



MANAGER GUIDELINES

Implementing the Nurse Mentorship Program



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg

The Nurse Mentorship Program is a provincial initiative owned by Shared Health and operated at a regional level. These guidelines are intended for use by Winnipeg Regional Health Authority employees only.

The spirit of mentoring

When the mentee speaks with a voice of doubt,
the mentor engages the voice of knowledge.

When the mentee speaks with the voice of fear,
the mentor engages the voice of courage.

A mentoring relationship fans the flames of
passions and dreams.

Introduction

Nurses progress from novice to expert at various stages of their careers: From an undergraduate nursing employee, to a grad nurse and finally to their professional practice in their RN/RPN/LPN role.

A novice nurse is one who has recently completed formal education but benefits from additional supports to transition to expert. During this transition period, a novice nurse requires the guidance of others to learn how to apply theoretical knowledge to real life clinical experiences.

Helping novice nurses develop new skills, overcome obstacles and integrate into the workplace is crucial. Research shows that an effective integration into the workplace can aid in recruitment, job satisfaction and promote retention. An essential part of this integration includes mentorship. Mentoring not only facilitates best clinical practices and professional growth for the mentee, but the mentor must remain current with policies and practices to best guide the mentee, making it a mutually beneficial relationship. This can be a formal or informal arrangement.

A mentorship arrangement for a new nurse is defined as support between a competent nurse (mentor) and a novice nurse (mentee). In developing a mentorship relationship, it is important to develop goals and objectives. A formalized mentorship is not precepting and does not take the place of the manager or staff responsibilities in providing orientation and other education. It is intended to be adjunctive with all partners working collaboratively to transition the novice nurse to that of a competent or expert nurse in their chosen area.

Not every novice nurse will be receptive or benefit from formal involvement in a mentorship program, nor will every experienced nurse possess the skills and attributes to be a mentor.

Once the determination is made that a mentee would benefit from a mentorship relationship, this document serves as a guide to assist managers in implementing the mentorship program.

The novice nurse is defined as a beginner with no experience of the situation in which they are expected to perform.

The advanced beginner nurse is defined as one who can demonstrate marginally acceptable performance and who has coped with enough real situations to note the recurring meaningful situational components.

The competent nurse is defined as one who has gained two to three years of experience in the same work area or in similar day-to-day situations. Nurses who are proficient view situations as a whole instead of parts and use maxims to guide their performance.

The expert nurse is one who has a deep connection and understanding of the situation. The gradual progression of the nurse through the stages of clinical competence constitutes a theoretical framework for understanding the mastery levels of practicing nurses and their ability to make clinical decisions.

New nurses face a stressful transition to practice, particularly in times of nursing shortages. Mentorship is a tool that can be utilized. The absence of a supportive relationship built through mentoring can lead to professional complications, such as poor clinical skills and lack of effective communication skills. Developing a comprehensive mentorship program adds a tool that can enable us to grow and retain our workforce.

Definitions

It is important to differentiate between the various supports available, all of which have an important but distinct role in nursing development.

Clinical Orientation

The goal of clinical nursing orientation is to ensure that orientees receive consistent information regarding policies, procedures, standards, documentation, and safety requirements to support practice and familiarize them with the employer's/unit's mission, values, goals, and organizational structure.

Preceptorship

Newly graduated nurses taking on their first clinical role need support and guidance to help them through the transition to independent practice. Nurse preceptors can provide the support and assistance that novice nurses need. Nurse preceptors use evidence-based practices to help new nurses by providing useful feedback, setting learning objectives, teaching hospital protocols, and encouraging critical thinking. Preceptor relationships have been found to support the next generation of nurses. Good preceptors are actively engaging, open to questions, patient, and understanding.

Preceptorship provides the opportunity for students to transition into the practice environment and bridge the gap between nursing theory and clinical practice.

A preceptor assists with vital skills and information, such as setting goals for assignments, implementing a learning plan, teaching time management, and other adjustments to the new role. An effective preceptor needs to be capable of: assessing the learner's needs and setting goals; evaluating clinical competence and documenting learning and clinical progress; and teaching and promoting clinical knowledge, critical thinking, and problem solving.

Mentorship

Mentoring is a voluntary, mutually beneficial, and long-term relationship where an experienced and knowledgeable leader (mentor) supports the maturation of a less experienced nurse with leadership potential (mentee).

