Public Health Nurse Mentoring Manual

2010

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| NC MLC Banner |  |

**I. Purpose**

*Background Statement:* Retention problems exist in all of nursing, but retention is particularly problematic among Associate Degree graduate nurses who enter careers in governmental public health. An underlying cause of this retention problem is that nurses entering governmental public health nursing positions appear to have knowledge deficiencies in population focus, epidemiology, health education, advocacy, and case management. A typical challenge for nurses entering a public health nursing position is a lack of appreciation for the broad scope of public health nursing, requiring a switch from individual patient care to population care. These knowledge deficiencies and challenges can result in a lack of congruence between training and job scope which leads to dissatisfaction among those employed in public health and frequent turnover. Turnover exacerbates the nursing shortage in public health agencies. The cost of turnover in one position is approximately 75% of the annual salary for that position.

*Mentoring as a potential solution:* Mentoring in a local health department (LHD) is a teaching and learning process between two nurses positioned on different levels. Several mentoring processes have been proposed or conducted in NC LHDs to assist new nurses to adapt to their new roles. Mentoring programs have also been identified in Colorado, Georgia, and in NC hospitals.

This document outlines a public health nurse mentoring program for NC LHDs. It was developed from a variety of resources and a pilot program in four NC LHDs. The history of how we developed this program can be found at the end of the Manual. Much of the material provided was adapted from “A Mentoring Program for Public Health Nurses”, GA Department of Human Resources.

*How to Use this Manual:* In this manual, we provide information on what mentoring is, how to establish a mentoring program in a LHD, and tips for helping mentors and mentees be successful. We also provide mentoring policies from NC LHDs as well as examples of training materials to orient mentors and mentees to the program.

**II. What is Mentoring?**

*“Mentoring is a brain to pick, an ear to listen, and a push in the right direction.”*

-John C. Crosby of The Uncommon Individual Foundation

One important distinction to identify is the difference between the role of preceptor and the role of mentor. According to Mardell Wilson, “Teaching, preceptoring and mentoring are three subsets in the instructing relationship… together the three roles complement each other, however there are differences among them; they each provide a slightly different perspective and serve slightly different goals.” - (Wilson, 2002, p973)

This chart demonstrates the subtle differences:

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|  | **Preceptor** | **Mentor** |
| **View of Intern** | Views intern as a prospective co-worker | Views mentee as a colleague |
| **Conceptual focus** | Focuses on practice based learning | Focuses on personal development |
| **Prior knowledge** | Assumes intern/mentee has necessary content knowledge |
| **Theory/Practice** | Demonstrates the incorporation of theory in practice | Indentifies unwritten work-place policies and practices |
| **Learning experiences** | Suggests useful learning experiences to help intern achieve learning objectives | Encourages mentee to determine learning experiences to achieve objectives |
| **Ethical concerns** | Identify actual ethical concerns |
| **Strengths/****weaknesses** | Helps intern/mentee become aware of strengths and weaknesses |
| **Progress evaluation** | Provides intern/mentee with an evaluation of professional progress |
| **Intern self-evaluation** | Identifies usefulness of self-evaluations | Strongly encourages mentee to participate in self-evaluation |
| **Role model** | Views yourself as a professional role model | Views yourself as a personal role model |
| **Duration of relationship** | Recognizes relationship with intern is limited | Views the relationship with the intern as indefinite |

The Preceptor Typology ©2000, Mardell A. Wilson.

The following tables present desired qualities, benefits, and responsibilities for both the mentor and mentee. These are suggested traits and behaviors identified in the literature that characterize a mentoring relationship. It is hoped that the mentor and mentee will possess some of these qualities upon entering into the relationship.

