



# HHS PUBLIC ACCESS

Author manuscript

*J Nurs Scholarsh.* Author manuscript; available in PMC 2016 May 01.

Published in final edited form as:

*J Nurs Scholarsh.* 2015 May ; 47(3): 258–266. doi:10.1111/jnu.12135.

## Development and Implementation of a Peer Mentoring Program for Early Career Gerontological Faculty

**Ashley Leak Bryant, PhD, RN-BC, OCN<sup>1</sup>, Ab Brody, RN, PhD, GNP-BC<sup>2</sup>, Adriana Perez, PhD, ANP-BC<sup>3</sup>, Casey Shillam, PhD, RN-BC<sup>4</sup>, Linda S. Edelman, PhD, RN<sup>5</sup>, Stewart M. Bond, PhD, RN, AOCN<sup>6</sup>, Victoria Foster, PhD, RN<sup>7</sup>, and Elena Siegel, PhD, RN<sup>8</sup>**

<sup>1</sup>*Gamma Zeta*, Assistant Professor, School of Nursing, The University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

<sup>2</sup>*Alpha Eta*, Assistant Professor and Associate Director, Hartford Institute for Geriatric Nursing, College of Nursing, New York University and James J. Peters Bronx VAMC, GRECC, New York, NY, USA

<sup>3</sup>*Beta Upsilon*, Assistant Professor, Co-Director, Hartford Center of Gerontological Nursing Excellence, College of Nursing and Health Innovation, Arizona State University, Phoenix, AZ, USA

<sup>4</sup>*Omicron Upsilon*, Nursing Academic Program Director, Western Washington University, Bellingham, WA, USA

<sup>5</sup>*Gamma Rho*, Assistant Professor, Associate Director, Education and Practice, Hartford Center of Gerontological Nursing Excellence, College of Nursing, University of Utah, Salt Lake City, UT, USA

<sup>6</sup>*Alpha Alpha* and *Alpha Chi*, Assistant Professor, William F. Connell School of Nursing, Boston College, Boston, MA, USA

<sup>7</sup>*Xi Rho*, Associate Professor, School of Nursing, Clayton State University, Morrow, GA, USA

<sup>8</sup>Robert Wood Johnson Foundation Nurse Faculty Scholar and Assistant Professor, Betty Irene Moore School of Nursing, University of California-Davis, Davis, CA, USA

### Abstract

**Purpose**—In conjunction with the National Hartford Centers of Gerontological Nursing Excellence (NHCGNE), formerly known as the Building Academic Geriatric Nursing Capacity Initiative (BAGNC), the Hartford Gerontological Nursing Leaders (HGNL) developed and executed a program beginning in 2011 to enhance both (a) the experience of newly selected scholars and fellows to the NHCGNE and (b) the ongoing professional development of the HGNL. The purpose of this article is to describe key strategies used to develop and execute the mentoring program and to present the formative and summative program evaluation.

**Design**—The program was launched in January 2011 with seven peer mentor and mentee matches. In June 2012, the peer mentoring committee solicited feedback on the development of the peer mentoring program and changes were made for the subsequent cohorts.

**Findings**—An additional 12 matches were made in the following 2 years (2012 and 2013), for a total of 31 matches to date. We have learned several key lessons from our three cohorts regarding how to structure, implement, and carefully evaluate a peer mentoring program.

**Conclusions**—Informal evaluation of our peer mentoring program noted several challenges for both peer mentors and mentees. Having knowledge of and addressing those challenges may increase the overall quality and effectiveness of peer mentoring programs and, in turn, benefit academic nursing by strengthening the faculty workforce.

**Clinical Relevance**—Findings from development and implementation of a peer mentoring program for gerontological faculty could lead to new and adaptable programs in a variety of clinical and education settings.

### Keywords

Early career faculty; gerontological nursing; Hartford Gerontological Nursing Leaders; mentorship; peer mentoring

---

A mentor is “someone who teaches or gives help and advice to a less experienced and often younger person” (Mentor, n.d.). Traditional mentoring is defined as a hierarchical relationship in which an older or more experienced person provides guidance over a sustained period of time to one younger and less experienced (Berk, Berg, Mortimer, Walton-Moss, & Yeo, 2005; Maas et al., 2006). Mentoring relationships can be formal or informal, and individuals often have more than one mentor throughout their professional career. The mentoring relationship should be both mutually agreed upon (Berk et al., 2005; Maas et al., 2006) and tailored to the expertise of the mentor and the needs of the mentee, which may include role modeling, professional development, and emotional and psychological support (Berk et al., 2005).