Selection of Mentors

While mentors are ideally self-selected, managers play a key role in the development and implementation of the Nurse Mentorship Program.

- Managers approach and inform new graduates upon hire that they are eligible to be assigned a mentor.
- Managers discuss the benefits of mentorship with their nursing staff utilizing standardized information developed for this purpose.
- Managers ask nurses to identify if they are interested in acting as a mentor.
- Managers approach nurses that they believe would be good mentors and encourage them to become mentors.
- Managers confirm that those who self-select possess the necessary skills and attributes to be successful as a mentor.

Information about the benefits of mentorship are included on posters, information sheets, a presentation for managers and the Winnipeg Health Region's Nurse Mentorship Program website.

Remember, the key to mentorship success is the relationship between the mentor and the mentee. This relationship must be positive and built on mutual respect, trust and comfort in the ability to guide, listen and learn.

Characteristics of a Good Mentor

- ✓ Active listener/sounding board
- ✓ Flexible
- ✓ Value diversity of perspectives
- ✓ Knowledgeable
- ✓ Nonjudgmental
- ✓ Honest and sincere
- ✓ Eager to learn
- ✓ Able to network and find resources
- ✓ Able to give constructive feedback
- ✓ Calm in the face of increased pressure situations
- ✓ Model excellence in professional practice
- ✓ Willing/able to devote time to developing others
- ✓ Open, approachable and patient with exceptional written and verbal communication skills
- ✓ An experienced nurse who engages with a mentee for the purposes of fostering their learning growth and advancement

To further assist in selecting a mentor, consider the following questions:

- 1 Does the mentor consistently demonstrate effective, positive communication skills? Are they a consistent informal leader for staff?
- 2 Does the mentor display a commitment to nursing, the profession, and inter-professional practice? One who consistently exercises good judgment, skill and caring in the domain of their practice?
- 3 Is the mentor a “team player” and natural leader? Are they credible and respected by colleagues, patients and supervisors?
- 4 Does the mentor demonstrate critical thinking by challenging ideas, knowledge, and practice? Do they remain current with latest evidence, research and best practices and display “clinical curiosity”?
- 5 Does the mentor remain calm and controlled in situations where there is increased pressure and/or instability?
- 6 Does the mentor demonstrate a respectful attitude to colleagues, patients, families, and learners?
- 7 Would trust be established quickly and will they commit to the time it takes to establish a mentoring relationship? Would the mentor nurse demonstrate respect for the mentee and enhance the practice environment?
- 8 Is the mentor willing to socialize the mentee to the workplace culture?

Once a potential mentor is identified (self-selected or selected by a manager), schedule a meeting to discuss this opportunity further.

Determining Mentorship Eligibility

It is important that nurses understand the benefits of being a mentor and the impact it has on the mentee, practice area, site, program, organization, region and the mentors themselves.

Mentors can expect to expand their connections and networks, and experience the satisfaction that comes from assisting and watching others grow and learn. Mentors are role models and, as such, they will typically experience a feeling of being valued and a sense of increased job satisfaction. Mentors can find fulfillment in seeing novice nurses develop confidence and competence in their new role.

The next step is determining how or if a novice nurse would benefit from mentorship. If the nurse has past health care experience (e.g. previous nurse experience, position as HCA, had a student rotation), their needs may differ from someone who is completely new to health care, the area or region. It is important that the manager discuss what mentorship is with the mentee and how it could assist in their transition. Mentorship is an adjunctive component of the integration into the unit, program or region. The manager, charge nurse, clinical resource nurse and clinical educators play important roles in the other domains. Mentorship is intended to nurture the mentee by providing support, encouragement and a safe relationship to provide feedback.

Each mentorship relationship is unique and developed with SMART goals and objectives:

- **Specific**
- **Measurable**
- **Attainable**
- **Realistic**
- **Time-bound**

It is the manager's responsibility to support the program and ensure the relationship is productive.

Screening and selection of mentors beforehand saves time in trying to match a mentor with a mentee and contributes to the success of the relationship. If there is a connection between the two, then the relationship should be easy to establish and is not forced. Mentors will be creative in finding ways to consistently connect with mentees through texting, phone calls, virtual meetings, group chats, coffee dates, etc.

Mentors require orientation and education around the concept and role of mentorship.

