Bridging the Gap: Mentoring as a Strategy to Prepare Graduate Nurse Educator Students for Academic Practice

Jill A. Campbell
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/ma_nursing

Recommended Citation
Campbell, Jill A.. (2011). Bridging the Gap: Mentoring as a Strategy to Prepare Graduate Nurse Educator Students for Academic Practice. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/ma_nursing/52
Bridging the Gap: Mentoring as a Strategy to Prepare Graduate Nurse Educator Students for
Academic Practice

Jill A. Campbell
St. Catherine University

Scholarly Project
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts in Nursing, Nurse Educator Concentration

St. Catherine University
St. Paul, Minnesota

Jill Brendel Campbell

May 2011
This is to certify that I have examined this
Masters of Art scholarly project
Written by

Jill Campbell

and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

Graduate Program Faculty

[Signature]
Professor Valinda Pearson

May 20, 2011
Date

DEPARTMENT OF NURSING
Table of Contents

List of Tables ................................................................................................................................. 6
List of Figures ................................................................................................................................. 7
Abstract ........................................................................................................................................... 8
Introduction ..................................................................................................................................... 9
Literature Review ........................................................................................................................... 9
  Definition of Mentoring in Nursing .......................................................................................... 10
  Mentoring and the Core Competencies of Nurse Educators ..................................................... 11
  Barriers in Mentor Relationships .............................................................................................. 12
  Benefits of Mentoring for Nursing Students ............................................................................. 13
  Benefits of Mentoring for Nurses in Practice ........................................................................... 14
  Benefits of Peer Mentoring in Nursing ..................................................................................... 15
  Benefits of Mentoring and Nursing Leadership ........................................................................ 16
  Benefits of Mentoring and Novice Academic Nurse Educators ............................................. 16
  Socialization of Graduate Students for Academia .................................................................... 18
  Recommendations from the Literature ...................................................................................... 19
  Lack of Literature on the Benefit of Mentors for Graduate Nursing Students Pursuing
  Academia ....................................................................................................................................... 19
  From Education to Practice: The Gap in Nurse Educator Preparedness ................................. 20
  Proposal: Incorporate a Mentor Program in Graduate Nursing Education Programs .......... 21
  Theoretical Framework ................................................................................................................ 22
List of Tables

Tables

Table 1. Example of Mentor Program Across a Graduate Nurse Educator Program...23
List of Figures

Figures

Figure 1. The Collegial Mentoring Model……………………………………………….19
Abstract

The nursing profession is facing an eminent faculty shortage. Novice nurse educators and nurses transitioning from clinical practice to academia are often ill prepared for the faculty role. Mentoring has been used throughout nursing to prepare and advance nurses for a variety of roles. This paper discusses the vast literature surrounding the phenomenon of mentoring in nursing including the importance of mentoring as a strategy to socialize and prepare novice nurse educators for academia. Minimal research is available on the effect of mentoring graduate nurse educator students for socialization and preparation for the faculty role. This paper describes a novel approach to prepare graduate nurse educator students for academia. By incorporating a mentor program in graduate nurse educator programs, faculty mentors for graduate nurse educator students facilitate the socialization and preparation process for these novice nurse educators and their future roles in academia.
Introduction

Nursing academia is struggling to keep up with the demand for adequately prepared nurse educators. As the baby-boomer nurse educators begin to retire, and fewer nurses are choosing career paths in academia, there is an imminent shortage of qualified nurse educators. Novice nurse educators transitioning to academia are often ill prepared for their new academic roles (Anderson, 2009; NLN, 2006). Novice educators often experience role strain upon transition to academia as academic nurse educators are expected to function in a variety of roles from teacher, to researcher, to service provider. Experienced nurse educators must effectively prepare these novice nurse educators for the academic setting (Choudhry, 1992). Innovative ways to recruit, retain, socialize, and prepare nurses for academia is vital to the nursing profession (NLN, 2006).