1. *Desired Qualities:*

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| **The Mentor*** Understands population-based nursing concepts
* Able to motivate
* Shows interest in mentoring
* Demonstrates proficiency in practice
* Acknowledges limitations
* Teaches and accepts others
* Demonstrates leadership abilities
* Is willing and able to invest time in relationship
* Has a sense of humor
* Fosters independence of mentee—allows mentee ability to struggle with the unknown and search for answers
* Is able to identify areas for further development
* Provides trust in relationship
* Encourages peer relationships
* Recognizes and communicates accomplishments and opportunities for improvement
* Upholds standards of excellence
 | **The Mentee** * Is open and eager to learn—ambitious
* Puts time and energy in process
* Takes initiative
* Respects time and effort of mentor
* Acts on information from mentor
* Considers being a mentor in the future
* Asks for assistance
* Allows mentor to guide in professional matters
* Recognizes when needs further development
* Demonstrates intelligence
* Demonstrates loyalty
* Demonstrates commitment to the organization or discipline
* Demonstrates organizational savvy (practical understanding of the organization)
* Is able to establish collaborative relationship
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*Note:* From Yoder, L. (1990). Mentoring: A concept analysis. *Nursing Administration Quarterly*, 15(1), 9-19., Kirk, E. & Reichert, G. (1992) The mentoring relationship: What makes it work? *Imprint*, January, 20-22., Goldman, K.D. & Schmalz, K.J. (2001). Follow the leader: Mentoring. *Health Promotion Practice*, 2(3), 195-197.

1. *Benefits of Mentoring:*

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| **To Mentor*** Shares their successes and achievements with the mentee
* Practices interpersonal and management skills
* Becomes recognized
* Expands horizons
* Gains insight from mentee’s background
* Gains satisfaction in sharing expertise
* Reenergizes own career
* Enlists an ally in promoting the organization’s well-being
* Increases network of colleagues
* Recognizes and increases skills in leadership & coaching
* May reduce turnover and additional work
 | **To Mentee**• Gains an active listening ear• Receives valuable direction* Learns a different perspective
* Gains from mentor’s expertise

• Receives critical feedback in key areas• Develops sharper focus* Learns specific skills and knowledge

• Networks* Gains knowledge about the organization’s culture & unspoken rules

• May reduce turnover and additional work |

FAQ about Mentoring. As retrieved on 7/8/2002. <http://www.uscg.mil/hq/g-wt>

1. *Responsibilities:*

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| **Mentor*** Introduces population-based nursing concepts
* Ensures two-way open communication
* Assists in establishing parameters of partnership
* Provides as much career path information as possible
* Shares information about career opportunities and resources
* Shares information about own job and resources
* Provides encouragement
* Monitors and provides sensitive feedback and guidance
* Meets and communicates with mentee at least once per month
* Follows through on commitments
* Acts as a role model
* Respects confidentiality of information shared by mentee
 | **Mentee*** Is willing to learn and grow
* Accepts advice and provides mentor with feedback
* Takes on new challenges
* Remains available and open
* Is proactive in relationship
* Identifies goals
* Accepts responsibility for own development
* Demonstrates commitment to the relationship
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FAQ about Mentoring. As retrieved on July 8, 2002. [http://www.uscg.mil/hq/g-wt/.](http://www.uscg.mil/hq/g-wt/)

**III. Program Operations**

We suggest that a mentoring program include the following elements. These are based on our review of the literature, public nurse mentoring programs in NC LHDs and elsewhere, and our experience with the pilot program.

1. Recruiting and Selecting Mentors and Mentees
2. Reviewing Orientation Materials
3. Getting the Relationship Started
4. Keeping Momentum Going
5. **Recruiting and Selecting Mentors and Mentees**

Local health department nursing supervisors are responsible for identifying potential mentors and making the option of being mentors available to staff as appropriate. Suggested selection criteria have been established to provide the greatest opportunity for success for participants and the program. The Mentoring Self Assessment tool (Materials Section) may be used to gain information about the mentor and their interests. Nurse supervisors may wish to consider asking following questions of potential mentors:

* With whom do you work well and not work well?
* How would you describe your attitude in the workplace?
* Are there some types of people with whom you might have difficulty or that you would prefer not to mentor?

