

MENTORING ASSESSMENT

FELLOWS OF THE
AMERICAN ACADEMY OF NURSE PRACTITIONERS
INVITATIONAL THINK TANK

MAY 2, 2006

In conjunction with its focus on mentoring, the Fellows of the American Academy of Nurse Practitioners sponsored a Think Tank on May 2, 2006 to explore the concept of mentoring with nurse practitioners outside the framework of the Fellows network. Representatives of Group members of the Academy and leaders from other national nurse practitioner organizations were invited to participate in a one day Think Tank in Washington, DC to consider the mentoring needs of three groups of nurse practitioners: students, recent graduates and seasoned nurse practitioners. Participating in both large and small group discussion, the participants made the following observations and recommendations.

Student mentoring needs: Participants of the think tank identified 5 areas where nurse practitioner students need the guidance of a more experienced nurse practitioner or nurse practitioner student.

- 1. Adapting to the student role**
- 2. Functioning in the clinical role**
- 3. Managing information overload**
- 4. Juggling student and family/personal responsibilities**
- 5. Reducing stress and preventing burnout**

In dealing with these issues three groups were identified that could provide mentoring to students in the school/clinical environment: peers; faculty and preceptors

Peers can serve as sounding boards, and provide structured and unstructured support during the student's enrollment in the program. Both formal and informal programs could be developed with more experienced students serving as mentors to less experienced student within nurse practitioner programs. Role modeling, study guidance, availability to assist students adapt to the classroom and clinical situations. Social interaction and personal support in both formal and informal programs also were suggested to deal with the five issues on an interpersonal one to one or group basis.

Faculty can mentor by serving as professional role models, being available to provide guidance in managing the application of knowledge to the clinical environment (e.g. bridging the gap or disconnect between class content and clinical exposure), assisting the student to meet learning needs by guiding clinical experiences, and helping students cope with stress and issues of burnout. It was suggested that good mentoring included faculty guidance of preceptors, non nurse practitioner faculty and adjunct faculty who work with students and not just one on one or group activities with the students themselves; that mentoring can take place in seminars and on site visits as faculty guide students to clinical competence within their program of study. It was also suggested that mentoring included making the correct clinical matches for students as they move through the program.

Preceptors also mentor by serving as professional role models, and by helping students to develop critical thinking skills through interaction and guidance in the clinical sites. Mentoring, it was felt, extended to providing students enough time to utilize skills and critical thinking appropriately in the care of their patients. Faculty can assist preceptors to be better mentors by preparing them for their role, and sharing the objectives for the students. Preceptor mentoring

may overlap with the precepting role. Mentoring at this level allows for one on one or group interaction to prepare the student for life in the “real world” of practice.

New Graduate Needs Participants of the Think Tank identified 7 of new graduates that could be assisted through mentoring:

- 1. Time management and productivity**
- 5. Managing caseloads of patients**
- 3. Developing Clinical Skills**
- 4. Overcoming fear and Anxiety**
- 5. Dealing with isolation**
- 6. Grasping the business aspect of practice**
- 7. Balancing clinical practice with personal responsibilities**

In dealing with these issues, three groups of people were identified that could mentor the new graduate: faculty, graduates with a year or two of clinical experience; nurse practitioners with many years of experience.

Faculty: The concept of faculty mentoring, actually reflects back to preparing students for the “real world” of practice by including health policy and business knowledge in curriculums in order to prepare the new graduate for functioning in a real practice environment.

Graduates with one-two years of experience: Participants felt that developing mentoring programs through nurse practitioner organizations or in areas of employment to give guidance to new graduates would function in a manner similar to the peer mentoring process discussed in the section on students. Graduates with one or two years of experience would still remember their own anxiety and inexperience, and thus be able to reassure and guide new graduate in their own experiences. Again, either through formal programs in the worksite, or informal programs through local, state or even national nurse practitioner organizations. Recent graduates can provide knowledge, guidance and reassurance in all of the listed areas of need. Serving as sounding boards, guiding new graduates to resources for gaining knowledge (Hippocrates and IPODs were suggested as examples of resources for new graduates), reinforcing clinical practice and bringing them into the professional circles for nurse practitioners in both formal and informal programs sets the stage for mentoring the new graduate in this venue.

Seasoned Graduates. Seasoned graduates could likewise serve as mentors, particularly in the area of clinical practice and dealing with the business end of nurse practitioner practice. Again, either formal programs in the workplace or informal programs through nurse practitioner organizations could serve as a forum for assisting new nurse practitioners deal with the issues listed by the participants. Providing opportunities to discuss clinical cases, coping with difficult patients, figuring out how to code, learning how to cope with the rest of the health care community and serving as role models were all felt to be issues for which an older and wiser mentor could provide knowledge and support.

Seasoned Professionals Participants identified 6 mentoring needs for seasoned professional nurse practitioners. (Seasoned was defined as greater than 5 years of experience).

- 1. Network for communication**
- 2. Dealing with burnout**
- 3. Desire for further self development (education, research, publishing)**
- 4. Need for Change**
- 5. Keeping up skills**
- 6. Need to be a mentor**

Participants identified 3 types of individuals who could serve as mentors for this group of professionals: Peers; NP Educators, Researchers, Clinicians and Administrators, professionals outside the profession of nursing. They noted that as nurse practitioners become more seasoned their responsibility to mentor others, not just their peers, becomes more evident.

Peers. Peers can provide the networking and sharing to mentor each other in their professional activities and provide leadership to the profession. Peers, it was felt, can share experiences and gives guidance to each other that meets the needs listed above and provides leadership to other nurse practitioners.

NP educators, researchers, administrators, publishers can serve as mentors for nurse practitioners ready for growth, self development and leadership. Formal programs such as that already initiated by the Fellows of the American Academy of Nurse Practitioners, the NP research network and educational programs, as well as informal programs to provide support and guidance for self development can provide mentoring to the seasoned nurse practitioner in this venue.

Professional Outside the Profession of Nursing. Gaining new knowledge and skill and moving to new environments also can be facilitated by mentoring from those outside the profession. It was felt that such mentoring can allow for new perspectives and ideas for nurse practitioner practice and influence through either formal or informal programs. These programs or activities can be initiated internally as well as externally and should not be overlooked as a resource.

Action Recommendations:

1. Develop mentoring toolboxes to assist in dealing with the issues listed by the participants.
2. Develop of formal mentoring programs through local, state and national NP organizations.
3. Publish guidelines for mentoring in each of the venues identified.
4. Facilitate programs within Schools of Nursing and other Educational Institutions.
5. Initiate programs to train mentors.