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Peer Mentorship: Implementation of a Resident Registered Nurse Anesthetist Mentorship Program

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Abstract

Nurse anesthesia residents experience high levels of stress while being enrolled in a post-baccalaureate nurse anesthesia program. Elevated levels of stress have been proven to limit one's ability to learn and commit new material to memory, all while inhibiting their academic and clinical performance. This study represents a quality improvement project that implements a Peer Mentorship Program (PMP) into a major University in the New England area of the United States. The study utilizes descriptive statistics to determine if implementation of a peer mentorship program can help to decrease nurse anesthesia resident's stress, while simultaneously increasing academic and clinical performance. Data gathered by the investigators of this study was composed of a Critical Action Point Checklist (CAPC); a set of objectives that were meant to be completed by the participants in order to help run a successful mentorship program. Additional data was collected using a Peer Mentorship Reflection Questionnaire at the end of the study to receive feedback about the Peer Mentorship Program. 56% of participants agreed that the Peer Mentorship Program helped to decrease stress during the study and 83.4% of participants agreed that they would like to see the Peer Mentorship Program continue for future cohorts at their nurse anesthesia program. The findings of this study suggest that more Nurse Anesthesia Programs should work to incorporate a Peer Mentorship Program for their nurse anesthesia residents to help develop safe, high-quality anesthesia providers for the future.

Keywords: Mentorship, Mentor, Leaders, Stress, Anesthesia, Resident registered nurse anesthetist, RRNA, Student registered nurse anesthetist, SRNA.

Abbreviations: PMP-Peer Mentorship Program, CAPC-Critical Action Point Checklist, RRNAs-Resident Registered Nurse Anesthetists, AANA-The American Association of Nurse Anesthetists.

Introduction

Nursing anesthesia programs throughout the United States are advancing towards rigorous doctoral programs that will require students to commit further time and resources. At Rutgers University a peer mentorship program was created to help ensure Resident Registered Nurse Anesthetists (RRNAs) overcome stressors and successfully complete the program with guidance from the cohort a year above. This Peer Mentorship Program (PMP) pairs each individual year-1 resident with a mentor from the cohort above. With residents from the year above filling the role of mentor, who act as leaders having experienced identical challenges as their mentees, helping them cope with stress and ultimately succeed. Throughout the years, doctoral projects have surveyed the positive impacts that Rutgers' PMP has had on year-one students. According to formal academic research, assessments of peer mentorship results reveal not only stress and anxiety reduction, but also improved clinical and academic performance of nursing anesthesia residents.

Sambunjak et al. [1] performed a qualitative research method and found two studies recognizing the initiation of the mentorship relationship. In academic medicine, the institution would provide early guidance, but the mentee was responsible for finding the mentor. Another significant factor recognized in both studies was the formal

versus informal arrangement in mentorship. The authors found assigned mentorship could make the relationship feel forced and prevent a comfortable and effective dynamic from developing. Both articles also noted the significance in finding a mentor early in the first year of academia.

Conner (2015) also stated students in masters and doctoral anesthesia programs may need support emotionally and academically earlier in their academic timeline [2]. These findings point to a need for further formal, institutional development of mentorship programs. This may be accomplished through providing the platform upon which peer mentorship may develop, not the peer mentor relationships themselves. This structure would critically allow for the natural development of peer mentorship throughout different academic stages. A formalized workshop to implement a mentorship program is possible as seen in a successful research study of 21 first-year residents [3]. All individuals that participated found the workshop to enhance mentoring relationships. This study ran 30- to 90-minute workshops that included three steps, figuring out what mentees need, matching a mentor to meet those needs, and developing character qualities to make a successful relationship. Another successful formal mentorship program was formed in 2016 by the Rutgers Nursing Anesthesia Program [4]. This program provided a student-driven framework that assigned year one

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mentees with year-two mentors with clear student coordinator responsibilities. This framework has allowed students to have a successful continuation of this mentorship program until the present date of this paper's publication.