Although mentoring has been a common practice for business leaders, it has only recently drawn the attention of academic nursing. Mentoring in academic nursing has gained additional recognition in recent years, especially given the aging faculty population and need to mentor the new generation of nurse scientists. It is now recognized as an essential tool in academia to assist early career faculty in meeting the challenges of maintaining an academic career that involves balancing research, teaching, and clinical responsibilities (Pololi & Knight, 2005). Mentoring can impact the decisions to enter and remain in academic careers and is associated with higher career satisfaction and research success (Bussey-Jones et al., 2006; Sambunjak, Straus, & Marusic, 2006). Mentoring also allows senior faculty to model the professional role, thus socializing mentees to the academic environment, which provides a sense of professional identity and enhances commitment to the profession (Weidman, Twale, & Stein, 2001; Yoder, 1990). Therefore, mentoring indirectly strengthens academic departments by better preparing early career faculty for academic roles and to be actively engaged in mentoring others (Bozionelos, 2004; Morrison-Beedy, Aronowitz, Dyne, &

Mkandawire, 2001). This article describes the development and execution of a peer mentoring program as part of a larger effort to build academic geriatric nursing capacity.

## Background

In 2000, the Building Academic Geriatric Nursing Capacity Initiative (BAGNC) was formed, funded generously by the John A. Hartford Foundation. The initiative made the first call for pre- and postdoctoral applicants to a unique program designed specifically to support 2-year pre- and postdoctoral education for nurses interested in and committed to geriatric nursing (Franklin, Archbold, Fagin, Galik, Siegel, Sofaer, & Firminger, 2011). The program augmented the initial investment by the John A. Hartford Foundation in five Centers of Geriatric Nursing Excellence funded in 2000. These programs combined were known as the Hartford Geriatric Nursing Initiative. Five years later, five additional Hartford-funded centers were added and the Donald W. Reynolds Center of Geriatric Nursing Excellence at the University of Oklahoma also joined the initiative for a total of six centers. In 2012, these programs were folded into the National Hartford Centers of Gerontological Nursing Excellence (NHCGNE) and coordination was moved to the interprofessional Gerontological Society of America. The primary goals of the NHCGNE program were to develop and support nurse faculty with the expertise to educate nursing students in caring for older adults and to develop geriatric nurse scientists and leaders. The NHCGNE program awarded 216 pre- and postdoctoral awards in its first 10 years (Franklin et al., 2011). Over the past 14 years, 280 awards have been granted to 248 individuals through the Patricia G. Archbold and Claire M. Fagin Award Programs, including 172 predoctoral scholar awards and 108 postdoctoral fellow awards. Collectively, members of this program have received over \$72 million in grant support through federal and private funders to improve the health and quality of life of older adults in the first 10 years (Franklin et al., 2011). In 2009, the BAGNC alumni group, now known as Hartford Gerontological Nursing Leaders (HGNL), was formed to provide opportunities to extend the influence of past scholars and fellows through networking to build partnerships for future scholarly endeavors (National Hartford Centers of Gerontological Nursing Excellence, 2009).

### HGNL Peer Mentoring

The HGNL envisions an evidence-based, interprofessional, integrated, healthcare system wherein all older adults are cared for by providers skilled in gerontological health. To support that vision, in 2011 a group of HGNL members formed a peer mentorship committee to develop, implement, and evaluate a mentorship model to enhance the experience of newly selected NHCGNE scholars and fellows through alumni peer mentoring during their 2-year scholarship period. The peer mentorship committee noted the potential to work collectively and collaboratively to support early career faculty, develop joint projects and scholarship, and translate research into action. The program would also offer HGNL members the opportunity to develop leadership skills through working closely with the NHCGNE Coordinating Center leaders and learning how to be an effective mentor by connecting with a new scholar or fellow.

The peer mentoring committee identified value in pairing new scholars and fellows with HGNL “peer mentors” who had themselves been scholars and fellows, particularly those

who were motivated to “give back” to the profession and the NHCNE program. With each new scholar and fellow grantee assigned a senior faculty mentor as part of the NHCNE programs, the role of peer mentoring was intended to complement and not replace that of the senior mentor; the peer mentor role was designed to focus on enhancing the new scholar's personal and professional resources in different ways than a senior mentor could. The timing for peer mentorship was right; having celebrated a decade of achievement, the NHCNE program could draw from a national network of accomplished alumni leaders as a program resource for new grantees. Additionally, we envisioned peer mentoring as an opportunity for us, as alumni, to advance our mentorship skills and provide programmatic support to the NHCNE on an ongoing basis.