*Suggested considerations and qualities of mentors:*

* Is a regular (full or part-time) employee, public health nurse with public health experience
* Is committed to participate for six months to a year
* Is willing to spend a minimum of two hours/month with mentee
* Is committed to attending mentor training and yearly updates of training
* Exhibits characteristics such as:

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| --- | --- | --- |
| o Coaching | o Motivating | o Leadership |
| o Listening | o Advising | o Proficiency in practice |
| o Sharing | o Encouraging | o Willing to share knowledge & expertise |

* Is committed to the mentoring process
* Has the ability to create a learning environment

We suggest that mentees be considered for mentoring at the time of employment. The Nurse Supervisor should meet with the new nurse to help him/her understand the purpose of the mentoring program and the desired outcomes associated with the relationship. Nurses moving into new roles may also benefit from a mentoring opportunity.

*Mentee:*

* Is a new employee, where new is defined as a nurse who is new to working in a public health agency or a nurse who is in a new role in a public health agency
* Has a working knowledge of career goals and objectives
* Is willing to set aside time to meet with mentor
* Is committed to participate for six months
* Is open to suggestions and feedback from the mentor

The mentor/mentee relationship is often facilitated when both work at the same facility or site. Once the understanding is established for the mentor and mentee, matches may be initiated. The pair should be encouraged to write up a formal mentoring agreement to clarify their roles with one another. This agreement can determine the framework of the relationship. The Materials section has an example of an agreement.

*Rewards*

Rewards encourage program participation and create a platform for success in the mentoring program. Mentees, and especially mentors, need encouragement in this process.

Suggested ways of providing incentives are:

* Mentor/mentee monthly offsite meeting. In the pilot program, this worked well as a breakfast meeting before settling into the work day. In the pilot participants were given a stipend to support meals at meetings.
* Acknowledgement (for example, recognition in staff meeting)
* Certificate of appreciation to both mentors and mentees
* Ongoing training and development related to mentoring
* Continuing professional development for mentors and mentees
1. **Reviewing Materials**

We recommend that nursing supervisors review public health nurse mentoring training materials upon starting the position and that mentors and mentees review the training materials prior to starting a new relationship. The training materials we used for the pilot program accompany this manual. NC LHDs may wish to adapt these materials for LHD needs.

*Suggested Content for the Orientation:*

• Overview of the program

• Roles and responsibilities of each person

• Program elements

* Screening and Matching process
* Qualities and Key Skills of Mentor and Mentee

• Population-based services for nurses cultural and social sensitivity

• How to overcome the most common barriers – time and staff shortages

• Conducting the first session

1. **Getting Started**

In our pilot program, most mentors and mentees were able to quickly establish a relationship, create a learning agreement or contract, and discuss meeting and learning opportunities. Not all pairs may be able to do this so quickly. Here’s some tips on getting the relationship started.

*Suggested “How to” List to Get Started*

**To be a mentor:**

Complete training

When matched with mentee:

Start as soon as possible after mentee’s hiring date

Schedule first meeting within one week of matching

Suggest goals and objectives

Complete mentoring agreement

Exchange contact information and schedules as necessary

Maintain twice monthly contacts

Discuss goals and objectives and activities

“Close” the relationship after designated time

**To be a mentee:**

Complete training

Schedule a meeting with contact person

Expect contact with mentor within one week

Create goals and objectives

Assess public health nursing competencies and identify gaps

Complete mentoring agreement

Exchange contact information and schedules as necessary

Maintain weekly contact

Discuss goals and objectives and activities

“Close” the relationship after designated time

1. **Keeping the Momentum Going**

Some nurse mentor/mentee pairs may experience challenges to keep the relationship going once initial contacts have been made and an agreement is signed. Suggested activities and areas of discussion, beyond mentee contract goals, over the life of the relationship, could include:

* Teaching mentee about how the LHD works on a day-to-day basis
* Having mentee visit or shadow other LHD clinics and services
* Discussing networking opportunities like NC Public Health Association Nursing Section
* Focusing on work-life balance, particularly for home visiting nurses or nurses needing to build a case load.