Mentoring has been largely adopted by the nursing profession as a strategy to introduce and prepare nurses for practice in various nursing roles and settings in which they practice (NLN, 2006). This paper will review the vast literature surrounding the phenomenon of mentoring in nursing. Much research is available on the use of mentoring in nursing as a strategy to promote growth and development of practicing nurses and nurse educators. However, more research is necessary to see the impact of mentoring relationships on nursing academia. There is minimal research on mentoring and graduate nursing education, and even less on the benefits of mentoring graduate nurse educator students (GNES) as an investment for their future in academia. This article will describe a novel approach, where mentoring can be utilized as a means to prepare GNES for their future academic practice.

Literature Review

There is a plethora of literature on the concept of mentoring in nursing. A recent CINAHL search on the word mentoring, limited to the last 10 years, yielded over two thousand results and by narrowing the search to mentoring and nursing yielded over 900 results. Focusing
the search to find articles on mentoring and nursing education returned a lesser volume of 189 articles. There is also a wealth of knowledge on the use of mentoring in other professions. This paper will also discuss literature outside nursing pertaining to mentoring.

**Definition of Mentoring in Nursing**

Mentoring relationships are important to nurses throughout their careers (Ali & Panther, 2008; NLN, 2006; Schumacher, Risco, & Conway, 2008; Yonge, Billay, Myrick, & Luhanga, 2007). The concept and definition of mentoring in nursing has changed over the years. The definition and application of mentoring often differs in the literature. Some nurses describe the roles of preceptor and mentor as interchangeable, whereas others note distinct differences between the two roles (Yonge, et al., 2007). As the definition is loosely defined, it is easy to see why many nurses struggle with the concept of mentoring and how to function in mentor relationships (Myall, Levett-Jones, & Lathlean, 2008).

Madison (1994) defines mentoring as “an expert choosing to acquaint a novice with the customs, resources, and values of the organization. Mentors are confidantes who personalize role modeling and who freely give their time, energy, and support to teach, guide, assist, and inspire the mentee” (p. 16). Stewart and Krueger (1996) describe mentoring as a “teaching-learning process acquired through personal experience within a one-to-one, reciprocal, career development relationship between two individuals diverse in age, personality, life cycle, professional status, and/or credentials” (p. 315). With the various definitions and roles of a mentor, coupled with previous mentor relationship experiences, nurses must critically think about what constitutes the role of a mentor in order to be an effective mentor, and ultimately to continue to advance the nursing profession (Ali & Panther, 2008). For the purposes of this paper, the definition of mentoring used is that of a process where an experienced nurse or nurse
educator facilitates knowledge through a variety of means, socializes the mentee to the role and setting, supports, and guides the novice. This relationship is mutually beneficial to all parties involved and promotes personal and professional development for the mentor and mentee.

Regardless of the definition of mentoring chosen, the literature shows that mentor relationships are important to the nursing profession as they foster mutual education and professional growth for the mentor and mentee (Wroten & Waite, 2009). These relationships have the potential to increase personal and professional motivation, satisfaction, enhance ingenuity, and problem-solving (Dancer, 2003).

**Mentoring and the Core Competencies of Nurse Educators**

Mentoring is highlighted throughout the *Core Competencies of Nurse Educators* as an essential component to the educator role and necessary for educators to promote learner growth and development. According to the NLN (2005), “academic nursing education is the process of facilitating learning through curriculum design, teaching, evaluation, advisement, and other activities undertaken by faculty in schools of nursing” (p. 2). Nurse educators can facilitate this learning by mentoring fellow faculty members, nurses, and students. Nurse educators as mentors embody *Competency 1, Facilitate Learning*, with multiple strategies to meet learners’ educational needs, modeling professional behavior and critical thinking, and investing time and interest in their mentees. Nurse educators as mentors also operate under *Competency 2, Facilitate Learner Development and Socialization*, via recognizing and adapting to unique learning styles of students, offering appropriate learner resources, and offering advising and counseling. Educators in the mentor role also utilize *Competency 3, Use Assessment and Evaluation Strategies*, when they use evidenced based practice, assess and evaluate mentee learning, assess and evaluate mentor teaching effectiveness, and by offering constructive
feedback to mentees. *Competency 6, Pursue Continuous Quality Improvement in the Nurse Educator Role,* is also important for nurse educators as it specifically addresses nurse educator’s responsibility to mentor and support fellow faculty members and students. Therefore, mentors socialize and model the core competencies to their mentees throughout their mentor relationship.

