



**The Canadian Association
for Enterostomal Therapy**

CANADIAN ASSOCIATION FOR ENTEROSTOMAL THERAPY

MENTORSHIP PROGRAM & RESOURCE MANUAL

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Introduction

The Spirit of Mentoring

When a 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.

Mentoring relationship fans the flames of passions and dreams.

President's Message

Welcome to the CAET's Mentorship Program. Whether you are exercising the Mentor's role or the role of the Mentee you are entering a unique relationship which speaks to supporting your ET nursing colleagues through role modeling, teaching, coaching, sponsoring, guiding, sharing and advising (Nearly 2000, Goran 2001) The nursing literature sites mentor/mentee relationships as critical to career development, advancing skills, job satisfaction, retention of staff and the "socialization of the neophyte closer to the accepted norms of the group he or she enters".

The CAET recognizes its responsibility to support the ongoing professional development of its membership and therefore has committed to developing opportunities to link *members to members* through various levels of the Association. Supported by the CAET's Values of *Nursing Specialty Excellence, Collaborative Partnership and Compassion* we believe that the Mentorship Program will further reinforce a network of professionalism and identity as ET nurses across Canada. This program will go beyond the traditional forms of knowledge acquisition obtained through national conferences, workshops, and journal articles. It will provide the opportunity to "link" with your colleagues as either a postgraduate ETNEP student, an ET nurse to another ET nurse from your region or from another part of Canada, or as a new Board member transitioning into a CAET leadership role.

This program is new for the CAET and as in anything new we anticipate revisions along the way. We welcome any recommendations that you may have. The 'voluntary' completion and submission of your Reflective Journals at three and six months and upon completion of your mentorship experience will assist in program improvements. In turn, these improvements and your commitment will enrich the Mentorship Program opportunity for our ET nurses of the future.

Enjoy your mentorship journey,



President CAET

Chapter 1

Purpose

The purpose of the CAET Mentorship Program is multifaceted. Its first and foremost objective is to provide CAET Members the opportunity to develop a mentoring relationship. In doing so, the program facilitates communication amongst the CAET Executive/Board, the CAET members and the CAET ETNEP graduates. Another important facet of the program is to encourage and facilitate leadership roles in the specialty of ET nursing and foster the development of new ET nursing graduates.

CAET is committed to:

- recognizing and promoting continuing professional development
- facilitating mentorship opportunities beyond conferences and meetings
- reinforcing a network of professionalism through various levels of the CAET organization

CAET Mentorship Program Objectives

- Support the CAET's organizational structure through the development of leadership roles as Executive/Board Members and other Core Program leadership positions.
- Facilitate professional development of novice and seasoned CAET members through partnering of members with advanced knowledge, clinical expertise, and the willingness to share professional life experiences.
- Promote the establishment of ETNEP graduates as they develop in their specialty roles as Enterostomal Therapy Nurses in a variety of clinical settings across Canada.

CAET Mission, Vision and Values

The CAET Mentorship Program supports the Mission, Vision and Value statements of the CAET. The mentorship program is committed to supporting advanced knowledge and clinical expertise towards providing the highest quality of specialized ET nursing. The vision statement highlights the importance of nursing leadership in the ET specialty which the mentorship program will foster and promote.

Mission

The Canadian Association for Enterostomal Therapy (CAET) is a national, not-for-profit organization representing and promoting Enterostomal Therapy Nursing. Through **advanced knowledge and clinical expertise**, the CAET advocates for the **highest quality of specialized (ET) nursing** to individuals with challenges in wound, ostomy and continence.

Vision

The Canadian Association for Enterostomal Therapy (CAET) is **recognized as nursing leaders** in the specialty of wound, ostomy and continence.