Currently, not all doctoral anesthesia programs have a PMP. The authors of this study investigated whether a sustainable PMP could be implemented at other nursing anesthesia programs on behalf of Rutgers' current program. The investigation was conducted by implementing a PMP at another CRNA program over the course of 3 months that:

- Promulgates the benefits of peer mentorship
- Defines that site-specific program's mentorship opportunities
- Assesses feasibility of a continued PMP
- Produce findings that enable the creation of an implementation framework allowing for potentially nation-wide scalability of PMPs in the future.

Objective

To evaluate a Peer Mentorship Program within a nursing anesthesia program through education and guidance that reduces stress and anxiety of Resident Registered Nurse Anesthetists (RRNAs), and improve clinical and academic performance through peer support.

Material and Methods

A quantitative research study design was developed to measure the rate of implementing a successful Peer Mentorship Program within a doctoral nursing anesthesia program. Implementation success was quantified by completion of Critical Action Points (CAPs) of peer mentorship, which were objectives that made up the Critical Action Point Checklist (CAPC) (see [Appendix A](#)). These CAPs are events that should occur to form a strong, formalized peer mentorship foundation. A presentation was held for the first- and second-year residents explaining the PMP and the CAPC. The study design measured success based on participation and feedback from a PMP Reflection Questionnaire. Formal PMP implementation success rate was calculated by measuring first- and second-year participation for each CAP. Each CAP was reported by established PMP coordinators from each class. An online presentation was given on the PMP, and then two mentorship coordinators were selected from the first- and second-year classes. The selection of the voluntary coordinators who were in good academic standing were selected by the academic director. Once the coordinators were selected, they were in close communication with the third-year mentorship coordinators from Rutgers University.

The coordinators from Rutgers University acted as guide throughout the implementation process. The selected mentorship coordinators had the responsibility of matching mentors (second-year RRNAs) with mentees (first-year RRNAs). The matching was determined remotely with guidance and tools from the mentorship coordinators from Rutgers University. Once the mentors and mentees were matched, further objectives were completed on the CAPC. The PMP presentation was developed with Microsoft Office PowerPoint software and shared via email with the nurse anesthesia program director. The PMP presentation was completed online using Zoom Video Conference. A mentorship handbook created by the RNAP mentorship program has been successfully used as a guide for students at Rutgers University. Digital copies of the RNAP Mentorship Handbook (see [Appendix B](#)) in the form of PDF were provided to the students on the same date. The program director distributed the material to the students' email accounts. Another resource was a digitally fillable PDF form titled, "Peer Similarity Questionnaire," which was a resource that assisted in pairing mentors with mentees (see [Appendix C](#)). Study participants included the first- and second-year students at a doctoral nurse anesthesia program. The year-1 graduating class had 15 RRNAs enrolled and the year-2 graduating class had 13 RRNAs, totaling 28

participants in the study. Please see [Appendix D*](#) for the letter of cooperation. Eligibility criteria to participate in this study required current status as a full-time matriculated RRNA. Exclusion criteria included students who were not enrolled in the nurse anesthesia program.

The study intervention was the implementation of a formalized Peer Mentorship Program for RRNAs at a doctoral nurse anesthesia program. Presentations were given to each class on a formal PMP. The presentation was given to first- and second-year residents in succession through two Zoom Video Conferences. One hour was delegated for each class to receive a presentation on the PMP, and at the end, an open platform was made available for questions. Each student received a link to the Zoom meeting in their student e-mail from the program administrator. During the meeting, the objectives of the CAPC were made clear. Students were advised to e-mail the program administrator if they were interested in becoming the mentorship coordinators. Then the program administrator chose two voluntary PMP coordinators from each class.

The newly established mentorship coordinators then became responsible for pairing the RRNAs from their class with the class below them. Due to distance learning, the second year PMP coordinators were given the Peer Similarity Questionnaire, in [Appendix C](#), to distribute and use as a tool to determine similarities for matching mentors with mentees. Responses to the Peer Similarity Questionnaire were given voluntarily and only visible to the selected PMP coordinators. No responses were made available to those conducting this research study in order to protect all participants.