**Barriers in Mentor Relationships**

The literature shows that mentoring can have positive effects on all parties involved, but barriers exist that can influence the effectiveness of mentor relationships. A mentor relationship can be negatively impacted when the mentor fails to be of help and does not meet the unique needs of the mentee (Billings & Kowalski, 2008). A mentor’s attitude and inadequate communication skills can also have adverse effects on the relationship. Additionally, lack of time can be a hindrance in a mentor relationship, when the mentor or mentee is unable to fulfill time commitments due to job duties and other life responsibilities (Ali & Panther, 2008; Bulut, Hisar, & Demir, 2010; Hubbard, Halcomb, Foley, & Roberts, 2010; Myall, et al., 2008; Wagner & Seymour, 2007). Time, expectations of the relationships, boundaries, and commitment levels are important to clarify at the beginning of the relationship. The goals and progress of the relationship must also be communicated as the relationship develops (Billings & Kowalski, 2008).

Apart from barriers that can occur between the mentor and mentee in the relationship, external barriers can exist that can have a negative effect on the relationship. Inadequate mentor training by the institution for the mentor role can have a negative impact on the relationship. Proper training and preparation for the mentor role is necessary to overcome this barrier. A lack of administrative and institutional support for mentor programs and mentor relationships can be a hindrance (Hubbard et al., 2010; Kavoosi, Elman, & Mauch, 1995; Myall, et al., 2008). Nurse
managers and administrators can overcome this barrier by providing continuing education on mentoring and support for mentor programs and relationships already in place (Kavoosi, et al., 1995; Wilson, Brannan, & White, 2010). Support for mentor relationships is vital in order for relationships to be successful and beneficial. As all parties benefit greatly from mentor relationships, nurse administrators must support, promote, and facilitate these mentor relationships.

**Benefits of Mentoring for Nursing Students**

Mentoring is an important tool to help nursing students achieve success in their academic pursuits. A study by Bulut, Hisar, and Demir (2010) evaluated a mentor program, which consisted of fourth-year nursing students who mentored first-year nursing students. The fourth-year nursing student mentors were guides and resources to the first-year student mentees, and socialized the students to the academic setting. The results of this study showed that the first-year nursing students benefited from the mentor program through increased motivation and preparation for the college setting. Findings from the fourth-year nursing students indicated the mentor program helped them to build independence, sense of responsibility, critical thinking, and leadership skills for their future in nursing.

The use of faculty mentors for nursing students can also improve student academic success. A study by McGann and Thompson (2008) evaluated the use of faculty mentors for “at-risk” nursing students over the course of a semester. “At-risk” was defined as students who did not meet the standards of the nursing program. Results of this study indicated nursing students had encouraging relationships with their academic mentors. Students also reported growth in self-esteem and confidence throughout the mentoring process. Student outcomes from the collaboration with faculty mentors included increased motivation, lessened anxiety levels, and
enhanced prioritization skills. The mentor relationships also had a profound impact on grades as evident by semester GPA. Additionally students were able to graduate from the nursing program. All students who participated in the study passed the NCLEX-RN, with the majority of the students passing on their first attempt. Based on the findings in this study, the authors argue that nurse educators should be willing to mentor “at-risk” nursing students early on in the nursing program in order to facilitate academic success.

Mentoring has been used as a strategy in nursing programs to recruit and retain students who are racially and ethnically diverse. With diversity growing in the U.S., it is important for the nursing profession to be reflective of the populations in which we serve (Wilson, Andrews, & Leners, 2006). Therefore, mentoring culturally diverse nurses and nursing students is vital to the nursing discipline and profession.

Mentoring models can be used to guide mentor relationships with nursing students. The Caring Mentorship Model was developed from a research study that used experienced nurses as mentors for nursing students. This model shows the mentor relationship develops as the mentor and mentee work together, with each bringing his or her own life experiences, ability, and willingness to grow in the relationships and as nurses. Shared expectations, motivation, and communication are integral to mentoring success (Wagner et al., 2007).

