse educator graduate student mentors
- 2) Nursing administration to approve overall program components and provide input for implementation.
 - a) Sent email to SCU Dean of Undergraduate Nursing informing her of mentorship project and requesting approval of project. Information included overall program goals, expected outcomes and participant expectations. Outcome: Project approval.
 - b) Sent email to RN to BS faculty and coordinators informing of project and requesting approval of project. Information included overall program goals, expected outcomes and participant expectations. Outcome: Project approval after development of formal proposal.
- 3) Undergraduate nurses and faculty (RN to BS cohort) for mentee involvement.
 - a) Written formal proposal reviewed by nurse educator faculty and RN to BS faculty, revisions finalized and distributed.

- b) Approval of a specific RN to BS cohort involvement by RN to BS faculty and course coordinator.
 - c) Approval and participation in RN to BS program orientation and first class day with recruitment flyer distribution and discussion of program to elicit mentee participation.
 - d) Decision that a pre-program survey is not necessary for program evaluation after discussions with RN to BS faculty.
- 4) Peer nurse educator graduate student: conduct meetings and send emails to recruit mentors.
- a) Email to nurse educator graduate students in leadership practicum
 - i) Nurse educators' program practicum hour requirements will be enhanced with the knowledge and skills needed to assist at-risk students in their future academic as well as staff development nurse educator roles.
 - ii) Nurse educator students who voluntarily participate in this program will be given a self-learning packet/resource guide on their roles and responsibilities as described below.
 - iii) Confirmation of nurse educator students' participation.
- 5) Distribute self-learning packets and begin email communication.
- a) Mentorship Program Guidelines packet developed (name changed from "self-learning packet", approved by nurse educator faculty, RN to BS coordinator and faculty
 - b) Decision made that pre-program survey not essential based on discussion with nurse educator students.
 - c) Seven RN-BS students requested participation and assigned to nurse educator student mentors (Two mentors agreed to work with two mentees).

During Program: Facilitate mentor-mentee relationship

- 1) Communicate with mentors to ensure fulfillment issues including questions about VARK, mentee relationships and issues, and their role as a mentor.
 - a) Face to face meetings and emails with all five mentors every few weeks.
 - b) Email updates with nurse educator faculty and RN to BS faculty.

End of Program: Compile data for evaluation.

- 1) Develop survey on “SurveyMonkey” for participants
 - a) Mentor survey
 - i) 4-5 question Likert scale
 - ii) 1-2 Short answer questions
 - b) Mentee survey
 - i) 4-5 question Likert scale
 - ii) 1-2 Short answer questions
- 2) Include compiled survey information in final paper.
- 3) Share compiled survey information and conclusions with nurse educator faculty, RN to BS faculty and SCU nursing administration. Elicit feedback for future feasibility.
- 4) Include all information in final paper.

Appendix E - Questions/Feedback for Key Faculty Stakeholders

RN-BS Faculty Program Evaluation Questions

1. Was this mentorship program beneficial to your students? If so, please describe how this program may have supported your students.
2. Do you feel there were students in your program that would have benefitted from participating but chose not to?
3. Are there any aspects of the program that you feel promote diversity? For example: students who see themselves as “at-risk” for program completion related to perceived barriers of language, academic preparation, social support etc...have mentor support.
4. Were you surprised by any of your student’s survey results? If so, which ones?
5. Do you feel the time needed by you in this program, as the faculty, was reasonable?
6. What aspects of this program do you feel could be improved?

Nurse Educator Faculty Program Evaluation Questions

1. Was this mentorship program beneficial to your nurse educator students? Is so, please describe how this program may have supported your students.
2. Were you surprised by any of your student’s (mentors) results? If so, which ones?
3. Were you surprised by any of the mentee’s (RN to BS students) results? If so, which ones?
4. What aspects of this program do you feel could be improved?
5. Do you feel the nurse educator graduate student mentors would be helpful working with other undergraduate nursing programs? (AD, BSN day program)?
6. Is the time component for Nurse Educator Program Faculty feasible?, This is estimated to be about 10-20 hours per semester to maintain mentorship program sustainability.
7. Would you recommend that this program continue?

Appendix F – Mentor Program Survey

St. Catherine University Nursing Student Mentorship Program Survey: Mentor

Mentor Survey (Nurse Educator Students)

Please answer the following questions as the mentor in the nurse mentorship program. These responses will be used to evaluate the effectiveness of the pilot program you have been part of this semester. Your answers are completely anonymous. Thank you for your feedback!

1. The mentor role in this program was beneficial for my learning needs as a future nurse educator.

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. My mentee(s) benefitted from this mentorship program.

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. The "Mentoring Program Guidelines" with informal "Mentor/Mentee Agreement", was adequate in preparing me for this mentorship role.

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. The VARK survey, which determined my mentee's learning style, was helpful in directing the guidance I provided.

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. The mentorship program between nurse educator students and RN to BS students should continue at St. Catherine University.

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please rank the identified areas in order of most utilized guidance for your mentee:

<input type="checkbox"/> Writing skills/ Scholarly writing
<input type="checkbox"/> APA formatting
<input type="checkbox"/> Time-management skills
<input type="checkbox"/> Emotional support
<input type="checkbox"/> Literature and research guidance

7. What one aspect of this program would you improve?

8. What one word best describes your experience as a mentor in this program?

Done

Appendix G – Mentee Program Survey

St. Catherine University Nursing Student Mentorship Program Survey: Mentee

Mentee Survey (RN to BS Students)

Please answer the following questions as the mentee in the nurse mentorship program. These responses will be used to evaluate the effectiveness of the pilot program you have been part of this semester. Your answers are completely anonymous. Thank you for your feedback!

1. My mentor supported successful completion of my coursework.

Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. My mentor provided constructive and useful feedback of my work.

Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. I would recommend this mentorship program to future RN to BS students.

Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. My mentor benefitted from our relationship.

Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please rank the identified areas you most utilized for help from your mentor:

<input type="checkbox"/> Writing skills/Scholarly writing
<input type="checkbox"/> APA formatting
<input type="checkbox"/> Time-management skills
<input type="checkbox"/> Emotional support
<input type="checkbox"/> Literature and research guidance

6. What one aspect of this program would you improve?

7. What one word best describes your experience in this program?

Done