The outcome measures evaluated the feasibility of implementing a PMP. The communication and feedback from the year-one and year-two coordinators provided insight on participation and attendance. The coordinators provided dates of when objectives were met and data on percentage of participation for each CAP. After evaluating completion of the CAPC, a final PMP reflection questionnaire was sent. Year-one and year-two RRNAs completed the questionnaire using a five-point Likert Scale (see [Appendix E](#)). The purpose of the outcome measures was to determine if a PMP can be implemented, which is reflective in voluntary participation and the completion of CAPs. If it proved to be effective, future continuation of PMP was recommended for this anesthesia program. Furthermore, the anonymous Likert Scale survey was used to compare the overall impact a formalized PMP had on the anesthesia program.

Results

The Critical Action Point Checklist was assigned to the participants in the study and consisted of a series of eight objectives aka "action points." For each action point, a date was posted for the nurse anesthesia residents at the large University in the New England area to complete. The second-year mentorship coordinators communicated with the investigators of this study to assess the completion of each action point set by the date given to the participants in the study. The first and second action points that were completed by the first- and second-year RRNAs consisted of a 96.4% (27/28) completion rate. The following six action points had a completion rate of 100%. The results from the critical action point checklist were used as descriptive statistics for this study ([Table 1](#)).

Upon completion of the study a link to the questionnaire was sent to all of the study participants. The survey was completed by 100% (15/15) of first year RRNAs and 76.9% (10/13) of second year RRNAs. The survey allowed participants to choose between five answer choices for a total of 10 questions. The answer choices consisted of "strongly agree", "agree", "neutral", "disagree", or "strongly disagree." When asked if the Peer Mentorship Program helped to decrease stress levels as the stress pertained to the participants anesthesia education, 56% either strongly agreed or agreed, while 8% disagreed. When the participants were asked if they thought the PMP would help them to



Items	Critical Action Point	Percent (%) Completed
1	June 22nd, 2020.... Attend Peer Mentorship Presentation	96.4
2	June 22nd, 2020.... Peer Mentorship Program Handbook Distributed	96.4
3	June 29th, 2020.... Mentorship Coordinators Selected (2 per cohort)	100
4	June 29th, 2020.... RRNs Complete Peer Similarity Questionnaire	100
5	July 3rd, 2020.... Mentor-Mentee Pairs Made	100
6	July 10th, 2020.... Initial communication between mentor and mentee within one week of pairing	100
7	August 10th & September 10th, 2020.... Monthly Interaction Between Mentor and Mentee (minimum)	100
8	September 1st, 2020.... Second year Mentorship Coordinators E-mail first year RRNA's Each Semester	100

Table 1: Critical Action Point Checklist Completion (%).

become a better CRNA in the future, 68% strongly agreed or agreed, and only 4% disagreed. 83.4% of participants either strongly agreed or agreed that they would like to see the Peer Mentorship Program continue for future nurse anesthesia cohorts at their current anesthesia program (Table 2).

The eleventh question was a qualitative writing sample in which participants "agreed" or "disagreed" with the PMP helping with their experience throughout the length of the study/participants' semester along with an open space for comments. Each individual response was examined by the investigators of this study. Out of the qualitative responses received from the first-year participants, only one individual disagreed that the PMP did not help with their academic experience. Three second-year participants failed to respond to the last question in the questionnaire, showing that 88% (22/25) participants gave a qualitative response to the eleventh question. Overall, 18% (4/22) participants disagreed with the PMP being helpful with their academic experience (Table 3).

Item	Question	SA	A	N	D	SD
2	Did you find the Peer Mentorship Program Presentation to clarify the concepts of mentorship and how you are going to be involved in the peer mentorship program?	36	52	12		
3	Did you find the Rutgers Nurse Anesthesia Program (RNAP) Mentorship Handbook to clarify your role as a mentor or mentee within the Peer Mentorship Program?	28	52	20		
4	I am satisfied with my mentee/mentor pairing and find it to be effective in creating a long-lasting relationship.	32	44	12	12	
5	The Peer Mentorship Program has helped to increase my self-confidence related to anesthesia didactic material.	24	32	32	12	
6	The Peer Mentorship Program helped to decrease my stress levels as it pertained to my nurse anesthesia education.	28	28	36	8	
7	The Peer Mentorship Program helped me to improve my academic standing in my nurse anesthesia program.	12	20	44	20	4
8	The Peer Mentorship Program helped to improve my academic/clinical preparedness.	16	28	36	16	4
9	I feel that having a Peer Mentorship Program will help me to be a better CRNA in the future.	44	24	28	4	
10	I would like to see the Peer Mentorship Program continue for the following nurse anesthesia classes/cohort at my Nurse Anesthesia Program.	54.2	29.2	12.5	4.2	