Benefits of Mentoring for Nurses in Practice

Mentoring novice nurses can improve nursing competencies as they transition from student nurses to nurses in practice. These competencies include nursing care, communication, problem solving, and quality development and assurance. The literature shows that nursing competency levels increase when there is mentor interaction. The mentor interaction helps the
novice nurse gain professional nursing knowledge, proficiency, and confidence (Komaratat & Oumtanee, 2009).

Mentoring is not only a benefit to novice nurses but to the nurse mentors in practice as it encourages them to keep up-to-date regarding nursing knowledge, keeps their skills fresh, and pushes these nurses to adhere to evidence-based practices (Billings & Kowalski, 2008; Myall et al., 2008). Mentoring also has the potential to increase mentor motivation, job satisfaction, and professional growth (Dancer, 2003).

The Mentoring Process Model was developed based on mentoring relationships studied by Angelini (1995) as a strategy to promote nursing staff development in the hospitals. This model describes the mentoring process via the mentoring characteristics, dimensions, strategies, and career development outcomes of the process. The model is based on the dynamic relationship of the mentoring process, where the interaction and communication between the mentor and mentee are pivotal to mutual growth and development.

**Benefits of Peer Mentoring in Nursing**

Mentoring is not always a relationship that takes place between an expert and a novice. When mentoring in nursing is shared between nurses or students in similar roles, age, and experience, the process is called peer mentoring. A study on nursing students enrolled in a baccalaureate nursing program utilizing peer mentors, found the peer mentoring process to be beneficial in promoting a positive environment for personal development. Peer mentoring can also provide support, instill belonging, acknowledgement, validation, and offer a place to voice vulnerabilities (Glass & Walter, 2000).
Benefits of Mentoring and Nursing Leadership

Mentoring can be a successful strategy to enhance nursing leadership skills. Nurse leaders constituting of nurse managers, administrators, and directors in the California Society for Nursing Service participated in a study by Madison (1994) on the effect of mentor relationships and nursing leadership. The researcher found that mentoring relationships had a positive impact on the professional and personal lives of 97% of the nurse leaders who participated in the study. Other positive attributes of mentoring found in this research included increased confidence, self-awareness, and self-actualization.

Many nurse leaders credit their own professional growth and development to their experiences participating in mentor relationships. In another study of nurse leaders, 13 nurse leaders were interviewed about their experience with mentor relationships. The results of this study found that most nurses who participate in mentor relationships, did so in order to develop leadership skills or to prepare others for leadership roles (McCloughen, O’Brien, & Jackson, 2009).

Benefits of Mentoring and Novice Academic Nurse Educators

The literature provides evidence that mentor relationships are vital for nurses’ academic growth, transition from clinical practice to academic educator, and collegiality (Kavoosi, et al., 1995; May, Meleis, & Winstead-Fry, 1982; NLN, 2006; Stewart & Krueger, 1996; Thorpe & Kalischuk, 2003; Wilson et al., 2010). “When effective, the mentoring process has the ability to produce nurse educators who are committed, caring, well-qualified professionals dedicated to the development of the future generation of nurses and the advancement of the profession of nurses” (Hubbard et al., 2010, p. 142). The NLN discusses the use of mentoring as a strategy to recruit and retain nurse educators. Mentoring can be used to introduce neophyte faculty to the academia
and the various roles of the academic nurse educator including teacher, researcher, and service (NLN, 2006). “My introduction to what a great mentoring relationship should be did not come from studying mentoring. Instead, it came from an actual experience with a mentor who showed me she cared for me and clearly wanted me to be successful in all aspects of my role as a neophyte nurse educator” (Smith & Zsohar, 2005, p. 184-185). Mentoring of neophyte nursing faculty is a responsibility in which experienced nursing faculty can participate in order to promote professional growth of these novice educators (Kavoosi et al., 1995).