Since launching the peer mentoring program, three cohorts of mentorship pairs have been formed for new scholars and fellows, starting in the years 2011–2012, 2012–2013, and 2013–2014. The purpose of this article is to describe the key strategies used to develop and execute the mentorship program and to present the formative program evaluation we used to continually refine the program. This article includes descriptions of stakeholders' input, challenges, and lessons learned, and offers suggestions for adaptability to clinical and educational settings. The program evaluation contained in this article did not evaluate identifiable, private information about stakeholders, mentors, or mentees and was deemed by the University of Utah Institutional Review Board to not meet the definition of human subjects research as defined by the Department of Health and Human Services (45 CFR 46.102(d) and (f); Protection of Human Subjects, 2009).

### What Is Mentoring?

In nursing, mentoring traditionally occurred between faculty and students or senior faculty and early career faculty (Byrne & Keefe, 2002; Yoder, 1990) and focused primarily on leadership. More recently, the focus has shifted toward mentoring nurse scientists (Byrne & Keefe, 2002) as a proposed solution to several issues plaguing academic nursing. The National League of Nursing reported in 2002 that two thirds of current nursing faculty were projected to retire in the following two decades (National League for Nursing, 2006), and mentoring may assist early career faculty to assume leadership roles earlier in their careers. Mentoring may also help early career faculty successfully obtain research funding in times of diminishing funding opportunities.

The faculty shortage and time constraints in academic nursing have led to a lack of suitable senior mentors (Bussey-Jones et al., 2006). These limitations support the need for developing and supporting other types of mentoring relationships, such as horizontal or peer mentoring models, which can supplement or take the place of vertical and hierarchical mentoring models. In academia, peer mentoring occurs when early career faculty form mentoring relationships that are communal and frequently more personal in nature because of shared career and life experiences (Byrne & Keefe, 2002; National League for Nursing, 2006; Welch, Jimenez, Walthall, & Allen, 2012).

There are numerous models of peer mentoring. In academic nursing, tenure-track faculty members have formed peer mentoring groups within an institution to share experiences, form research collaborations, and develop supportive and friendly relationships (Colling,

Grabo, Rowe, & Straneva, 1998; Jacelon, Zucker, Staccarini, & Henneman, 2003). Byrne and Keefe (2002) proposed a “mentoring forward” approach to peer mentoring. In that approach, the traditional hierarchical or vertical mentoring relationship between a senior mentor and early career faculty mentee is carried forward by the mentee in successive peer mentoring relationships. This approach has been found to provide sustainability and increased scholarship productivity in supporting the success of the mentee (Nottis, 2005). This “mentoring forward” model formed the basis for the peer mentoring program developed by the HGNL for the NHCGNE scholars and fellows.

### Development of the Peer Mentoring Program

Two guiding principles informed our approach to the peer mentoring program development. First, we recognized the critical importance of differentiating between this new peer mentoring program (horizontal mentoring) and the formal mentoring program already in existence between the scholars and fellows and their faculty or primary mentors (vertical mentoring). Second, to ensure the program would fulfill the intended need, input from key stakeholders was essential to establishing the program's scope, format, and operations.

**Stakeholder input**—We sought input on the development of the peer mentoring program from three distinct stakeholder groups: (a) key faculty who had served as primary or senior faculty mentors to NHCGNE scholars and fellows, (b) members of the HGNL, and (c) current NHCGNE scholars and fellows. The key primary or senior faculty mentor stakeholders were identified by the NHCGNE leadership. This small group of stakeholders included both faculty mentors who were directors of the Hartford Centers of Geriatric Nursing Excellence and those who were not directly affiliated with one of centers. Table 1 provides questions posed to the stakeholders and an overview of the data collected from these stakeholder groups.

The overarching scope of the HGNL peer mentor role was established based on the input received from stakeholder groups. The peer mentor would serve as a resource for program-focused, process-related issues (e.g., navigating the HGNL leadership conference, understanding general networking strategies) and share personal experiences related to the program and their career (e.g., lessons learned and strategies for maximizing the benefits of the NHCGNE program, life after the program, post-doc, or academic job searches). In addition, two essential program elements were established. First, the peer mentor matching process would be guided by the preferences and expectations of the scholars, fellows, and peer mentors. Second, the scope of the peer mentor role and the mentee–mentor relationship would be cocreated by the scholars and fellows and their peer mentors.