Values

The mentorship program is supported by the following core values:

Nursing Specialty Excellence

- Leadership
- Competency
- Integrity
- Innovation
- Advancement

Collaborative Partnership

- Diversity
- Accountability
- Continuity

Compassion

- Dedication
- Creativity
- Determination
- Vision

Benefits of the CAET Mentorship Program

- Stronger organization based on leadership, advanced knowledge, clinical expertise
- Solidarity amongst members
- The exchange of knowledge and experience in mentoring relationships contributes provides limitless boundaries for growth potential
- Linkages between and amongst novice to expert ET nurses
- Bridging the gap between learning and real-world application
- Marketing strategy to recruit new members. The Mentorship Program is an attractive offering to new ET nurses because it demonstrates the CAET's commitment to the highest quality of specialized ET nursing, compassion for the well-being of its members, and the care they provide to people with wound, ostomy, and continence challenges.
- Promotes professional and personal development locally, regionally and nationally
- Linkage to CAET Certification Process and the Professional Development Program
- Increase job satisfaction and pride.

Program Description

The Mentorship Program encompasses three areas of opportunities:

Part 1: Mentorship for the CAET Executive and Board

Part 2: Mentorship for ET Nurses

Part 3: Mentorship for Graduates of the CAET ETNEP

Part 1: Mentorship for the CAET Executive and Board members

When new Board members assume their portfolios there is a usual six month 'transition period' where the past and new members engage in an orientation to the roles and responsibilities. It is recognized that for past board members they take away with them a wealth of experience, skill and '*wisdom*', which could be made available to those assuming their new portfolios. This part of the Mentorship Program will now provide past and present Executive/Board members to "come back" and foster the development of these new leaders in their role experiences. Also, ET nurses can link with a Board member to learn about higher organizational functions, leadership and national issues.

Part 2: Mentorship for ET Nurses

ET Nurses are adult learners and what better way than to learn from each other – what you want to learn and when you want to learn it. This part of the program will partner nurses from across Canada. Learning opportunities may be of a clinical focus, or any other aspect of professional development: role description and development; marketing your role, marketing for the development of an outpatient clinic, grant/research proposal writing, program development; ethical considerations in practice...whatever you identify as a opportunity is possible providing another ET can be identified as a partner to facilitate the exploration of that learning.

Part 3: Mentorship for Graduates of the CAET ETNEP

The moment a novice ET nurse returns to their place of employment, expectations are placed upon them. Some may have the experience to 'dive right in' and take up these challenges; others may not. Also, many novice ET nurses return to areas of the country where networking opportunities are limited. This part of the Mentorship Program will facilitate the development of linking novice to expert; facilitate the beginnings of establishing a support network of both clinical, role and professional development.

Chapter 2

Defining Mentoring

There are many definitions of “mentoring” and over the years the concept of mentoring has broadened considerably. Although the concept of mentors has been traced as far back as Greek mythology, it has only been since the 1970’s that the concept has been studied in the literature (Provident, 2005). It is a difficult task to define mentoring as it has multiple and diverse foci that encompasses the dyadic relationship between mentor and mentee.

The Canadian Nurses Association 1995 defines mentoring:

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).

One should not confuse mentors with experts in their specialty. A mentor can be an expert but a mentor will guide individuals along, whereas an expert will give a definitive solution to a problem (Federwisch, 1997).

The terms mentoring and preceptorship are sometimes used interchangeably. Although many aspects of mentoring and preceptorship are similar, the CNA defines preceptorship as:

It is a formal, one-to-one relationship of pre-determined length, between an experienced nurse (preceptor) and a novice (preceptee) designed to assist the novice in successfully adjusting to and performing a new role. (CNA, 1995)

Collaborative mentoring is a more recent term that is used in academia. It is described as:

A practice that creates a creative, democratic relationship, which promotes the development of insights and understandings between peers. It is developed through professional support networks and is practitioner centered, reflective and empowering. (Jipson & Pauley, 2000. Costa & Kallick, 1993).

Collaborative mentoring provides an opportunity for professionals to become involved in each other’s learning and give feedback while developing along mutually agreed upon set of goals (Mullen, C. 2000).