Sawatzky and Enns (2009) conducted a mentoring needs assessment for new nursing faculty by questionnaire. Several themes arose. These themes included the acclimation to the academic setting, relationships with fellow faculty members, and lack of administrative support and services. The researchers found that mentoring had a profound impact on the novice nurse educators through enhanced job satisfaction, performance, teaching ability, and collegiality. Similarly, McArthur-Rouse (2007) conducted semi-structured interviews with novice academic nurse educators and the use of mentoring. Themes derived from the interviews included academic role ambiguity, understanding institutional structure, and the need for teaching guidance and support. All participants found their mentors to be beneficial to their academic transition. Additionally, Blauvelt and Spath (2008) describe a study that evaluated a faculty-mentoring program. The mentor program was initiated to facilitate the transition of the new nursing faculty to the academic role and foster retention of these novice educators. The duration of the mentor program was a year from hire and consisted of weekly meetings between the mentor and mentee. The role of the mentor included that of support, guide, and resource for the mentee. The mentees found the mentor program to be highly beneficial to their transition to academia. These mentees reported a better understanding of the new academic role.
As novice nurse educators come from a variety of backgrounds, many are unfamiliar with the academic role. These beginner nurse educators can benefit from socialization to the academic role (Kavoosi et al., 1995). According to Suplee and Gardner (2010) novice nurse educators must become familiar with the academic setting, culture of the institution, and program specific details including courses, curriculum, grading, and so forth. These authors conducted a study in which one university implemented a mentor program for neophyte educators where mentors socialized and provided support to the novice educators. A survey was used to evaluate the mentor program. Based on the results of the survey, the researchers found the program to be beneficial to the novice nurse educators as they transitioned into their academic roles.

**Socialization of Graduate Students for Academia**

The literature outside the discipline of nursing also supports the socialization of graduate students to academic roles by use of mentoring. Austin (2002) discusses the importance of socialization in graduate school for graduate students pursuing academia in order to prepare these novice educators for their future academic roles. Through interviews with graduate students, Austin found socialization to academia is vital in order for graduate students to learn how to support and advise students while using a variety of teaching-learning strategies. Socializing graduate students to academia can occur through interactions with faculty members. During her research, Austin found several themes that arose from the interviews with the graduate students. Themes surrounding socialization to academia include observing, listening, and interacting with faculty, inadequate mentoring and performance feedback, and lack of support for professional growth. Additional themes were found related to the students’ view of the faculty role including student understanding of teaching and scholarship, lacking knowledge of career opportunities, and work-life balance. Based on her research and interactions with
graduate students, Austin made several recommendations for socializing graduate students to academia highlighting an emphasis on mentoring graduate students to prepare graduate students for academia.

**Recommendations from the Literature**

Mentoring should be highlighted as a strategy to assist novice nurses and novice nurse educators as they transition to practice. Mentoring can ease the transition to academia and decrease the reality shock novice nurse educators encounter when they transition to academia (Locasto & Kochanek, 1989). Mentoring is vital to ensure that nursing has appropriately prepared nursing faculty (Hubbard et al., 2010; Smith & Zsohar, 2005; Suplee & Gardner, 2010; Wilson et al., 2010). Mentoring can be used to recruit and retain nursing faculty in light of the eminent shortage (Wilson et al., 2010). Mentoring programs should be established in nursing education as it has been proven beneficial to all involved in the relationship (Sawatzky & Enns, 2009).

**Lack of Literature on the Benefit of Mentors for Graduate Nursing Students Pursuing Academia**

Little research is available on the effect of mentor relationships and graduate nursing students. Additionally, there is minimal research on the use of nursing faculty as mentors for graduate nursing students pursuing a future in academia. Additional research is needed on mentor relationships and graduate study (Taylor, 1992). Innovative ways to prepare, recruit, and retain nurses for academia are necessary for the growth of the nursing discipline and profession (Wilson et al., 2010).
From Education to Practice: The Gap in Nurse Educator Preparedness

Nurse educators, specifically nursing faculty, are held to high expectations as defined by their institution of practice (Benner, Sutphen, Leonard, & Day, 2010). These educators hold the responsibility of training the next generation of nurses for competent, safe clinical practice. These academic nurse educators must be competent in various faculty roles including teaching, professional practice, research, and service (Choudhry, 1992). With the increasing demands of nursing faculty, it is easy to see why so many nurse educators are ill prepared for academic roles.