**The peer mentor matching process**—Scholars and fellows, hereafter called mentees, were matched with HGNL members (also referred to as BAGNC alumni) who agreed to serve as a peer mentor based on (a) specific preferences related to content, methodological expertise, or career trajectory; and (b) similar expectations for time commitment and engagement. For the first criteria, mentees were encouraged to use LinkedIn ([www.linkedin.com](http://www.linkedin.com)) and other academic search engines to review potential peer mentor profiles and backgrounds to select three potential mentors for the matching committee to

consider during the matching process. Additionally, mentees in the second and third cohorts of the program were given a peer mentor catalogue to assist with the selection process. The catalogue provided biographical and professional information about the alumni interested in serving as peer mentors.

For the second criteria, potential peer mentors and mentees each identified their preferences for program time commitment and engagement, using the following categories:

- Brief monthly engagement: Emails or phone contacts on a monthly basis to touch base and check in about general issues and questions that require limited time (15–30 min each). Brief monthly engagement was the minimum requirement for participation in the program.
- Moderate monthly engagement: Monthly contacts, including phone meetings and in-person meetings at conferences (up to 1 hr each), plus an occasional email exchange.
- As needed monthly engagement: Monthly contacts, including phone meetings and in-person meetings at conferences (up to 1 hr each), plus phone and email contacts throughout the month as requested by the scholar or fellow.

The peer mentoring committee drafted the matches and confirmed the pairings with the potential peer mentors prior to finalizing the matches. Confirmation with the peer mentor before finalizing the match allowed the peer mentor to express his or her ongoing interest in serving as a peer mentor, ability to fully commit to this role, and express any potential conflicts. The program was launched in January 2011 with seven peer mentor and mentee matches. An additional 12 matches were made in the following 2 years (2012 and 2013), for a total of 31 matches to date.

**Cocreating the Scope of the Peer Mentor Role.** The peer mentor–mentee pairs were expected to cocreate the actual scope of the peer mentor role, with careful attention to clarifying expectations for the relationship and differentiating it from the mentees' relationships with their primary or senior faculty mentors, hereafter called the faculty mentor. The matched pairs were encouraged to engage the faculty mentor in their final discussion regarding setting the scope of the peer mentor role to ensure three-way communication with the goal of clarifying boundaries between the role of faculty mentor and peer mentor and identifying relevant issues and concerns; the purpose of this communication was to limit potential conflicts that might arise as a result of unclear boundaries.

### **Peer Mentor Development**

To facilitate peer mentor development, each peer mentor was provided a copy of Dr. Angela McBride's book (2010), *The Growth and Development of Nurse Leaders*. This book provides an excellent chapter on mentoring. The peer mentoring committee also hosted and facilitated professional development webinars for the peer mentors to advance their mentoring skills and to build a supportive environment. Peer mentors were expected to participate in two webinars per year. The webinars were led by Dr. McBride and focused on mentoring in the 21st century, sustaining optimism, managing anger, and striving for balance. Peer mentors positively evaluated the webinars and consistently requested



additional webinars providing both structured didactic material and opportunities for informally discussing professional issues.

### Program Evaluation

We launched the program and finalized mentor–mentee matches 7 months into the first cohort's program (January vs. the prior July), with 32% of mentees participating in this first round. For the 2012 and 2013 cohorts, mentor–mentee matches occurred at the start of their program, with 92% and 86%, respectively, participation. Both mentees and peer mentors participated in ongoing formative and summative program evaluations. In June 2012, a conference call facilitated by the peer mentoring committee was held with six of the seven current peer mentors. During the call, the committee solicited feedback on the development of the peer mentoring relationships, specifically in relation to (a) time commitment and engagement, (b) clarifying expectations of the peer mentors and mentees, (c) integration and communication with primary or senior faculty mentors, and (d) maintaining confidentiality. Feedback was sought on the peer mentor matching process and plans for peer mentor development through a telephone survey with peer mentors and mentees. The survey questions included: (a) Overall, tell me about your experience in the peer mentor program—how has the program worked for you? (b) What were your expectations of the program at the start? (c) How has the peer mentor program met or not met your expectations? (d) What aspects of the program have been the most challenging? (e) Do you have any suggestions for ways to overcome or minimize these challenges in the future? (f) What aspects of the program have been most beneficial? (g) What suggestions do you have for improving or refining the program? (h) How can the program better support you in your BAGNC experience?