Table 2: Peer mentorship program reflection questionnaire responses (%).

Note: SA: Strongly Agree, A: Agree, N: Neutral, D: Disagree, SD: Strongly Disagree.

Discussion

The peer mentorship program can be introduced into nurse anesthesia programs across the nation. Incorporating a formalized peer-driven

mentorship program will allow RRNs to get to know others within their program and help to alleviate incoming cohorts' stress levels as it pertains to the anesthesia program. Having a peer mentorship program will help RRNs understand the expectations within the anesthesia program from the beginning of didactic curriculum and clinical performance and continuing until graduation. A peer mentorship program allows for networking among different cohorts and helps to eliminate the competitive environment that may exist within an academic institution. The American Association of Nurse Anesthetists (AANA) describes healthcare policy in three main issues: policy, education, and practice. The AANA describes practice as establishing careers for CRNAs in the future that will be quality anesthesia providers [5]. As described above, the rigorous educational requirements can be very stressful. This can lead to poor academic and clinical performance. Implementation of a formalized peer mentorship program can help dampen the stress levels of individuals while assisting to facilitate learning without allowing stress to rise above one's threshold. Decreasing stress levels while in a doctoral nursing anesthesia program will allow learners to become high-quality anesthesia providers for the future.

As nurse anesthesia providers, there is no room for errors. Errors in medicine can lead to dangerous circumstances for patients and sometimes lethal outcomes. Technology in healthcare has made advances over the years, but that does not eliminate all human errors that are still made in healthcare. Implementation of peer mentorship programs can be used as a pillar in education to help eliminate stress and increase academic and clinical performance for the future. The overall goal is to allow RRNs to use their ability to learn to their full potential so that they can be safe and effective anesthesia providers for the future. According to the results listed above, nurse anesthesia residents thought that a peer mentorship program helped to eliminate stress levels.

Nurse anesthesia residents thought that a peer mentorship program would help them to become better CRNAs in the future. The goal of a peer mentorship program is to not only alleviate stress while being enrolled in a nurse anesthesia program, but to also help residents to become safe, strong, and high-quality anesthesia providers once they are in their own practice. Current literature recognizes themes within formal mentoring programs and focuses on developing professionals through mentorship, recruitment, and retention [6]. There are other studies that show the positive impact mentoring programs have on advanced practice providers with attention to leadership, research, and support [7]. Another study specifically sees the value of mentoring RRNs in operating rooms while developing their practice [8]. This study adds to current literature by providing a clear path for other doctoral nursing anesthesia programs that want to create a PMP. The Critical Action Point Checklist (CAPC) provides academic institutions with a set of measurable objectives that make implementing a PMP possible.

When looking at the results of this study, the CAPC was successful with measurable objectives completed by RRNs along with positive feedback from the participants. One barrier to this study consisted of using a virtual platform for the presentation of this study. Not having a face-to-face interaction with the participants in the beginning of the study may have caused some participants to lose interest in the study and not follow through with the longevity of the study. Another barrier to this study was the limited ability for participants in the study, and minimal options for pairing of mentees and mentors. The peer similarity questionnaire was used for mentorship pairings, when usually a meet-and-greet event is planned. Limitations to the study are related to only using first- and second-year nurse anesthesia residents in the study. The third-year nurse anesthesia students were excluded in this study which did not allow the second-year residents to have a mentor. By not including the third-year residents, the second-year residents did not find that the peer mentorship program helped alleviate as much stress for them as it did for the first-year residents.



