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Mentor Program

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Mentor Program

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Internship: Clinical Nurse Leader

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Mentor Program

There is always room to grow and adapt in many aspects of running a company. This is true in the healthcare field since it is ever changing and new treatments are always being developed. At Stanford Health Care -Valley Medical Oncology Consultants (SHC-VMOC) one of the areas of growth is within the nursing staff. SHC-VMOC is an outpatient oncology clinic in the Bay Area with multiple doctors' offices and infusion rooms. The nursing staff not only cares for patients who have been diagnosed with cancer, but also hematological conditions as well. The nursing staff is composed of nurses who have practiced in oncology for over thirty-years, as well as, nurses who are in their first year of their nursing careers. Although there is experience within the nursing staff there are not enough nurses on a daily basis, which can pose issues with patient care and safety. Nurses strive to provide the best possible care for each individual patient, and to maintain safety throughout their stay, which can be a challenge at times when there are not enough nurses at times.

The project proposed is to create a mentor-training program having established nurses with SHC-VMOC train newly hired nurses. Currently the company only trains a new hires with the nurse manager making it impossible to train more than one nurse at a time. If the company is equipped to train more than one nurse at a time this will have a positive impact for the patients care in addition to the nursing staff. The program is also geared to be a mentor program to increase nurse retention and to invest in the nursing staff at SHC-VMOC. The project is to implement a training program for established nurses to grow into the role of mentor, while increasing the nursing staff and ultimately increasing the patient safety, and care provided.

Clinical Leadership Theme

The mentor program falls under the clinical nurse leader (CNL) theme of organizational and system leadership. According to the AACN (2013) this theme describes the participation in the leadership team to make recommendations on how to improve the micro-, meso- or macro- systems. The program being implemented would improve the microsystem of the nursing staff at SHC- VMOC. The global aim of this program is to create a standard training program for nurses to become mentors, and to train newly hired nurses to SHC-VMOC.

Statement of the Problem

SHC-VMOC needs a mentor program to increase the number of nurses who are being employed. Currently the nursing staff is understaffed at all the office locations. Fourteen full-time nurses, three part-time nurses, and three per-diem nurses make up the entire nursing staff for five different locations. One of the full-time nurses is also the manager who not only provided patient care but also participates in all the management decisions and meetings. The current nurse to patient ratio is an average of ten to twelve patients per nurse per day. According to the oncology nursing society (ONS) the nurse to patient ratio in an oncology setting is eight patients per nurse (Curtin, 2003). Occasionally the ratio is even higher. Another issue other than being understaffed is that the nurse manager is the only nurse who trains the new hires. Implementing this program will not only provide new hires with a mentor at the cite that will be working in, but will also increase the number of new hires that can be trained at the same time. Through creating and implementing a standard for nurses to train new hires there will be more mentor/ trainee relationships to foster, grow, and develop the new nurses. Ultimately this

program will increase the number of nurses employed by SHC- VMOC providing the patients with safe care, while providing the new nurses with a mentor have as a resource for months and years to come.

Project Overview

The goal of this program is to create new trainers to utilize in the training of new hires. The program has different steps that need to be taken before the goal can be achieved. The first step is to establish a standard for training. Currently at the end of the training there is a skills check off, as well as completing the ONS chemotherapy biotherapy certificate. Other than the skills check-off and the ONS certificate there is no written standard that new hires have to reference to gauge how their training is progressing.

The next step is to turn this standard into a training program for established nurses who want to train new hires in each location. The CNL and the nurse manager will develop the curriculum that will be utilized for the training program. After the training program has been fully developed the nurses who are interested in stepping into the role of a mentor can start their training. Once established the trainings will be held on the weekends for a month. The total hours that nurses will spend in this training program is thirty-two hours total. After the nurses have participated in this training, the next stage would be to start hiring nurses to be trained with the newly developed mentors. The three-month training in each location would start upon hiring new nurses. The specific aim statement is to create a training program to provide each infusion center with more nursing staff while fostering the relationship of mentor and trainee. The specific aim

statement relates to the previously stated global aim, because it is following the standard created while increasing the nursing staff at SHC-VMOC.

Rationale

A SWOT analysis was performed to identify the needs of the nursing staff. The SWOT analysis identified strengths, weaknesses, opportunities, and threats that the projected project would encounter. The strengths identified are the doctors at each infusion center have seen how understaffed the nurses are and are on board with creating this program. A weakness recognized was the lack of nursing staff currently employed with SHC-VMOC. An opportunity is that there are multiple nurses that are willing to be trained, and a threat is the additional cost of creating the curriculum and training the mentors that was not projected in the annual budget

The projected cost of this program would be estimated at an additional \$2,000 for the cost of creating the curriculum. This includes the manager's income for the expected twenty hours she will be working on creating the curriculum. An additional \$1,956 would be needed for each individual nurse that has expressed desire to participate in this program. According to the Bureau of Labor Statistic (2017) website the average hourly rate for a registered nurse in California is \$48.92. The program is estimated to take forty hours for the nurses to be trained. At this time there are four nurses that are interested in participating, which is a total of \$9,780 to have them complete the training.