Though neophyte academic nurse educators bring fresh knowledge and excitement to academia, they ultimately lack in preparation for their new career (Benner et al., 2010). The results of a study by Davis, Dearman, Schwab, and Kitchens (1992), signify that neophyte nursing faculty do not have the educational background to function as academic nurse educators. Nursing faculty and students alike agree that novice faculty members do not have enough preparation for the academic teaching role. Additionally, masters-prepared nurse clinicians who transition to academic roles often do not have the knowledge base and proficiency to function in the academic setting. Though these nurses have much knowledge from their clinical nursing experience, they lack specific education, skills, and support to succeed as an educator (Anderson, 2009). Many masters’ degree nursing programs offer minimal curriculum and practicum related to nursing education. Most masters in nursing programs’ curricula emphasize the advanced practice nursing role as opposed to the role of teacher (Davis, Baker, & Carlson, 1994), and are ultimately doing a disservice to the nursing profession by not preparing students adequately for academic practice (Benner et al., 2010). Therefore, increased practicum experience is necessary to prepare nurses for the role of the teacher (Davis et al., 1994).
Proposal: Incorporate a Mentor Program in Graduate Nursing Education Programs

Mentor relationships are important across the continuum of nursing. Whether these mentor relationships occur with nursing students, nurses in clinical practice, or novice nurse educators, mentoring advances the nursing profession. Many graduate programs in nursing education focus on educating students on nursing and educational theory but provide minimal experience preparing these novice educators for the academic nurse educator role. Additionally, more graduate programs in nursing education are offered online. Students in graduate nursing education programs benefit and learn from experience. Choudhry (1992), states “…nurse educators are expected to perform a number of common roles with competency…” (p. 267). The academic competencies in which the academic educators must be competent in order to facilitate learner growth include performance evaluation, advocate for learners, advisor, and resource. Choudhry discusses that graduate nursing curriculum should be organized in a way in which educator students can learn and practice these competencies. Additionally, experience with students is important to neophyte educators, as interaction with students will be a large portion of the academic nurse educator role. More experience is needed for GNES in preparation for future academic roles.

Therefore, I propose to incorporate a mentor program as a part of graduate nurse educator programs in order to prepare GNES for academic practice. This mentor program will give GNES rich experience in which they can learn from more experienced faculty members to become effective academic educators. Introducing the mentoring concept in graduate and undergraduate education is imperative for professional development (NLN, 2005), which supports my proposal to mentor GNES to prepare and socialize them for their future academic
roles. Additionally, mentor programs will give GNES practice with the core competencies for nurse educators, the standards for their future profession.

**Theoretical Framework**

The work of Patricia Benner is a strong foundation for this proposal. The GNES come to graduate programs with a wealth of clinical experience, and many of these students are experts in their clinical practice. According to Benner (2001), skills acquisition occurs through experience. This experience enables the beginner to progress along the continuum from novice to expert. A nurse becomes an expert in his or her clinical practice through experience, but when transitioned to a new area of practice he or she may only perform at competent levels. One would expect a similar or even more drastic change to occur as one moves from clinical nursing practice to academia, where he or she may likely be functioning back at the novice level.

As GNES progress through graduate programs and come into academic practice, they become novices again, unfamiliar with the academic setting and role of the academic nurse educator. Benner’s (2001) novice to expert framework is a great example of the transitions these GNES experience. Experience is important for these neophyte educators in order to move them along the continuum from novice to expert in academia. GNES can gain rich experience through participation in a mentor relationship with nursing faculty who can socialize them to the academic setting and roles and provide them the experience necessary to function in academia.

Increasingly important in the disciplines of nursing and education is the concept of learner-centered education. This concept has gained much support in the literature in recent years as education moves away from teacher-centered to a learner-centered focus. Students learn in a variety of ways and have varying learning needs. Academic nurse educators must utilize a variety of learning techniques in order to meet the educational needs of their learners (Hawk &
The concept of learner-centered education is foundational to this proposal. The mentor program will enable GNES to work with faculty for practicum experiences in which they will be facilitating knowledge acquisition and application in students who have a variety of learning needs and styles. Therefore, the mentor program will provide these novice educators with the opportunity to incorporate various learner-centered strategies.