Item	Question: I feel the Peer Mentorship Program helped my experience throughout this past semester. Please respond with “agree” or “disagree” and explain why:	RRNA Year
11	Agree, clarified any questions with my mentor and helped me make decisions much faster and with more confidence	1st Year
	I disagree that the Peer Mentorship Program has helped my experience throughout this past semester. It has not been helpful for my academic and clinical experience because I do not have a mentor. I was contacted by my mentee once when the program began. I wrote a detailed response to their questions and did not receive a return response. Several weeks later I followed up to see if their semester closed out nicely and if things 2nd Year were going well and again I did not receive a response. So at this point it's not clear to me that I am adding anything to my mentee's experience either.	2nd Year
	Agree, has helped me better prepare and with less stress because I know I have someone I can talk to who has gone through this recently	1st Year
	Disagree. It was very difficult to establish a relationship with my mentor via text. Additionally, I feel that my classmates who already had an establish relationship with their mentor prior to CRNA school benefited most from this mentorship program. In person meeting would have been helpful, but impossible during COVID.	1st Year
	Agree	1st Year
	Agree	2nd year
	Agree, because I think this was a great way for me to connect with others in my program.	2nd year
	Agree. Although I maintained minimum contact with my mentor, it was nice to know I had a safety net in case I felt overwhelmed. I am still very early in this program and am sure that I will need a mentor as a guide when the program becomes more stressful.	1st Year
	I agree that the Peer mentorship program has helped me with last semester because having a mentor that has been through what I am currently going through gives me confidence. They offer great advice on how to prepare for classes and sometimes just be a listening ear the mentorship program is a great idea.	1st Year
	Disagree. I am a second year students and we were not paired up with a third year students to help us with experience throughout this past semester.	2nd year
	Agree. I feel like more than anything it helped with the stress and burden of dealing with the unknown of the program. I was very helpful hearing from second year students about expectations going forward and advice of what we should be focusing on now since they went through it all. I'm sure it will be much more useful once clinicals enter the picture because this is a whole different level of stress and it will be nice to have people that have been through it to answer questions and tell you everything will be ok.	1st Year
	Agree	1st Year
	I agree that as a first year student, having a mentor who is a second year has been incredibly helpful. I feel like I better know what to expect from the program going forward, and I know that I can reach out to her when clinicals starts for advice and guidance through that hurdle. So far, her advice with my didactic progress in the program has been rewarding. I'm excited to be a mentor myself next year. Thank you for sharing this project with our university!	1st Year
	Agree - this allowed us to set up a ZOOM session with all involved in the first and second year mentorship programs last week and asked questions to help us navigate our first year as a SRNA. It has been very helpful the first year also provided us all online e-books so it has been a financial benefit also.	1st Year
	Disagree. I don't believe if we had the program or not it would've changed the course of my semester	2nd Year
	Only had 1 occasion where my mentor put aside time to talk with me. That conversation did help reduce my stress levels, but from then on there has been little to no contact. I appreciate the fact that second year of a nurse anesthetist program is more time consuming than the first, but I feel that the mentorship could or will be more prosperous next year.	1st Year
	Agree, I had someone who I could go to with questions regarding the academic coursework. Someone who could relate to my position and went through the same experiences the year prior.	1st Year
	Agree, it was very nice to know what kind of experience that I could expect, and it was less stressful having a better idea of what was coming	1st Year
	I agree. I felt it was easy to reach out to my mentor and ask any questions. She was extremely supportive and helpful.	1st Year
	I think the Mentorship would have helped and been effective if as 2nd years we were provided 3rd year mentors. I think it will be very beneficial to the first years and hopefully help their transition to the clinical setting	2nd Year
	Agree-my mentor was able to tell me what to expect with the start of the new semester	1st Year
	Agree, it was nice to have someone who is gone through this before questions about the program and what is coming next.	1st Year

Table 3: Peer mentorship program reflection questionnaire responses.