Although the additional expected cost of creating and implementing this program was not originally in the budget the benefit of creating this program outweighs the cost. The benefits of this program include decreasing the nurse to patient ratio allowing the nurses to provide the patients with safe. The additional nursing staff will also increase the

number of patients each facility can treat instead of sending patients to the hospital to receive their treatment, producing more revenue for the company.

The nursing staff participated in surveys addressing the established ratios and resources they felt were important to implement. The data collected from this survey established that 95% of the nursing staff stated that the facility they worked in was understaffed. The clinical microsystem was assessed using the microsystem 5 P's positives and negatives of an outpatient specialty care practice.

Methodology

As previously stated the program will include different steps. Creating the curriculum needed, established nurses participate in a month long training, hiring new nurses, and then implementing the training standard and mentor program with the start of the new hired nurses. The program will be a change to the company's current training program. The change theory that best fits this project would be Kotter's 8-step change model. According to Davison, Ray, and Turkel (2011) The 8-steps of Kotter's change theory include:

1. Create urgency
2. Form a powerful coalition
3. Create a vision for change
4. Communicate the vision
5. Remove obstacles
6. Create short term wins
7. Build on the change

8. Anchor the changes in corporate culture

Creating urgency includes setting up a meeting with management to assess the daily nurse to patient ratio, and how each location four out of five workdays exceeds the recommended ratio. Also utilizing this time to stress the importance of patient safety and how this could be addressed with the increase of nursing staff. Form a powerful coalition includes discussing with other nurses the importance of this training program. All the nurses were surveyed expressed the understanding of how understaffed the company currently is and at least one nurse at each location has stepped up to participate in this new training program. A vision was created and expressed to current staff as well as management stressing the need for this program. Barriers included having more meetings with management to stress the importance and the needs of this addition to the current standard. Short-term wins will include monthly surveys for the mentors and new hires to evaluate how the program is working once implemented. The surveys will on a monthly basis and then every six months on the mentor/ trainee relationship after all the training is completed. The data will be analyzed to identify areas to improve the program for the next incoming nurses that will be hired into SHC-VMOC. Once the survey results have been analyzed the program can be anchored into the onboarding standards for SHC-VMOC.

Kotter's 8-step change theory provides establishment of changes while still allowing there to be adjustments to the changes throughout the process. Essentially creating a program from nothing allows there to be room to grow and change the most benefit from this change.

Data Source/ Literature Review

The Literature review was performed using a PICO statement. The PICO statement utilized for this project was P: Patient/Population: nursing staff I: Intervention: mentor/preceptor program C: Comparison: no mentor/preceptor program (continue as is) O: Outcome: new nurses confidence boosting/ mentors feeling equipped to train. This PICO statement was utilized on the CINAHL database provided multiple articles with dates that range from 2012 to 2017. These articles argue the need for a mentor program and the benefits these programs have for the nurses, and the company.

According to Strauss, Ovnat, Gonen, Lev-Ari, & Mizrahi (2016) having an effective orientation programs is a necessity to prepare new nurses to provide safe, competent, and effective patient care. The results showed a positive correlation with a structured orientation program, the new graduates adapting, and doing well on the wards. Additionally nurse retention was higher with facilities and departments whom received a structured orientation. Creating this program will include developing practical skills for both the mentor and the new hired nurses. Another important factor this program provides is with the mentors being at the same location as the new hires can help increase the satisfaction ultimately increases the retention of nurses.

The importance of a proper training for mentors is stressed in the article by Condrey (2015). The skills needed to step into this position include being a role model, educator, and an evaluator. The results of this study showed that the mentors working with the trainees aids in the retention of these new hires. The program that will be implemented at SHC-VMOC will teach the established nurses desiring to be mentors the skills they need to be successful as a mentor as well as growing the relationship between them and their trainees.

Sandau, and Halm (2010) state a mentor-based orientation increases the satisfaction and retention of nurses, which also reduces the cost when the preceptors are adequately prepared. The programs analyzed included structured orientations that range. Furthermore the relationship formed will help provide a safe environment to allow the new nurse to grow and become confident in their skills. The program would include an orientation that is a minimum of three months up to six months depending on each individual's needs.