Adult learning theory is also an important theoretical component for nurse educators when educating adult learners in the academic setting and is therefore vital for this proposal. Adults are self-directed learners and discover meaning and knowledge through life experiences (Knowles, 1975). A faculty mentor for GNES will provide these self-directed learners with practical experience in which they can learn, reflect, and think critically, also allowing for the flexibility to adjust these experiences to their own time. The knowledge gained from this experience will prepare these students for their future academic practice.

**Theoretical Model**

My proposal builds on the Collegial Mentoring Model developed by Thorpe and Kalischuck (2003) in addition to building on the aforementioned theoretical frameworks and concepts. This model will be used as a guide for the faculty-GNES mentor relationship. This mentoring model focuses on the caring aspects involved in the mentor relationship, which promotes honest and open interactions between the mentor and mentee. The model consists of the macro and micro realms. The macro realm focuses on the external factors that have an impact on mentor relationships including social, political, and cultural aspects of the institution in which these relationships takes place. The institution can be an academic setting like a university or a healthcare organization, hospital, or clinic. The micro realm encompasses the intrinsic factors of the mentor relationships including the time spent in the relationships, a safe
environment for the relationships to grow, presence in the relationships, as well as caring, and the connection and communication between the mentors and mentees. With these processes in place the mentor relationship results in positive effects for both parties including professional and personal growth. Also important to this model is evaluation of the mentor relationships using summative and formative techniques.

*Figure 1. The Collegial Mentoring Model*

(Thorpe & Kalischuck, 2003)

**Mentorship Practicum**

This mentor program consisting of nursing faculty as mentors for GNES would take place throughout the duration of the graduate nursing education program. The pairings would be based on students’ academic interests and available faculty. During their coursework, GNES will collaborate with faculty mentors on their assignments and practicum experiences. An
example of the mentor interactions across the graduate program is described in Table 1. As part of the mentor program, students will gain teaching experience and socialization to the role of the academic nurse educator. The mentors and mentees will set goals and expectation for the relationship. They will be expected to meet at least once per month throughout the graduate program, quite possibly more often in the beginning to establish the relationship. Additionally, GNES will gain familiarity with the *Core Competencies of Nurse Educators*, as mentors model these competencies.

This proposal aligns with several of the NLN's *Core Competencies of Nurse Educators*, as it gives GNES practice functioning within these competencies and see the competencies modeled by mentors. GNES will build on *Competency 1, Facilitate Learning*, as they will reflect on the mentor experience to better their teaching; gain experience with written, oral, and technology based communication techniques; be a positive nursing role model to students; and learn how to build effective relationships with students through practicum experiences (NLN, 2005).

*Competency 2, Facilitating Learner and Development and Socialization*, is also important for GNES in their mentor relationships. The GNES will have the opportunity to interact with diverse students with a variety of learning needs as they work with their faculty mentors and students throughout the graduate program. The mentor experience will also provide the GNES with therapeutic communication experience (NLN, 2005).

*Competency 3, Use Assessment and Evaluation Strategies*, can also be fulfilled in the mentor program, as it enables GNES with the experience to provide learners with effective, well-timed, insightful feedback through practicum experiences (NLN, 2005). Mentors and mentees
will complete summative and formative evaluations of the mentor program and performance evaluation of mentors, and mentees to enhance the program and professional development.

*Competency 6, Pursue Continuous Quality Improvement in the Nurse Educator Role,* is also addressed by participation in mentor relationships. GNES receive feedback from their mentors on their growth and development as an educator. Through reflection on this feedback, the novice educators can identify areas for growth to work towards becoming more effective educators. Additionally, by participating in the mentor program, the GNES are socialized to the role of educator (NLN, 2005).

The GNES will prepare a final course project based on their mentor relationship experience by preparing a paper and presentation. GNES will be asked to explain how the mentor experience helped prepare them for academic and other professional nurse educator roles including development of faculty-student relationship or educator-learner relationship; establishment of goals and learning objectives; use of a variety of teaching and learning styles; and evaluating outcomes of mentor experience. Mentors and mentees will complete the summative and formative evaluations in order to measure the effectiveness of the mentor program. This will help GNES to become familiar with the evaluation process and reflect on and learn from the mentor experience. GNES will also reflect on their strengths and areas for growth as an educator.