The responses from the survey varied, with the majority of all peer mentors and mentees finding the mentoring relationship to be mutually beneficial. The primary benefits that mentees found from the program included an increase in their professional network, career coaching, and a “sounding board” from a mentor who had recently been in their position and was external to their institution, which provides a different viewpoint from the individual's primary mentor. Most mentors, who tended to be earlier in their career, found the primary benefit of the program to be gaining experience as a mentor where they did not have the full responsibility for the individual, thus allowing them to grow more comfortable in the role. Additionally, they found the additional networking helpful, and it led to future scholarly collaborations.

One area of concern voiced by both peer mentors and mentees was the need to clarify and define the peer mentor role and relationship. Suggestions for refinements included emphasizing the benefits of interdisciplinary and team science, initiating online discussions to share ideas as they relate to teaching innovations and development of scholarship, and providing webinars focused on dealing effectively with stress and time management. This feedback was used in future communication with peer mentors and mentees, matching the later cohorts, and planning future webinars. Other evaluation activities, to date, included one-on-one phone calls and discussions with mentor–mentee pairs. The overall strength and need for the program, to date, is supported by the overwhelmingly high participation rate

and positive comments received during these informal conversations. Formal methods of evaluation are currently underway to fully understand the breadth and scope of the peer mentoring relationship and impact. Evaluation data will be used to improve and strengthen the program.

## Discussion

Although there are multiple definitions of mentoring, the peer mentoring committee collectively agreed that it consists of giving one's time to assist mentees in reaching their full potential. Our peer mentoring program, as well as programs developed by others, has proven to be a successful way of facilitating the professional growth and development of mentees.

## Challenges and Lessons Learned

Informal evaluation of our peer mentoring program noted several challenges for both peer mentors and mentees. Having knowledge of and addressing those challenges may increase the overall quality and effectiveness of peer mentoring programs and, in turn, benefit the academic nursing field by strengthening the nursing faculty workforce.

**Time commitment**—Most peer mentors in our program are faculty in schools of nursing. Most universities articulate what activities constitute scholarly activity, and the work they specify for achieving scholarship varies. Serving as a peer mentor requires a level of commitment and significant expenditure of time and energy that may not be supported by the university.

**Life circumstances**—Although it is possible to carefully select peer mentors and provide support and clear expectations for the peer mentoring relationship, unavoidable situations and life circumstances may challenge the relationship. However, studies have shown that balancing work and personal life is an important topic for mentor relationships (Bussey-Jones et al., 2006). In our program, the peer mentors assisted the mentees with their career objectives, but personal issues were seldom discussed. Life circumstances such as sick children or family members, chronic illnesses, and traumatic events may leave the mentee feeling frustrated, which can lead to unfulfilled career goals. Discussions reflecting work–life integration are often an important element of the mentor–mentee relationship and can be helpful in negotiating changing life situations, and responsibilities when difficult times arise (McBride, 2010). Such a relationship must be bidirectional, and building that trust requires time, patience, dedication, and, to some degree, selflessness. The integration of work and home life can be very difficult, but with successful organizational skills and peer mentor support, it can be done successfully.

**Power differentials**—Peer mentors and mentees had natural power differentials despite the goal of promoting a horizontal relationship. This imbalance of power resulted from major differences among the two groups, such as levels of experience, depth of research knowledge, publication and presentation records, and an established collegial network. By virtue of the peer mentor's greater authority, the mentee was likely to be the vulnerable party when conflicts arose. The mentees are dependent on peer mentors for providing information critical for success in the program, and because of that, they may find it difficult to



challenge peer mentors, although this imbalance of power may be less than in traditional mentoring relationships.

For the mentees' benefit, it is imperative that peer mentors acknowledge this power differential. Successful mentoring relationships are built upon trust, openness to self-disclosure, affirmation, and willingness and skill in giving and receiving feedback (Hnatiuk, 2012). To do so, peer mentors must learn to balance the mentees' independence and their reliance upon the mentors.

**Unfulfilled expectations**—Upon becoming an NHCNE scholar or fellow, each individual must write specific goals and career objectives to accomplish with the funding provided by the John A. Hartford Foundation. The peer mentor and mentee need to be in agreement regarding the HGNL development plan, goals, and objectives. If goals are not met, that may indicate poor organizational and time management skills on the part of the mentee, which can be used as a teaching moment for the peer mentor. It is extremely important that the mentorship relationships have a well-defined timeline. Additionally, the peer mentors found that communication with their mentees was invaluable in maintaining a fruitful mentoring relationship.

**Confidentiality**—In most cases, the mentoring relationship is confidential or private; however, that is never an absolute. The peer mentor's ability to keep information confidential is the foundation for a trusting relationship, wherein the mentee feels secure enough to discuss information open and honestly. Yet situations may arise that require the mentor to have discussions with a third party. Early discussions between the peer mentor and mentee about what information may need to be disclosed may help salvage the mentoring relationship if such a situation occurs. Although we did not experience any troubled working relationships between the peer mentors and mentees, establishing a no-fault agreement terminating the peer mentoring relationship if any occur is advised.