To ensure that contract goals are met, we suggest that the pair keep a meeting tracking log, which can be found in the Materials section of the manual; and create a mini-agenda for meetings and send materials ahead of the meeting.

One of the greatest challenges to a successful mentoring relationship is scheduling and keeping face-to-face appointments. While the mentors and mentees bear responsibility for this, it is also critical that nurse supervisors and directors support these appointments through flexible working schedules, especially for nurses who work in clinics.

**Tips from the pilot:**

1. Tailor goals and objectives in the contract to the mentee’s needs and the health department context. A mentee with little nursing experience may have different needs from a mentee that has nursing experience, but not in a health department. The size of a health department may also affect how goals and objectives are achieved. In a small health department, it may be very easy for a mentee to talk to others in different programs; but in a larger health department, these meetings may need more formal arrangement.
2. Options for the focus of the mentoring relationship could be:
	1. Public health nursing (understanding nursing in PH when new)
	2. Programmatic direction (could be for those nurses who are experienced in PH but in a new role)
	3. Combination (could be for either new or experienced)

1. The mentor and mentor will need to determine the nature of the relationship – whether informal (such as hallway or cubical sessions) or formal (such as on a more set schedule at offsite locations) or some of both. The team will need to be flexible and ready to adjust to make the relationship productive. For example, in the pilot one team switched to breakfast meetings when lunch meetings could not be integrated into the work schedules. Thus together the team will develop the structure they will use for the mentoring relationship. This will include the elements (based on goals) that will be discussed and how meeting times will be scheduled.
2. There were several different mentor and mentee arrangements in the pilot. Some pairs worked in the same program, but different physical locations. Others worked in different programs and different locations. These arrangements can affect both the logistics of the pair meeting face-to-face and the content covered by the pair. As pairs are matched, these factors should be considered.
3. Part of public health nurse mentoring is to help the mentee learn more broadly about what public health is and what it does. To get beyond the typical program silos, the mentee could learn about other health department programs by meeting with staff from other programs or shadowing them in what they do.
4. To make every meeting as successful as possible, you might want to identify a specific topic to address and the mentor could identify and send materials on this topic to the mentee ahead of time.
5. Pitt County uses a meeting tracking log for informal and formal meetings, to make the most use of this log, this county sees how well each goal in the mentoring contract has been met.
6. Success factors noted by pilot participants:
7. Keep the relationship and meetings positive
8. Have a clear understanding of the roles in the relationship
9. Have an enthusiastic mentor (and the process can renew enthusiasm)
10. Provide guidance to the mentee thru the orientation process
11. Plan and provide, as appropriate, for the mentee nurse to learn other nursing areas and programs of the health department (crosstraining)
12. Work together to select goals, and be willing to change them if necessary
13. The development of goals for the mentee brings focus and purpose to the relationship
14. The mentor should be open to evaluating the way “I do things as a mentor”
15. To keep the momentum going throughout the LHD, Pitt County presented the program to its management team and supervisors meeting, reviewed the policies and procedures, and gained support from the managers and supervisors. Program updates are periodically provided at management team meetings to foster continued support.

**IV. Materials**

1. Mentoring Agreement (see page 12)
2. Meeting Tracking Logs (see page 13)
3. Nurse Mentoring Work Flows from Pitt County (see page 14)
4. LHD Public Health Nurse Mentoring Policies
	1. Pitt County (page 15)
	2. Wayne County (page 18)
5. Learning Resources (page 19)
	1. Websites
	2. Books
6. Manual Development (page 20)
7. Acknowledgments (page 21)