This mentor program experience and project will not only give GNES hands-on practice with writing goals and objectives, develop collegial relationships, experience with assessing and adapting to different student learning styles, and practice with evaluation measures (all of which are vital to the academic role) but also experience functioning within the *Core Competencies of Nurse Educators* (NLN, 2005). This mentor experience will also give the graduate GNES the
experience and tools necessary to move beyond the novice stage of Benner’s framework. It also has the application of adult learning theory, as this mentorship practicum offers the students their own self-directed experience in which they can reflect on and gain insight to become better educators. Finally, this mentor experience provides the GNES with opportunities to use a variety of approaches to become a learner-centered educator. This proposal socializes and gives the GNES practice with several of the Core Competencies of Nurse Educators. Finally, this proposal adds to the needed literature on the benefits of mentoring GNES in preparation for their future roles as academic nurse educators.
<table>
<thead>
<tr>
<th>Course</th>
<th>Assignment</th>
<th>Mentor Interaction/Practicum</th>
<th>Core Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Theory and Ethics</td>
<td>Utilize nursing theory to guide an ethical dilemma in nursing education</td>
<td>Interview/discuss with mentor about ethical situations in nursing education</td>
<td>I</td>
</tr>
<tr>
<td>Nursing Education</td>
<td>Shadow faculty Mentor and Student teach course or lead clinical group of nursing students</td>
<td>Teach course with mentor or co-lead clinical group with mentor</td>
<td>I, II, VI</td>
</tr>
<tr>
<td>Diversity</td>
<td>Complete an assessment of institutional racism or prejudices and identify actions to overcome injustices via paper</td>
<td>Work with mentor to identify underserved population and institutional racism or prejudices in academic institution</td>
<td>II</td>
</tr>
<tr>
<td>Technology</td>
<td>Develop an online learning module</td>
<td>Collaborate with mentor to develop an online module for a unit</td>
<td>I</td>
</tr>
<tr>
<td>Nursing Research</td>
<td>Create a research proposal</td>
<td>Develop with mentor guidance a research proposal for a topic of interest</td>
<td>VI</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Develop an evaluation tool</td>
<td>Create a test, competency, or measurement tool to be implemented in a course</td>
<td>III</td>
</tr>
<tr>
<td>Curriculum Design</td>
<td>Design curriculum for a course unit</td>
<td>Design curriculum for a unit in mentor’s course and teach curriculum to learners</td>
<td>I, II</td>
</tr>
<tr>
<td>Nursing Leadership</td>
<td>Create and implement a systems change project in academia</td>
<td>Identify, develop, and implement change project that overcomes barriers in academic institution with mentor guidance and support</td>
<td>VI</td>
</tr>
<tr>
<td>Thesis</td>
<td>Develop thesis regarding topic in nursing education</td>
<td>Use mentor as feedback while preparing graduate thesis</td>
<td>VI</td>
</tr>
</tbody>
</table>
Though this proposal is focused on preparing GNES for academia, mentor programs could be enacted to prepare GNES interested in pursuing careers in staff development and patient educator roles. This program could be modified to meet the needs of GNES pursuing these nurse educator roles.

**Areas for Future Research**

With the minimal research currently available on the benefits of faculty mentoring for GNES in preparation for their future academic roles, continued research is warranted. A study enacting the aforementioned proposal would shed more knowledge on this concept. As the nursing profession is facing an eminent shortage of nurses in clinical practice, and a present shortage of academic nurse educators, more educators are needed to grow the profession. With the growing need for well prepared academic nurse educators, more research is needed on strategies that will effectively prepare nurses for academic roles.

**Conclusion**

Mentoring is a rewarding experience for all persons involved. It can provide a sense of job satisfaction and enhance the nursing profession (Myall, et al., 2008). In the literature, mentor relationships have been an effective strategy to help develop nurses professionally and personally, and can be used to help GNES grow personally and professionally toward their future roles in academia.
References