Several challenges in the peer mentoring program have been presented. The source of those challenges may rest with either party, a combination of both, or either's overarching professional or personal context. Although the challenges may hinder the professional development, goals, or career objectives of the mentees, the proposed approaches may minimize their impact. For example, providing clear expectations for each role from the beginning of the mentor relationship can help avoid any role confusion. We might have further clarified that the role of each mentor and mentee would be cocreated, and maybe we could have provided a few examples, since, in retrospect, this cocreation did not necessarily work for everyone. After committee discussion, we decided to emphasize the “cocreation” aspects of the format, placing the responsibility on mentors and mentees to establish the right balance of structure and flexibility based on their individual needs and availability for time and expertise. In terms of structure, we did require clear commitments regarding time for engagement between the pairs, and suggested the cocreation of the mentorship include discussions with the senior faculty mentor. Addressing these issues will have a profound impact on the success of any peer mentoring program.

## Implications for Practice, Education, and Organizations

We have learned several key lessons from our three cohorts regarding how to structure, implement, and carefully evaluate a peer mentoring program. This program is structured for the mentoring of gerontological nursing pre- and postdoctoral students at a national level, but the lessons learned apply equally well to clinical practice, educational, and local or regional programs focusing on early career faculty. How can this program be adapted for your organizational needs?

First, clearly differentiating and delineating responsibilities for the peer mentor and the primary or senior faculty mentor and up-front discussion of these responsibilities with all parties is vital to success. Otherwise, role confusion may occur, potentially leading to mistrust, overlaps in responsibilities that can lead to friction, or conflicting advice that could cause the mentee significant stress and hardship.

Second, clear expectations of the amount, timing, and methods of communication between the peer mentor and mentee are essential. The peer mentor program, as we have envisioned it, provides a secondary outlet for advice to the mentee. The program needs to be cognizant of the needs of the peer mentor and mentee, as they both likely encounter competing demands that often occur when beginning a career. Without setting clear expectations, the relationship will fray should one side seek more time than the other has available.

Third, organizations must ensure that serving as a peer mentor is considered a form of valued service and that the peer mentorship program is acculturated and valued at all levels. For example, if a dean or program director, or an appointment, promotion, or tenure committee do not value the efforts spent on building and maintaining a peer mentorship program, then the lack of external validation may lead the program to become a lower priority for participants, causing it to lose effectiveness and endanger program continuity. Given the shortage of senior faculty in nursing schools, the importance of peer mentorship will only grow over the next decade. The development, implementation, and sustainability of peer mentoring programs have the potential to assist early career faculty's growth into the next generation of senior researchers. Thus, it is in institutions' best interests to support these programs as they grow and provide incentives for participation.

Finally, ensuring an appropriate match is integral to the relationship's success. We took great care to facilitate matches that were appropriate for both the peer mentors and mentees in terms of areas of interest, academic and life experiences, and career goal alignments. We also learned after the first year how to better provide mentees with the backgrounds of the potential mentors and the commitment levels they were willing to make. For future cohorts, when the mentees made selection requests, we could thus attest they were informed and then confirm the potential mentors were willing to take on those particular individuals and the expected time commitment prior to finalizing the match.

A successful peer mentoring program has several benefits for the peer mentor, mentee, and institution. The HGNL peer mentoring program provides peer mentors and mentees with opportunities to build new networks with colleagues across the academic trajectory (i.e., postdoctoral, early career faculty, mid-career faculty, and senior faculty). The program also

assists the mentees in reaching goals and career objectives and supports peer mentors' ongoing professional development. Nevertheless, refinement is needed based on challenges and lessons learned from our cohorts.

## Conclusions

This article has clinical and organizational relevance. All successful mentoring programs require intensive coordination, mechanisms for recruitment, criteria to be used in matching partners, strategies for providing support during mentoring relationship development, documentation of progress and challenges, and evaluation of the results (Gillman, 2006). The peer mentoring model we have developed is less dynamic than vertical mentoring models, and our early evaluation of the program shows promise as an effective approach to supporting mentees. However, having more seasoned investigators working with early career faculty is imperative in bolstering the success of our future gerontological nurse leaders. Working in tandem with traditional models, peer mentoring can provide important supplemental advice, guidance, and unique perspectives on moving forward along career trajectories and contributing to the needed development of nursing's future leadership.