Mentoring can be confused with other commonly used terms:

- **Coaching** is concerned with the entire team, not focused on the relationship of the team players
- **Training or preceptor orientation** is concerned with skills acquisition
- **Managing** is concerned with achieving goals of the organization
- **Friendship** is non-hierarchical

What Mentoring is Not!

- A replacement for formal learning tools
- An obligation
- A one-sided relationship
- A hierarchical or evaluative relationship
- A therapist, foster parent, parole officer, savior

*(Calgary Health Region Mentoring Program Overview 2005;
Recruitment and Retention of Alaska Natives into Nursing (RRANN) Mentor)*

The Mentoring Program is based on the following principles:

- Voluntary participation
- Confidentiality
- Reciprocal exchanges. A commitment from both the Mentor and Mentee to be present and involved in the relationship.
- “no blame” ending concept, the relationship can be terminated at any time by either the mentor or mentee
- Individuals are responsible and accountable for their own learning
- Mentoring is complementary to other forms of learning assistance and development
- Individual’s learning needs is the essential to the success of the mentoring process

The Art of Mentorship

The mentorship relationship is one of **mutual empowerment and learning**. The success of the mentoring relationship is based on growth, learning and exploration. The effectiveness of a mentorship relationship requires the following:

- Asking questions, not giving answers (Growth)
- Dialogue where both parties learn something essential (Learning)
- Requires that both parties commence their work together as apprentices (Exploration)
- Understanding how it will end (opportunity to explore another aspect of the partnership or move onto another mentor)

(Valerie T. Cotter, MSN, CRNP, FAANP University of Pennsylvania School of Nursing)

Benefits of the Mentorship Experience

Benefits to Mentor

Mentors who have experienced providing mentorship to a recent graduate or to someone involved in career transition report numerous personal and professional benefits associated with the mentor role including:

- Increased respect from peers for their status as a resource person
- Increased career satisfaction because it enables mentors to assist and shape the professional and personal development of mentees plus satisfaction in helping others
- Continued commitment to learning through evidence based practice
- Refines interpersonal and political skills
- Increased networking and experience of collegiality facilitates their professional development through reflection or reappraisal of beliefs, practices, ideas and or values. Can create the potential for career advancement.
- Mutual learning: Mentors can learn from a mentee and the experience can initiate new ideas.

- Personal growth. Mentorship relationships can refresh the mentors skills, knowledge and attitudes