Lindfors and Junttila (2014) state that a mentor allows new nurses to practice skills, and will increase their confidence. The study explains that nurses are leaving organizations for various reasons, one reason being the lack of support and guidance. The main goal of an orientation program is to provide skills and tools to the nurses to make them as competent as possible. It also creates a sense of belonging, and supports the nurse with the relationship fostered with the mentor. Incorporating this study into the program would provide the new nurses with the support and guidance needed to retain nurses at SHC-VMOC.

Robitaille (2013) argues the quality of knowledge that a mentor possesses will determine the quality of the orientation training a new hire will experience. The article by Robitaille discusses the importance of the relationship between a mentor and the trainee. The mentor helps with orienting the new nurse to the unit, culture, and becomes a model of professionalism to the new nurse. Robitaille explains that the mentors need to observe new hire during the orientation process to identify gaps in knowledge to allow them to tailor the program to that specific person.

Lastly an article by Kuhrik, Laub, Kuhrik, and Atwater (2011) discuss an orientation for any new nurse to an oncology setting. During the study the nurse managers on the oncology units realized that the new hires had very little understanding of the true depth of the patient care in an oncology setting. This resulted in the patients not receiving the proper care. The study developed a curriculum to implement at an orientation for both new nurses and experienced oncology nurses. This study stresses the importance of pouring into the nurses who desire to work in oncology and not just teaching them the skills needed to perform their everyday tasks but to teach them why and how to provide proper care. Since SHC- VMOC is an oncology clinic this article is very important to the program being proposed to management. This article can show management the need for a new training program and mentor relationships and how it will benefit the patients overall care that is being provided.

Timeline

The program is to start September of 2017 after months of talking with management about starting the mentor program, as well as creating the curriculum. The development of the curriculum started August of 2017. The training for the established nurses at SHC-VMOC would start middle of September 2017 and would conclude middle of October 2017. After the mentors have completed the training the company can start the hiring process for new nurses to start in each location. Once these positions have been filled the second half of the program would start and would span over a three to six month time period. The second half includes the new mentors training the new hires and assessing the individual needs of each new hire. Each month the mentor and trainee will participate in a survey providing the manager and CNL with the information needed to

improve the program. The official end date of the program is not easy to assess as in there will be more new nurses as other nurses retire or move careers. The final assessment of the first program and mentor relationships will be a year after the first mentor starts to train their trainee.

Expected Results

The outcome to this project would be that the mentor and new nurse relationships would flourish over the program. Another outcome that would be expected is that the number of nurses that are being hired at SHC –VMOC will increase, and the clinics will no longer be understaffed. Resulting in the patients receiving better and safer care. The nurses will be able to spend more time explaining the chemotherapy, side effects, and answering any questions that may arise during treatment. The nurse retention is projected to increase with the program, because the training will be catered to the specific nurse and the mentor relationship will also provide these nurses with resources they need to be successful.

Nurse Relevance

After analyzing the results of the nurse survey I realized that most nurses in all of our clinics feel understaffed and the schedulers as well as the doctors just keep scheduling patients if there is an open time slot without looking at the nursing staff for that day. Another analysis of the survey was that there are at least four of the full time nurses that are employed with SHC-VMOC that are interested in becoming a mentor, and another two that would like more information on the program before deciding if they want to participate. I believe that this program will not only add more resources to the nursing staff but it will also equip the established nurses to mentor and shape the new

nurses coming into the practice. The mentor program will hopefully be a long term program that will encourage other nurses to step into these roles so all incoming staff will have a mentor and it will not all fall on the same four nurses and the manager.

Another relevance I would hope is that the patients will get more individualized care and the needs will be exceeded and not only met. Currently I feel that although the needs of each patient gets met every time they are in the clinic I believe there is always room to grow and improve in this section. Our patients have other options on a doctor to go to and to have other infusion clinic treat them but they have picked our clinics and we need to make sure they are satisfied and well cared for.

Summary Report

SHC-VMOC treats patients diagnosed with cancer and hematology disorders at multiple doctors' offices and infusion centers across the Bay Area. Presently all five locations that employ nurses in the infusion centers are understaffed. The mentor program was created to train nurses to become mentors. Additional to train new hires and foster relationships between new hires and established nurses while investing in each individual. The clinical nurse leader theme that is being addressed is organizational and system leadership.

The first step to implementing the program was to talk to management about the additional cost to create the curriculum and for hours needed to train. The additional hours for curriculum development would cost the company \$2,000, and an additional \$1,956 per nurse who participates in the training. Data collected from the survey that the entire nursing staff participated in established that four nurses who expressed interest in participating in this program. Not only did the survey show how many nurses want to

participate it also disclosed that 95% of the nursing staff felt that the infusion center they worked in was understaffed.