## Acknowledgments

The HGNL Peer Mentoring Committee acknowledges J. Taylor Harden, PhD, RN, FAAN, National Hartford Centers of Gerontological Nursing Excellence (NHCGNE) Executive Director Patricia G. Archbold, DNSc, RN, FAAN, previous NHCGNE Program Administrator Angela McBride, PhD, RN, FAAN, the John A. Hartford Foundation, and Penny Roberts, Program Manager, for their support of the peer mentoring program.

This work has been supported by a 5K12CA120780-07 Paul Calabresi Career Development Award in Clinical Oncology through University of North Carolina Oncology Clinical Translational Research Training Program (Bryant), partial support by the New York University CTSA grant UL1TR000038 and a National Palliative Care Research Center Junior Faculty Career Development Award (Brody), and Robert Wood Johnson Foundation Nurse Faculty Scholar (Siegel).

## References

- Berk RA, Berg J, Mortimer R, Walton-Moss B, Yeo TP. Measuring the effectiveness of faculty mentoring relationships. *Academic Medicine*. 2005; 80(1):66–71. [PubMed: 15618097]
- Bozionelos N. Mentoring provided: Relation to mentor's career success, personality, and mentoring received. *Journal of Vocational Behavior*. 2004; 64(1):24–46.
- Bussey-Jones J, Bernstein L, Higgins S, Malebranche D, Paranjape A, Genao I, Branch W. Repaving the road to academic success: The IMERGE approach to peer mentoring. *Academic Medicine*. 2006; 81(7):674–679. [pii]. 10.1097/01.ACM.0000232425.27041.8800001888-200607000-00020 [PubMed: 16799297]
- Byrne MW, Keefe MR. Building research competence in nursing through mentoring. *Journal of Nursing Scholarship*. 2002; 34(4):391–396. [PubMed: 12501744]
- Colling K, Grabo T, Rowe M, Straneva J. How to develop and sustain a peer-mentored research work group. *Journal of Professional Nursing*. 1998; 14(5):298–304. [PubMed: 9775637]
- Franklin P, Archbold P, Fagin C, Galik E, Siegel E, Sofaer S, Firminger K. Building Academic Geriatric Nursing Capacity: Results after the first 10 years and implications for the future. *Nursing Outlook*. 2011; 59(4):198–206. [PubMed: 21757074]
- Gillman, D. The power of peer mentoring. 2006. Retrieved from <http://www.waisman.wisc.edu/wrc/pdf/pubs/PPM.pdf>
- Maas ML, Strumpf NE, Beck C, Jennings D, Messecar D, Swanson E. Mentoring geriatric nurse scientists, educators, clinicians, and leaders in the John A. Hartford Foundation Centers for

- Geriatric Nursing Excellence. *Nursing Outlook*. 2006; 54(4):183–188.10.1016/j.outlook.2006.05.001 [PubMed: 16890036]
- McBride, A. *The growth and development of nurse leaders*. New York, NY: Springer; 2010.
- Mentor. Merriam Webster Online. n.d. Retrieved from <http://www.merriam-webster.com/dictionary/mentor>
- Morrison-Beedy D, Aronowitz T, Dyne J, Mkandawire L. Mentoring students and junior faculty in faculty research: A win-win scenario. *Journal of Professional Nursing*. 2001; 17(6):291–296.10.1053/jpnu.2001.28184 [PubMed: 11712114]
- National Hartford Centers of Gerontological Nursing Excellence. Hartford Gerontological Nursing Leaders (HGNL) (formerly known as BAGNC Alumni Association). 2009. Retrieved June 26, 2013, from <http://geriatricnursing.org/alumni-association.asp>
- National League for Nursing. Position statement. New York, NY: Author; 2006. Mentoring of nurse faculty. Retrieved July 5, 2014, from [http://www.nln.org/aboutnln/PositionStatements/mentoring\\_3\\_21\\_06.pdf](http://www.nln.org/aboutnln/PositionStatements/mentoring_3_21_06.pdf)
- Nottis K. Supporting the mid-career researcher. *Journal of Faculty Development*. 2005; 20(2):95–98.
- Pololi L, Knight S. Mentoring faculty in academic medicine. A new paradigm? *Journal of General Internal Medicine*. 2005; 20(9):866–870.10.1111/j.1525-1497.2005.05007.x [PubMed: 16117759]
- Protection of Human Subjects, 45 Fed. Reg. 46; subpart A. Jul 14. 2009 Retrieved June 27, 2014, from <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>
- Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: A systematic review. *Journal of the American Medical Association*. 2006; 296(9):1103–1115.10.1001/jama.296.9.1103 [PubMed: 16954490]
- Weidman JC, Twale DJ, Stein EL. Socialization of graduate and professional students in higher education: A perilous passage? ASHE-ERIC Higher Education Report. 2001; 28(3) Retrieved July 5, 2014, from <http://eric.ed.gov/?id=ED457710>.
- Welch JL, Jimenez HL, Walthall J, Allen SE. The women in emergency medicine mentoring program: an innovative approach to mentoring. *Journal of Graduate Medical Education*. 2012; 4(3):362–366.10.4300/JGME-D-11-00267.1 [PubMed: 23997883]
- Yoder L. Mentoring: A concept analysis. *Nursing Administration Quarterly*. 1990; 15(1):9–19. [PubMed: 2234538]