Conclusion

The role of a nurse anesthesia provider is to remain calm in the operating room when critical patient events take place during surgery. Anesthesia providers are expected to anticipate patient events before they happen, and future providers need to be intellectually prepared and have a clear state of mind each time they step into the operating room. By implementing a formalized PMP into a doctoral nurse anesthesia program, the investigators of this study decreased stress and increased self-confidence of RRNAs related to their practice. The completion of the CAPC allowed RRNAs to embrace peer mentorship and use the concept of mentorship to its full advantage to prepare themselves for future critical patient events. This current study served as groundwork for

future research on how the benefits of a PMP can help RRNAs to achieve success in didactic and clinical settings.

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Appendix A: Critical Action Point Checklist



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Critical Action Point Checklist

1. June 22nd, 2020.... Attend Peer Mentorship Presentation
2. June 22nd, 2020.... Peer Mentorship Program Handbook Distributed
3. June 29th, 2020.... Mentorship Coordinators Selected (2 per cohort)
4. June 29th, 2020.... RRNAs Complete Peer Similarity Questionnaire
5. July 3rd, 2020.... Mentor-Mentee Pairs Made
6. July 10th, 2020.... Initial communication between mentor and mentee within one week of pairing
7. August 10th & September 10th, 2020.... Monthly Interaction Between Mentor and Mentee (minimum)
8. September 1st, 2020.... Second-year Mentorship Coordinators E-mail First-year RRNA's
Each Semester

Appendix B: RNAP Mentorship Handbook



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Module 1 ***Mentorship Handbook: Module 1*** ***What is Mentorship***

Purpose

This Handbook will support and guide the Mentor and Mentee as they develop and move through the mentorship relationship provided by the mentorship program at Rutgers University

What is Mentorship

Mentorship within the Student registered nurse anesthesia community is an untapped resource when successfully implemented, that has the potential to enhance not only the wellness of the individuals involved, but improve the quality of care provided by anesthesia providers by creating a foundation that molds strong leaders and the clinical educators of tomorrow. As it applies for the SRNA community, mentorship is best described as a peer based, one-to-one, reciprocal relationship between a more experienced mentor and less experienced mentee. This relationship should be characterized by consistent interaction within a given period of time, in which the mentor utilizes the STAR MAP to successfully facilitate the development of both the mentor and mentee. This method applies a non-hierarchical form of mentoring, which helps builds trust and sense of community within the mentee-mentor relationship.

What is Mentoring

Mentoring is a reciprocal learning relationship in which a mentor and mentee agree to a partnership where they will work collaboratively towards achievement of mutually defined goals that develop a mentee's skill, abilities, knowledge, and thinking process. This form of mentoring encourages open communication, better outcomes, and bonds users through a similar paradigm, especially as it relates to daily challenges and workload stress. The reciprocal dyad of the mentor and mentee connection is beneficial because both parties are at similar stages in their careers and or education. Thus, successful mentorship leads to positive functional outcomes, which include reduced stress, orientation to the educator role, leadership development, personal growth, integration into the academic community, and builds strong leaders as students transition from an academic environment into clinical and professional practice.

Mentorship benefits

- Empathy
- Encouragement
- Information sharing
- Healthy lifestyles
- Belonging
- Acknowledgment
- Validation
- Communication
- Increased retention rates
- Reduced stress

What is Required:

- ~~Committing~~ time
- Building relationships
- Being available by phone, text, or email
- Maintaining open communication
- Actively listening
- Giving feedback without judgment
- Evaluating the process

What is Gained

- New relationships
- Pride in being part of someone else's growth and development
- Improvements in listening, feedback, problem solving, leadership, and educational skills
- the opportunity to inspire others
- Personal growth and professional development

Module 2

Understanding Roles

2a. Understanding Roles: Mentorship coordinator

An effective Mentorship Coordinator is nominated by the nurse anesthesia faculty and requires leadership capabilities to autonomously manage and maintain a mentorship program. The Mentorship Coordinators' primary role will focus on creating optimal matched dyads, which sets the foundation for the mentorship experience. Leadership qualities must be utilized by the Mentorship Coordinator during this process since this position will initiate, conduct, evaluate, and decide mentor-mentee pairings. Secondary goals should focus on mentorship program maintenance, which includes setting goals, monthly emails, student engagement, and remediation.