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| **North Carolina Work Force Development Mini-Collaborative****Public Health Nurse Mentoring Pilot Program** |
| Mentoring Agreement |
| We are voluntarily entering into a mutually beneficial relationship. It is intended that this relationship will be a rewarding experience in which the time together will be spent in personal and professional development activities. This relationship is not to replace supervisory oversight of the mentee. Features of the mentoring relationship will include:  |
| 1. | Mentor: |  | Mentee: |  |
|  | When: |  | Frequency: |  |
|  | How: |  |
|  | Who will initiate: |  |
|  | Estimated duration of meetings: |  |
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| 2. | Mentoring Goals: |
|  | a |  |
|  | b |  |
|  | c |  |
|  |  |  |
| 3. | Mentee's Personal Goals: |
|  | a |  |
|  | b |  |
|  | c |  |
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|  | Are these goals both measurable and attainable? | Yes | No  |
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| 4. | Mentoring activities: (Should include how population-based services will be introduced during the mentoring relationship and may include other goals of relationship.) |
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| 5. | How will we determine when the mentoring relationship will end?  |
|  | *(Note: For the initial pilot program the relationship is planned to last 6 months.)* |
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| 6. | How will we resolve conflict or issues when they arise? |
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| 7. | Ground rules for the mentoring relationship (to include rules regarding honesty, confidentiality and any off-limits subjects). |
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|  We have discussed the basic principles underlying our mentoring relationship as a developmental opportunity. We agree to make every effort to make this relationship a success and agree to a no-fault conclusion if this relationship is dissolved. |
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|  | Signature of Mentor | Date |  | Signature of Mentee | Date |

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| **North Carolina Work Force Development Mini-Collaborative****Public Health Nurse Mentoring Pilot Program** |
| Mentoring Contact Log |
|  |  |  |  |  |  |
| Mentee name: |   | Mentor Name: |  |  |  |
|  |  |  |  |  |  |  |
| **Date of Contact** | **Person Initiating Contact** | **Length of Contact** | **Mechanism of Contact** | **Outcome of Contact** | **Signature of Mentor** |
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***Pitt County Health Department***

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| **Mentoring Program Workflow** |  | **Mentoring Relationship Workflow** |
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| Interest Survey will be conducted for current agency employees |  | New employee will be informed of mentoring program by in-house HR |
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| Applications will be provided to interested individuals |  | HR will give completed survey to QI Coordinator |
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| Supervisors will sign off applications and indicate recommendation (yes or no) |  | QI Coordinator will convene Mentoring Subcommittee to match individuals |
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| Applications reviewed by Mentoring Subcommittee |  | Mentor-mentee will meet and complete a contract |
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| A pool of mentors will be developed and maintained by QI Coordinator and Mentoring Subcommittee |  | Meeting locations and times will be determined during mentor-mentee agreement meeting |
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| Mentors will be expected to attend education programs |  | Mentee will maintain a contact log |
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| Mentees will be administered an interest survey upon arrival to new job position by in-house HR |  | There will be a "No harm, No fowl" clause in the policy to provide the ability to dissolve the relationship if indicated |
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| Interested Mentees will not be denied access to the Mentoring Program |  | The mentor-mentee relationship will be completed at the end of a one year period unless otherwise determined |
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| Mentors and Mentees will be matched based on results of interest surveys by QI Coordinator and Mentoring Subcommittee |  |  |
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| Progress of the mentor-mentee relationship will be monitored by the QI Coordinator and Mentoring Subcommittee |  |  |
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***Pitt County Health Department Mentoring Program***

**Section:** General

**Policy Name:**  Mentorship Program

**Purpose:** To provide a process of nurturing and guidance to enhance the professional and personal growth in new employees and established employees transitioning to new job roles in an effort to improve staff satisfaction and retention.

**Inception Date:** January 8, 2010

**Revision date:** N/A

**Sponsor/Reviewer:** Director of Nursing

 Quality Improvement Coordinator

**Reference:** NMI**:** Mentoring and Being Mentored-Greensboro AHEC

 Peer Mentoring Guidance for NC Public Health Leaders: A Collection of Evidence and Best Practices by Cheryll D. Lesneski, DrPH, MA

**Related Forms:** Mentoring Agreement

 Mentoring Documentation Log

 Mentor/Mentee Outcome Report

 Agency Interest Survey

 Application/Survey to Participate as a Mentor

 Survey to Participate as a Mentee

 Certificate of Completion

**Establishing A Mentoring Program**

The purpose of the mentoring program is to provide a system of support for the new employee through the sharing of knowledge, coaching, motivation and inspiration, providing feedback, and assisting with the socialization into the work culture. The term “new employee” refers to an employee that is new to the agency or an established employee that has transitioned to a new job role.