Mentorship Assessment Worksheet

Name of potential mentee: _____

Name of manager conducting assessment: _____

Review the benefits of mentorship with the potential mentee.

Benefits of Mentorship

- ✓ Professional growth
- ✓ Professional accountability
- ✓ Interprofessional practice
- ✓ Team dynamics
- ✓ Delegation
- ✓ Leadership

Use the following worksheet to determine if there is a need and desire to establish a mentorship relationship.

Questions for Potential Mentee	Yes / No
Do they feel they would benefit from a mentorship relationship?	
Do they have past experience in the facility or on the unit?	
Do they have recent healthcare experience?	
Did they complete a senior practicum on the unit?	
Did they work as an Undergraduate Nursing Employee?	
Are they willing to work with a mentor?	

Determine the timeline for mentor selection and mentorship program scheduling

Selection & Scheduling Plan	Date
Manager makes mentor selection	
Manager conducts initial meeting with mentor	
Mentor/mentee introductory meeting	
Manager conducts individual follow-up fit assessment with mentor and mentee	
Manager conducts regular touchpoint meetings with mentor and mentee (determine frequency of touchpoints)	
Manager conducts closure and experience evaluation	

Creating a Mentorship Relationship

Once the mentorship has been initiated, the mentor will work with the mentee to determine the goals and objectives of the mentor/mentee relationship.

To avoid overlap in responsibilities, it is important to differentiate between the responsibilities of the manager, clinical resource nurse/clinical educator and the mentor. It is also important to recognize that each mentorship arrangement should be individualized with the mentee nurse and that this document can be shared with the manager, clinical resource nurse and educator. The mentor is not the evaluator. It is important to make the distinction between a mentor who provides guidance and support and those who formally evaluate. It is important to make the distinction between a mentor who provides guidance and support and those who formally evaluate.

The mentor's role is to support the mentee in their maturation as a nurse. While the mentor is a non-evaluator, it is important for the mentor and mentee to set objectives for the relationship that will assist the mentee in transitioning from novice nurse to competent nurse and to ensure that the objectives are met:

The formal mentorship relationship is anticipated to be in place for a period of approximately six (6) months. That does not limit the mentor and mentee from continuing an informal mentorship relationship beyond six months.

Prioritization:

Assisting to review workload when invited to do so and in the assessment of prioritizing tasks.

Organization:

Assisting in planning the day with the assignments, skill consolidation, mastering the work schedule, how to do a shift swap, etc.

Working with physicians and other team members:

When to call, who to ask, what to ask, how to develop the relationship, etc.

Imparting knowledge:

"This has worked for me in similar situations," guiding decision making, problem solving, suggestions for charting, etc.

Resources:

What resources are available, how to access, who you ask.

Emotional intelligence:

Understanding self, management of self, understanding and managing others, conflict resolution, relating to patient, resident, client, family, delegation, working with interprofessional team.

Critical thinking:

Analysis, reasoning, inference, interpretation, knowledge, and open-mindedness to impart judgement in clinical decisions.

Objectives Measurement

Once the mentorship has been initiated, the mentor will work with the mentee to determine the goals and objectives of the mentor/mentee relationship.

Mentorship is one component of an integrated approach to easing the transition from novice nurse to a competent nurse. The relationship is structured with stated goals and objectives but the manner in which they are met is flexible and based on the needs identified by the mentor and mentee. The manager will regularly review the goals and objectives of the mentorship arrangement with the mentor and mentee. This would include, but not be limited to, the goals and objectives noted in the table below.

The mentee will self-evaluate their comfort level at the commencement of the mentorship relationship.

A similar self-evaluation will also occur at the mid and end points of the formal mentorship relationship. The mentor may also choose to participate in this evaluation if the mentor and mentee agree.

At the conclusion of the formal mentorship relationship, a meeting will be held with the manager, mentor, and mentee to review the goals and objectives. The manager will evaluate the effectiveness of the relationship. In many instances when done well the mentor and mentee form a bond that lasts far beyond the official mentorship period, and often the mentee will in turn mentor new staff.

In order to ensure continuous improvement of the mentorship program, the mentor will be asked to complete an evaluation at the conclusion of the formal mentorship relationship identifying what worked well, what portions of the program could be improved and whether they would recommend mentorship to other nurses.