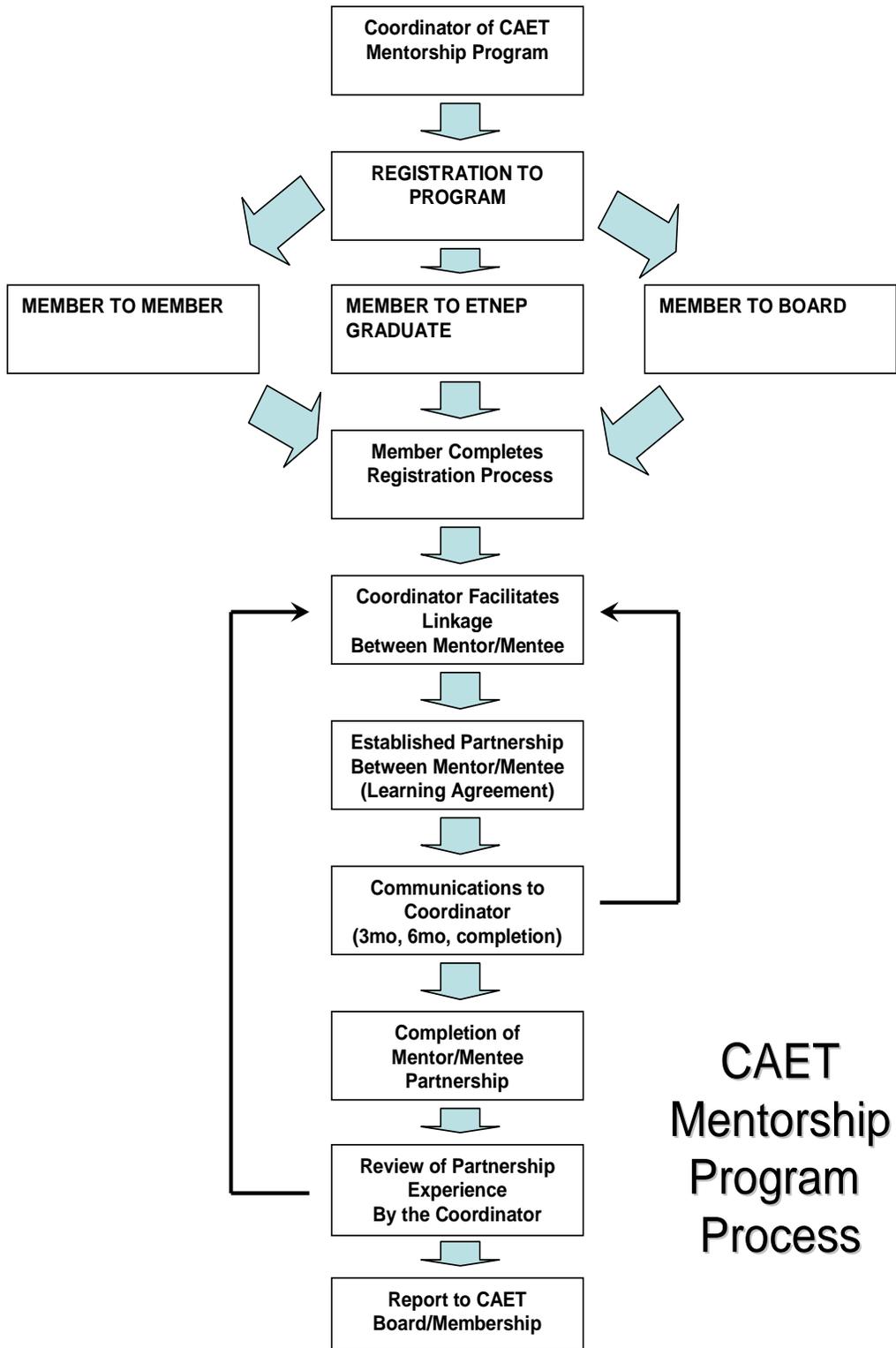
(ANDSOOHA/PHRED Nursing Mentorship Resource Guide 2003; CNA (2004) Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentorship).

Benefits to Mentees

Beecroft, Santner, Lacy, Junzman & Dorey (2006) conducted a six year programme evaluation on new graduate nurses' perception of mentoring at the Children's Hospital in Los Angeles. They found that the mentoring relationship provided guidance and support for more that 90% of new graduates and facilitated a reduction in stress for the majority. The following can be considered benefits for the Mentees who have experienced a mentoring relationship.

- The self reflection that can result from a mentoring relationship can be a powerful growth experience and gives new insights about yourself
- Identify and working with personal strengths and hidden talents
- Increases confidence and sense of security in the work setting. Increased competence and decrease stress.
- Learning more effectively and quickly.
- Acquisition of new perspectives.
- Development of a relationship with a person who can give feedback on ideas and career development
- Expanded knowledge of skills and practices. Leadership development.
- Career satisfaction
- Increases access to challenging opportunities and responsibilities
- Contributes to building your career and expand networks.

(Calgary Health Region Mentoring Program Overview 2005; CNA, 2004, Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentorship).



Chapter 3

Roles and Responsibilities for the Mentors

There are many roles of a mentor. The mentor's personal style and the dynamics of the mentoring relationship will determine how the mentor implements their role. The following suggestions may be helpful.