After multiple meetings with management about the importance of this program, the final go ahead to create the curriculum was given in July of 2017. I am working with the nurse manager to develop the curriculum. We have projected that the curriculum will be fully developed by the end of August 2017, and training the four nurses would start in September of 2017. Once the nurses have completed the training, the company can hire new nurses and start utilizing the additional trainers/ mentors. The projected timeline for hiring new nurses is October of 2017. Throughout the three months of training there will be multiple surveys for both the mentor and the trainee to utilize to improve the program.

Since the program is still being developed, there is no evaluation yet. The expected result of the program is to decrease the number of offices that are understaffed, while developing new oncology nurses and invest in the nursing staff. The program will be implemented after practicum has finished which will start the sustainability of the program right from the start. Management, and the nursing staff both understand the importance of this program being successful, this is an significant step in maintaining the program because these are the two groups of individuals who need to be invested to continue to grow and improve the mentor program. Additionally the program was developed so in the future if the manager is no longer with the company any one of the nurses who participated in the training could run the training for other nurses. All of these steps from having management on board, to being able to have any of the mentor nurses run additional trainings in the future will help sustain the program hopeful for years to come.

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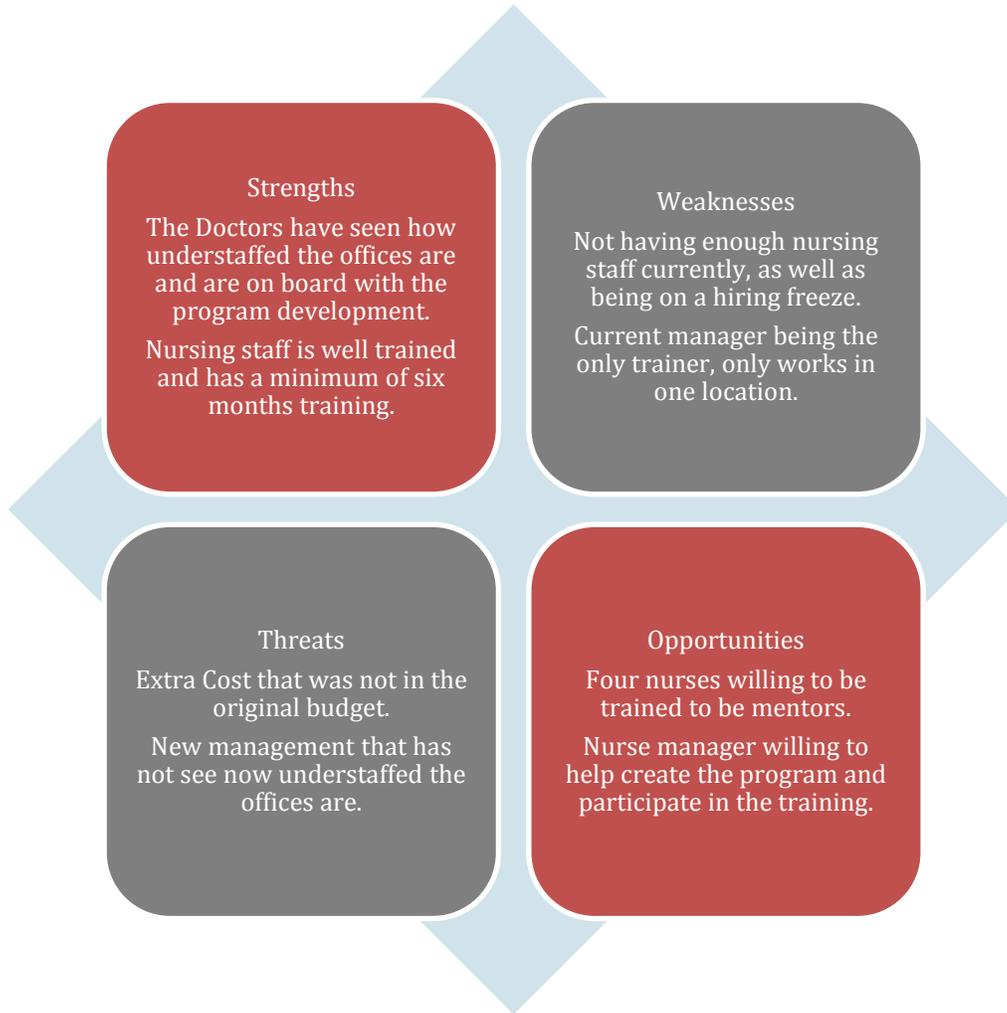
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Appendix A

