



## The Power of Mentoring

Caring mentors who provide encouragement and support can help nurses navigate the challenges of working in a hospital setting. A mentor is a good listener, someone who can offer advice and friendship in a trusted relationship.

Mentoring offers nurses the opportunity for:

- professional and personal satisfaction
- socialization
- career growth including certification
- increased knowledge and understanding of shared governance
- new challenges and opportunities

Mentors are often surprised by how much they also will benefit from the relationship.

## The Difference Between Mentoring and Precepting

### **Precepting**

When a nurse is hired or transfers to a new unit, they are intentionally paired with a trained preceptor for a set amount of time. This time is usually referred to as orientation and often is extended for new graduate nurses. The purpose of orientation is to introduce the new hire to policies, procedures and the social milieu of the hospital and to ensure competency with skill sets so that safe, competent care is delivered. The preceptor and the precepting process are the keys for success. The preceptor has many roles with the new hire that include being a role model, educator, socializer, friend and confidant. Preceptors model new skills, observe and help the new nurse with these skills and evaluate the new nurse accomplishing these skills. For example, the preceptor will explain the policy on what is documented, how to do it and then demonstrate documenting on a particular matter such as pain assessment. The preceptor will then observe the preceptee with this process and evaluate his or her competency to do this task independently. Precepting usually involves an intense time commitment and has well-defined outcomes. The formal precepting relationship ends with the completion of orientation, although the relationship may continue.

### **Mentoring**

Ideally, after a nurse completes orientation, they will be mentored. Mentoring may be a formal or informal process that works best when it is intentional. The purpose of mentoring is to encourage, support and guide nurses in their positions so that they will continue to grow personally and professionally. Mentors are coaches, advisors, friends, cheerleaders and counselors. Mentors are not responsible for the nurse's day-to-day activities or for solving problems. Mentors do not evaluate the mentee and should have no direct link to the mentee's supervisor. Mentors generally do not teach specific position-related skills or tasks. Mentors offer a nonjudgmental listening ear for the mentee. Depending on what the mentee needs and desires, the mentor may help with continued socialization within the institution, communication issues, career goals and problem solving. Through their own experiences and expertise, mentors can help the mentee determine what steps to take and appropriate resources. The mentoring relationship is built on trust and is confidential. A formal mentoring relationship is usually time limited and ranges anywhere from six months to a year. However, some mentoring relationships become life-long.

## About the Nurse Mentoring Toolkit

The Nurse Mentoring Toolkit is designed for use by nurses in a hospital setting and can be used in new or established mentoring programs. Included in this toolkit are resources that support the roles of the mentor

program coordinators, mentors and mentees. Best practices, questions to jump start discussions, resources, checklists and activities are included in this practical, how-to mentoring guide.

The toolkit was developed by the Health Alliance of MidAmerica LLC — a local office of the Kansas and Missouri hospital association — as part of a OneKC WIRED (Workforce Innovation to Regional Economic Development) grant in conjunction with members of the Collegiate Nurse Educators of Greater Kansas City and Kansas Area Nurse Executives.


## Mentoring Toolkit Overview

The toolkit is divided into 12 major sections. The first two sections are designed for the mentors and include:

**Section 1: Introduction** — Basic intent and overview of the toolkit.

**Section 2: Keys to a Successful Mentoring Relationship** — Section 2 is unlike the other sections in this toolkit as it is written for the mentor and is not to be used with the mentees. The goal of this section is to prepare mentors for the journey ahead with the mentees.

Sections 3-10 are for the mentors to use with the mentees. Each of these sections include the introduction page (which states the purpose, perspective, how to prepare for this topic, tools included and pointers), discussion starters, the actual tools, handouts and resources.

Handouts and tools that are intended for the mentee are designated by this star (  ) in the top right corner.

Below is a summary of sections 3-10:

**Section 3: Getting Started: First Meeting Guide and Setting Goals\*** — The intent of the first two meetings is to start to build trust between the mentors and mentees, to determine clear expectations and to establish a plan for future meetings based on the mentees' goals. Ideally the mentees will start to develop general goals by the end of the second meeting.

**Section 4: Current Role** — Use this section to explore the mentees' current position with a focus on their job satisfaction, workplace engagement and empowerment. The goal for the mentees is an increased understanding of their current position resulting in increased effectiveness.

**Section 5: Understanding Self and Others** — This section provides a knowledge base for the mentees to better understand themselves and others as they grow in their role as a nurse.

**Section 6: Communication** — With a focus on effective communication skills, this section has a dual purpose: 1) to support the mentors' ability to work with mentees and 2) to strengthen the mentees' communication skills. This section includes tips and concrete examples to assist in the art of effective communication.

**Section 7: Problem Solving** — This section is designed to help mentees learn to problem solve and practice conflict management in the daily work environment.

**Section 8: Time Management** — It is a positive experience when mentees feel they have accomplished what needs to be completed during their shift. The purpose of this section is to assist mentees to learn how to manage their time.

**Section 9: Leadership** — This section will help mentees gain a better understanding of leadership and workplace dynamics. With knowledge and awareness based on realistic expectations, mentees will be able to build optimal work relationships. Mentees can also use the tools to assess their ability and desire to be a leader.

**Section 10: Career Development** — This section helps mentees develop a better understanding of the meaning of *professionalism* in nursing. This section is also a guide to nursing certification and advanced educational opportunities.

\*It is best to start the mentor/mentee relationship with information found in Section 3: Getting Started. After this the mentors can go to any of the other sections depending on their mentees' goals and/or topic of discussion for the day. In other words, the sections do not need to be completed in any set order.

**Section 11: References and Resources** — Complete list of the references that were cited for each section, as well as additional resources on mentoring programs and useful Web sites.

**Section 12: Your Tools** — This open section is included so mentor coordinators or mentors can add materials and resources that are appropriate for the hospital and mentees.

### **For New and Existing Mentoring Programs**

The References and Resources (Section 11) contains resources for beginning a new mentoring program, including information on best practices in mentoring. This toolkit is designed to be an adjunct to on-going and established programs.

Not every hospital has a formal mentoring program. Nurses who want to mentor other nurses outside of a formal mentoring program are encouraged to use this toolkit as a resource.

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