- Act as a professional role model and colleague.
- Prior to telephone conversations or meetings with the mentee, ensure that there are no interruptions. This helps create a relaxed, and encouraging climate
- Enquire about your mentee's background and interests
- Discuss the mentor role and your own expectations. Have a consistent approach and clear expectations.
- Model excellence in professional practice
- Challenge ideas, stimulate knowledge and provide assistance in new areas of clinical practice
- Actively expand knowledge base using research evidence and remain current with the latest thinking and best practices in area of expertise
- Establish trust, maintain confidentiality and provide a supportive environment. Be sympathetic, supportive and respectful.
- Provide honest feedback and gentle confrontation; becomes a "critical friend". A *critical friend* is a trusted person who asks provocative questions and provides data to be examined through another lens and offers supportive critiques of a person's work (Provident, 2005)

(CNA 2004. *Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentorship*; Calgary Health Region Mentoring Program Overview 2005).

Schwiebert, Deck and Bradshaw (1999) state that there are primary responsibilities of the mentor:

- Make an investment of quality time in the relationship
- Commit to take the time necessary to allow for in –depth discussion of the needs and goals of the mentee and the progress towards those learning goals
- Maintain a supportive non-judgmental interaction

The role of a mentor is one that is equal to their peers: the mentor should not supervise but rather serve as a peer and colleague to the mentee.

(ANDSOOHA/PHRED Nursing Mentorship Resource Guide 2003; Provident, 2005)

Roles and Responsibilities of the Mentees

The role of the mentee is to identify and articulate clearly the mentee's learning goals. The mentee drives the mentoring process. The mentee is considered an equal partner in the mentoring relationship, but in order for the relationship to succeed the mentee must identify their learning needs and articulate their vision so that the work with the mentor is focused on the *mentee's goals*. The following suggestions may be helpful to ensuring that the mentoring relationship will be effective.

- Be clear about how much support and what kind of support you are seeking
- Initiate the development of learning goals and have the desire to learn
- Collaborate with the mentor to ensure feasibility, appropriateness of goals
- Have an interest in people and be able to communicate effectively
- Be familiar with and follow agency policies and /or procedures related to mentorship
- Contribute to the development of a trusting and collegial relationship with the mentor
- Demonstrate initiative and follow through to achieve learning goals
- Consult the mentorship coordinator to discuss the mentoring relationship or discuss a request for a mentor/mentee change
- Evaluate the relationship against your learning needs and provide constructive feedback to your mentor

(Adapted from the CNO Practice Guidelines: Supporting Learners, 2005; Calgary Health Region: Mentoring for Career Development Handbook, 2003; Provident, 2005)

Reflection

In the mentoring process, reflection enables us to slow down, rest and observe our journey and the process of self-knowledge that is so important along the way.

(Huang and Lynch, 1995, P57as cited in Zachary, 2000)

The journey of the mentorship relationship involves the journey of self and another; the highest level of cognitive experience. The mentorship relationship involves knowledge acquisition, application and critical reflection (Zachary, L.J. 2000). This is consistent with what we know about adult learning (Knowles, 1980 cited in Zachary, L.J. 2000)

- Adults learn best when they are involved in diagnosing, planning, implementing, and evaluating their own learning.
- The role of the facilitator is to create and maintain a supportive climate that promotes conditions necessary for learning to take place.
- Adult learners have a need to be self-directing
- Readiness for learning increases when there is a specific need to know and desire for knowledge.
- Life's reservoir of experience is a primary learning resource; the life experiences of others enrich the learning process
- Adult learners have an inherent need for immediacy of application.
- Adults respond best to learning when they are internally motivated to learn.

There are three steps to the journey reflection process:

1. **Self –awareness** which is triggered by self-reflection. This is fundamental to understanding the mentor's proper role in facilitating effective learning relationships.
2. **Understand the mentee's journey.** Mentee's bring their history of experiences to the mentoring relationship. Exploration of these experiences will enrich the mentorship relationship.
3. **Gain perspective** when reflecting on the journey of both the mentor and mentee. Further perspectives enhance the learning outcomes.