 A major component to the success of this program will be the involvement of the supervisor. The supervisor is expected to support all individuals involved in the program. The primary role of the supervisor will be to collect completed applications from interested mentors. Once collected, the supervisor has the responsibility to communicate with the selection committee if the individual would be appropriate for the position. A candidate will be matched only after receiving a positive recommendation from the supervisor. Once the selection process is completed, the supervisor will no longer be required to be involved in the mentoring process. Trainings and sessions will be provided through the sub-committee to ensure that appropriate mentoring techniques are available for the individual.

Qualities of a mentor should include but are not limited to individuals that; are willing to share their knowledge and experience with others, show above average skill level in the area they are to provide direction, are willing to act as a role model, and will provide emotional support to the mentee that is having difficulty transitioning to their role.

This section describes the current suggested work flow for the mentorship program.

1. An interest survey will be provided to current agency employees to gage the level of interest.

***Pitt County Health Department Mentoring (con’t)***

1. Upon completion of the interest survey, applications will be provided to interested individuals. This application will need to be completed and returned to the individuals direct supervisor.
2. Supervisors will need to complete the “Supervisors” section of the application. This section enables the supervisor to recommend if so desired. This portion of the application will have to be completed in order for the application to be processed. Completing the section is an agreement to allowing the individual to be fully dedicated to the mentoring program. This means allowing for meetings and educational trainings when offered.
3. Once the application process is completed a mentoring pool will be developed. This pool will be maintained by the Quality Improvement (QI) Coordinator and mentoring subcommittee, a subsidy of the QI Committee.
4. A mentee shall not be denied access to the program. Any new employee that desires to participate in this program will have the option of participating.
5. Mentors are expected to attend all education programs. Initial educational trainings are mandatory. Individuals that are recommended by supervisors but are unable to attend meetings will not be entered into the mentoring pool.
6. The QI Coordinator and subcommittee will meet to match mentors and mentees. Applications will be compared to ensure that the best matches are made.
7. Progress of the mentor-mentee relationship will be monitored by QI Coordinator and subcommittee.
8. There will be yearly mentoring program recognition and updates. These sessions will be devised in an attempt to recognize those that have been serving in the program and to provide education.

**Establishing a Mentor-Mentee Relationship**

This section describes the suggested work flow relationship for the mentor and mentee.

1. The new employee will be informed by in-house HR of the Mentorship Program. The mentee survey will be provided during the initial HR meeting.
2. HR will give completed survey to QI Coordinator.
3. QI Coordinator will convene the sub committee match individuals.
4. Mentor-mentee will meet and complete a contract.
5. Meeting locations and times will be determined during mentor-mentee agreement meeting. The recommended minimal time for meeting is as follows: once a week the first four weeks, once every two weeks for six weeks, then once a quarter for the remainder of the year.
6. The mentee will maintain contact log. Mentor and mentee are both responsible for providing input for the contact log.
7. There will be a “ No harm, No foul” clause (see below).
8. The mentor-mentee relationship will be completed at the end of a one year period unless otherwise determined.
9. The QI Coordinator will complete a “Certificate of Completion” which will be maintained in the personnel folder of the mentee.

**Termination of the Mentoring Experience**

The mentoring relationship will last approximately one year. A Mentoring Outcome Report will be completed. If at the end of the first year, the mentor, mentee, and supervisor feel that additional mentoring is necessary and evidence supports the need for additional mentoring, additional time can be negotiated.