### Clinical Resources

- ConsultGeriRN.org: [http://consultgerirn.org/resources/hartford\\_geriatric\\_nursing\\_initiative\\_hgni/](http://consultgerirn.org/resources/hartford_geriatric_nursing_initiative_hgni/)
- The John A. Hartford Foundation: <http://www.jhartfound.org/grants-strategy/nursing-education/>
- National Hartford Centers of Gerontological Nursing Excellence: <http://www.geriatricnursing.org/>

**Table 1**  
**Questions and Summary of Stakeholders' Input**

Stakeholders	Questions	Data collection	Results
Key primary or senior faculty mentors	<ol style="list-style-type: none"> <li>1 How can BAGNC alumni peer mentoring best support BAGNC scholar or fellow program experiences and their professional development?</li> <li>2 How can BAGNC alumni peer mentors best support primary mentors in their mentorship of BAGNC scholars or fellows (i.e., to what extent do you envision a BAGNC alumni peer mentor working in conjunction with or complementing the mentorship provided by the primary mentor) ?</li> <li>3 Are there any other aspects of a BAGNC alumni peer mentor role that you would like us to consider?</li> </ol>	Short questionnaire via email. BAGNC leadership provided the peer mentoring committee a list of key informants, which included a diverse group of leaders—mentors of Hartford Centers and those not affiliated with Hartford Centers.	Perspectives regarding peer mentoring—as a concept—were supported and served as a guide during program formation. 6 contacts, 3 responses.
Current scholars or fellows	<p>Topic #1: Scope of the peer mentor role, including boundaries            What are the essential core elements of the peer mentoring program that should be formalized into guidelines for both the peer mentor and new scholar or fellow?            What are the major concerns regarding peer mentor or BAGNC mentor boundaries and what guidelines should be established to ensure clear boundaries?            Topic #2: Peer mentor-mentee matching criteria            What are the essential criteria that should be considered when matching peer mentors with scholars or fellows?            What are the challenges that peer mentoring pairs might encounter and how can these potential challenges be proactively addressed?            Topic #3: Peer mentoring format: one-on-one, group, blended            What are the benefits and challenges associated with the following three mentoring formats: one-to-one, group, blended?            What other formats should be considered for the peer mentoring program?            Topic #4: Peer mentor program evaluation: short-term, long-term            Measuring program success: what are the short-term and long-term measurable goals for this program?</p>	A 1-hr facilitated session with ~100 attendees who were in small working groups. Focused on scope of the peer mentor role, including boundaries, matching criteria, format (i.e., one-on-one, group, or blended), and short-term and long-term goals for later evaluation.	Collected a wide range of perspectives on preferences for the program, scope, and format. Two themes emerged from the session: (a) interest in cocreation of the peer mentee-mentor relationship; and (b) concerns about the matching process. The committee reviewed the findings and determined a program direction consistent with the overarching program goals and input from other stakeholder groups.
HGNL (alumni of the BAGNC programs)	<p>Reflecting on your experience as a new BAGNC scholar or fellow:</p> <ol style="list-style-type: none"> <li>1 What were you most unsure of when beginning the program?</li> <li>2 What were a few of the questions you most wanted to ask?</li> <li>3 How could an alumni peer mentor have been helpful to you?</li> </ol>	BAGNC Alumni Survey was sent to ~200 members and 100 responses were received. Email with specific criteria for participation and levels of participation (i.e., high, medium, low) were sent to 171 alumni who were not members of the peer mentoring committee, with 12 returned for incorrect addresses and at least 1 duplication.	High interest in participation expressed. Varying levels of participation desired. A total of 47 responses were received, including: interest in participating (34); possible participation (3); and not available at this time (12).