Objectives Worksheet

Mentees should use this objective worksheet to self-evaluate their comfort level at the beginning, three (3) months in, and once more at the end of the formal mentorship relationship.

Name of mentee: _____ Name of mentor: _____

Measurable Objective	Start Date	Score (1-5)	Mid Date	Score (1-5)	Final Date	Score (1-5)
Metrics scores: 1 - rarely 2 - some of the time 3 - consistently 4 - most of the time 5 - always						
Prioritization: Assisting to review workload when invited to do so and in the assessment of prioritizing tasks.						
Organization: Assisting in planning the day with the assignments, skill consolidation, mastering the work schedule, how to do a shift swap, etc.						
Working with physicians and other team members: When to call, who to ask, what to ask, how to develop the relationship, etc.						
Imparting knowledge: "This has worked for me in similar situations," guiding decision making, problem solving, suggestions for charting, etc.						
Resources: What resources are available, how to access, who you ask.						
Emotional intelligence: Understanding self, management of self, understanding and managing others, conflict resolution, relating to patient, resident, client, family, delegation, working with interprofessional team.						
Critical thinking: Analysis, reasoning, inference, interpretation, knowledge, and open-mindedness to impart judgement in clinical decisions.						

Appendix

While this program is intended to provide guidance in developing a formal mentorship relationship for new graduates, the opportunity also exists to mentor experienced nurses in a new position or new role, who have changed their practice environment or moved to a new location. The Memorandum of Understanding Re: Mentorship in the MNU Collective Agreement only applies to new graduates. That does not prevent an experienced nurse in a new environment from requesting a mentor. However, that arrangement would not fall within the perimeters of the Collective Agreement and would be compensated on a non-monetary basis.

Mentors participating in a formal mentorship arrangement will be compensated as per MNU Collective Agreement.

Memorandum of Understanding No. 17. Re: Mentorship

The Employer and the Union acknowledge that Mentorship is every nurse's professional responsibility. In the case of new Graduate Nurses, a more intensive approach to mentorship may be warranted.

The Employer and the Union believe that Mentorship of new Graduate Nurses is necessary and important and will facilitate transition from the student role to the practicing professional role and build a culture of support that will foster the retention of new Graduate Nurses. Further, the Employer and the Union recognize that this may be accomplished in a variety of ways dependent on the unique circumstances and demographics of each workplace. Mentoring may represent an opportunity for late career nurses who are interested in imparting their experience and knowledge.

For the purposes of this Memorandum of Understanding, a "Mentor" is defined as an experienced Registered Nurse, Registered Psychiatric Nurse or Licensed Practical Nurse engaged in a formal relationship of a determined length with a new graduate nurse(s) in order to assist the graduate nurse(s) in successfully adjusting to the working environment and performing her/his new role as a professional nurse.

Prior to the commencement of a mentorship relationship, the Employer and the nurse will discuss work assignment adjustments required in order for successful mentorship completion.

The Employer will identify attributes required for a mentorship role based on leadership skills, clinical expertise, professionalism, interpersonal skills and advocacy of the nursing profession.

A Registered Nurse or Registered Psychiatric Nurse or Licensed Practical Nurse shall receive an additional \$0.70 per hour for each hour assigned by the Employer as a mentor.

References

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- Olorunfemi Olaolorunpo. (2019). Mentoring in Nursing: A Concept Analysis. *International Journal of Caring Sciences*, 12 (1), p. 142–48. Professor Despina Sapountzi-Krepia, Publisher of the International Journal of Caring Sciences.
- WRHA document. (2008). Operationalizing the MNU Mentorship Clause: An Integrated Approach to New Graduate Development in Nursing.

The College of Registered Psychiatric Nurses of Manitoba

- <https://crpnm.mb.ca/about-rpns/entry-level-competencies/>

College of Licensed Practical Nurses of Manitoba

- <https://www.clpnm.ca/wp-content/uploads/2022/07/Entry-Level-Competencies-2022.pdf>
- <https://www.clpnm.ca/standards-in-focus-mentorship/>

College of Registered Nurses of Manitoba

- <https://www.crnmb.ca/resource/entry-level-competencies-elcs-for-the-practice-of-registered-nurses/>
- <https://www.crnmb.ca/2020/08/06/practice-expectation-spotlight-mentorship/>



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