SWOT Analysis



Appendix B

Timeline

	June 17	July 17	August 17	Sept. 17	Oct. 17	Nov. 17	Dec. 17
Microsystem analysis	X						
Communicate with management	X	X					
Create curriculum			X				
Train nurses to be mentors				X	X		
Hire new nurses					X		
First survey						X	
Implement any improvements						X	
Second survey							X
Implement any improvement							X

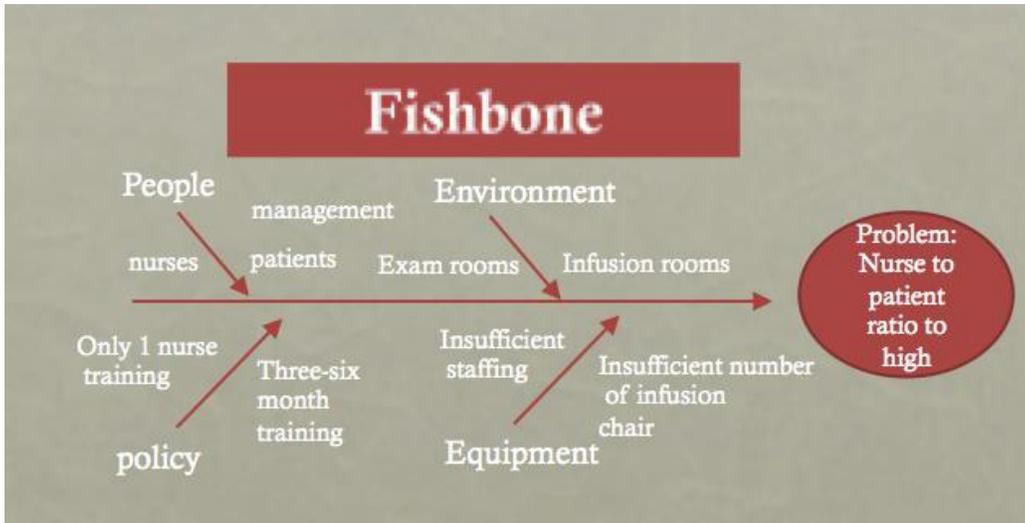
Appendix C

Process Map



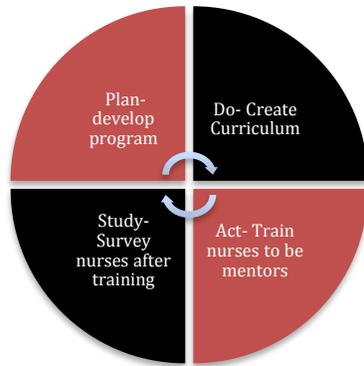
Appendix D

Root Cause Analysis

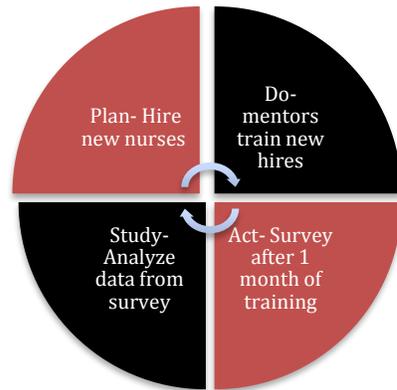


Appendix E

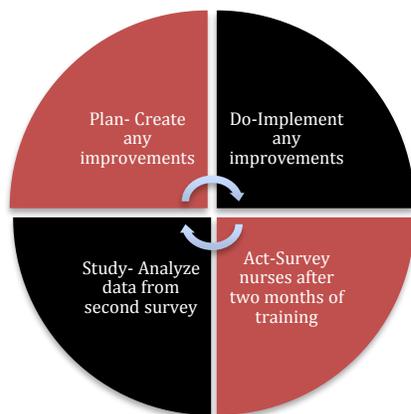
PDSA Ramps



Cycle 1



Cycle 2



Cycle 3

Appendix F

Nurse Survey

Please take the time to answer these few questions. Please answer honestly. All results are anonymous.

Scale 1 to 5, one being strongly disagree and five being strongly agree how would you rate the following:

1. You received adequate training when you started working with SHC-VMOC

1 2 3 4 5

2. There is adequate staffing for the nurses at the location you work in

1 2 3 4 5

3. Do you feel that you can provide each patient with the care they deserve with the amount of work you preform each day

1 2 3 4 5

4. If the company implemented a mentor/trainer program would you be interested

1 2 3 4 5

5. Additional comments

If you are interested in the mentor/trainer program please email Nicole at

nvanaken@stanfordhealthcare.org