***Pitt County Health Department Mentoring (con’t)***

If at any time the mentor-mentee relationship is found to not have a positive effect on either party, the relationship can be terminated by enacting a “No harm, No foul” rule. This will provide the ability for the mentee-mentor relationship to be dissolved in the event that the relationship is not working out after an adequate time period has elapsed.

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Health Director Date

***Wayne County Health Department Mentoring***

***POLICY***

All new Public Health Nurses employed by the Wayne County Health Department will be assigned to an experienced nurse who will serve as a mentor to provide professional guidance and support. Mentoring provides a formal mechanism by which new nurses can interact with a positive experienced role model on a regular basis. Mentors will be selected based on individual knowledge, experience, professionalism, positive behaviors, communication skills and willingness to serve as a mentor. Nurse mentors serve as role models to support the professional growth and development of new nurses for nine to twelve months with the specific purpose of socializing nurses into new roles. Interactions with a mentor will allow new nurses to obtain the professional support needed to be successful in their jobs and to promote a smooth transition into the new role as a Public Health Nurse. Mentors shall in no way assume supervisory roles but shall refer all personnel and programmatic issues to the appropriate supervisors. It is the supervisors’ responsibility for the orientation of new employees.

***PROCEDURE***

Role of the Mentors

Nurse Mentors:

1. Familiarizes the new nurse with the staff, facility, and organizational culture of the Health Department.
2. Assists the new nurse with learning new knowledge and skills.
3. Provides the new nurse positive feedback.
4. Provides the new nurse guidance regarding resources available within the Health Department to assist new nurses with job functions and duties.
5. Educates the new nurse regarding community resources available for clients.
6. Provides emotional support to the new nurse if experiencing transitional difficulties.
7. Serves as a “role model” for the new nurse in navigating the organization, learning about the roles and functions of the nurse in the community and fulfilling nurse competencies.
8. Documents mentoring activities and presents mentoring activities monthly to the Director of Nursing.

Approved by Director of Nursing Date

 Evelyn Coley, RN, BSN, MSA

Approved by Health Director Date

James Roosen, RS, MPH

DISTRIBUTION:

 All WCHD Staff

1. **Learning Resources from Mentoring Program Pilot**

The following resources were used during the pilot of this program to help the mentees get better oriented to population based services in public health:

Journal article:

“From Novice to Expert to Mentor: Shaping the Future” *American Journal of Critical Care*. 2004;13: 448-450

Websites:

http://www.ncpublichealthnursing.org/publications.htm

http://health.state.ga.us/programs/nursing/publications.asp

Books:

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1. **Manual Development**

The North Carolina Accreditation Learning Collaborative conducted the pilot nurse mentoring project through the Multi-State Learning Collaborative project. The Collaborative is a partnership of the North Carolina Division of Public Health, the North Carolina Association of Local Health Directors, and the North Carolina Institute for Public Health (NCIPH) supported by a grant from the Robert Wood Johnson Foundation to improve the quality of public health and prepare for national public health accreditation.

In, 2009, the Collaborative worked with the then Central North Carolina Partnership for Public Health to shape a mini-collaborative to assess the workforce to determine its abilities to deliver population-based services and develop a specific workforce development plan. Using the background data provided at the beginning of the Manual, a Planning Committee of nurse supervisors, nursing directors, and health educators created the following specific target for mini-collaborative work.

*Improve the retention of public health nurses through a mentoring program that includes orientation to working in a public health agency and training in population-based services.*

In 2010, the Collaborative and Planning Committee created and provided training, technical assistance, and content expertise to support the work of the mini-collaborative. The “change package” was a pilot nurse mentoring program conducted for six months with four mentor/mentee pairs in LHDs. Nurse mentoring materials were obtained and adapted from a successful GA nurse mentoring model, and models and policies from two NC LHDs. Evaluation results indicate that nearly all participants thought that the program was worth the effort, that the goals for the mentoring relationship were met, and that they would be willing to serve as mentors in the future. Participants provided specific suggestions to improve the program, including improving the training and providing additional structure. These suggestions have been incorporated into this manual.

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