(Zachary, L.J. (2000).The Mentor's Guide: Facilitating Effective Learning Relationships)

CAET Reflective Journal Experience

Mentorship is a reflective experience in which both the mentor and mentee learn something essential about themselves and each other. The CAET Mentorship Program has provided both the mentee and mentor with a Journal Experience Form. Completion of the Journal Experience form:

- Provides an opportunity for participants to reflect on the mentorship experience as an exercise in reflection on self, practice, and direction.
- Provides feedback to review and monitor the mentorship program to ensure it has met the needs of the participants.
- Provides written evidence of professional development for provincial regulatory bodies (Certificate of Completion from the CAET).

The Spirit of Mentorship

Mentorship Relationships encourage one to be a:

- *Leader and a follower*
- *Teacher and a learner*
- *Mentor and mentee*

(Valerie T. Cotter, MSN, CRNP, FAANP University of Pennsylvania School of Nursing)

**CAET Mentorship Program
Journal Experience**

Check appropriate time period: 3 months 6 months Completion

Name of Mentor _____ or Mentee _____

Date experience began: _____ Date experience completed: _____

- Program Experience:
- ET Nurse to ET Nurse
 - ET Nurse to ET NEP Graduate
 - Former Board Member to Present Executive/Board

Reflections of your mentorship experience:

Has this experience met your expectations? (please explain)

What aspect of the mentorship experience would you have changed or modified?

Please indicate your preference to end or continue in the Mentorship program:

- My experience is complete
- My experience is entering the next phase (with same mentor/mentee partnership)
- My experience is changing direction (with new mentor/mentee partnership)

Overall, I would rate my mentorship experience as: (Please circle number)

				
1	2	3	4	5

Registration

CAET members who wish to participate in the mentorship program can register through the CAET website. Once logged on, click on Mentorship Program and the system will automatically guide you to the registration form.

1. Application Form: The purpose of the application form is to collect general information about participants and to record personal preferences.
2. Reflective Journal Experience. Upon completion of the Mentorship Experience a Certificate of Completion from the CAET will be issued to both the Mentor and Mentee.

Role of the Mentorship Program Coordinator

The role of the Mentorship Program Coordinator:

- Responsible for registration forms of participants on line or by mail
- Pairing of Mentors with Mentees in the program
- Communicate with Mentor/Mentees at a 3 month, 6 month and one year period
- Review Mentor/Mentee journals and feedback for the purpose of program evaluation and to ensure the program has met the needs of the participants.

Confidentiality

Information provided by participants in the mentorship program is confidential and will only be used by the mentoring program for partnerships and program evaluation. All documentation and information is protected by the policy of the CAET.

References

Calgary Health Region Mentoring Program Overview

[http:// iweb. crha-health.ab.ca/supp/eduserv/mentoring/overview.htm](http://iweb.crha-health.ab.ca/supp/eduserv/mentoring/overview.htm)

Calgary Health Region: Mentoring for Career Development Handbook, 2003

[http:// iweb. crha-health.ab.ca/supp/eduserv/mentoring/overview.htm](http://iweb.crha-health.ab.ca/supp/eduserv/mentoring/overview.htm)

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Resources

CNO Practice Guidelines: Supporting Learners, 2005

http://www.cno.org/docs/qu/44014_SAT.pdf

College of nurses of Ontario Self-Assessment Tool may assist in determining learning goals. The Canadian Community health Nursing Standards (2003) can also be used as a basis for self reflection.

<http://www.communityhealthnursescanada.org/Standards.htm>

ANDSOOHA/PHRED Nursing Mentorship Resource Guide 2003

http://www.phred-redsp.on.ca/Docs/nursing_mentorship_resource_guide.pdf#search=%22www.communityhealthnursescanada.org%2Fstandards.htm%22

Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentorship (2004). Canadian Nurses Association.

http://cna-aic.ca/CNA/documents/pdf/publications?Achieving_Excellence_2004_e.pdf