The Mentorship Coordinator: Responsibilities

- Act as a role model and mentor to all
- Demonstrate and maintain leadership qualities
- Pair dyads
- Plan mentorship events
- Send out monthly emails
- Assess, evaluate, and provide feedback
 - Mentors
 - Mentees
 - Mentorship program
- Encouragement participation
- Community outreach
- Stay committed and involved

The Mentorship Coordinator: Matching dyads

The best practice to achieve appropriately matched dyads is to obtain input in the matching process from both the mentee and mentor if possible. Rutgers Mentorship program utilized a mentee driven process by encouraged input from the protege. Application of this method prior to pairings strengthened commitment to the relationship, improved mentorship quality, and provided a greater understanding of the mentorship program to both parties. Dyad pairing can be achieved via a student mixer, meet and greet, and or during mentee orientation. The event must allow time for all potential mentors and mentees to converse. This should be an informal process to encourage openness and reduce anxiety. Mentees should be directed to write down the names of three mentors that they felt would be an ideal candidate and give this information to the mentorship coordinator. At the conclusion of the event, the mentorship coordinator should attempt to pair mentees with their desired potential mentors. Three variables that should be considered is the location of each individual, gender, and prior relationships. If possible, it is also better to pair dyads that live closer to one another with the hopes of increasing the opportunity for face to face meetings. Matching mentees with mentors of the same gender decreased stress and anxiety prior to their first meet. Lastly, mentees and mentors that already have an established relationship prior to the program should be paired together since a bond already exist. Once the pairing process has been completed, best practice dictates that the

mentor, mentee, and mentorship coordinator should establish guidelines consisting of the purpose, role, and goals of the mentoring relationship

The Mentorship Coordinator: Pairing Guidelines

Mentorship pairing will be conducted by the senior student mentorship coordinators. This will occur via a student run mixer. Based off this interaction, mentees are recommended write down the names of three seniors that they would like to have as mentors and submit them to the mentorship coordinators before leaving the mixer. This is highly recommended since evidence shows that mentee driven relationships have the best outcomes.

- Mentee Driven
 - Give mentees opportunity to meet senior mentors
 - Utilize mixer between D4 and D3
- Other considerations
 - Location
 - Gender
 - Work experience
 - Previous relationship
- Once pairing is complete
 - Mentorship coordinators must email final mentee-mentor matches along with contact info
- Mentees are required to initiate the first conversation and should meet prior to the start of their first semester

2b. Understanding Roles: The Mentor

A mentor is a trusted guide, role model, counselor, supporter, confidante, advocate, or advisor. An effective mentor, should be more experienced at a certain task and provide individualized support to mentees, based on assessment of the mentee's needs. The mentorship realm is centered on the needs of the mentee, not community or program needs, which sets the foundation for an individualized relationship tailored to benefit the mentee. A mentor is someone who is able to be a good listener, willing to be open and share experiences and views, willing to commit time and effort, provides an "open door" to questions and problems, points out both strengths and opportunities for improvement in the student partner and in the mentor/student relationship, encourages the student objectively, allows the student freedom in the relationship, leads by example, demonstrates a strong commitment to ethics, and is able to learn from experiences and mistakes.

The Mentor: Responsibilities

- commit to establishing a partnership based on open communications, productive and proactive interaction and a mutual respect and trust.
- Be available, as schedules permit, to work with the student. (one per month as a minimum)
- Regular face-to-face meetings are vital to building a strong and effective relationship.
- Consistent communication via phone or e-mail is also an important element of mentoring.

- For distance mentoring relationships to succeed, you must be willing to meet face-to-face for two initial meetings with your student partner and to meet in person at least two times a semester.
- Establish a regular meeting time early on.
 - Remember, the student's schedule changes each semester, so you'll have to address meeting times at least 2 times each year.
- Actively listen and provide guidance.
- Work with your mentee to achieve goals.
- Attend an initial orientation session.
- Encourage attendance to optional program events and conferences
 - Enhances the mentor/mentee relationship as well as the professional relationship with other members of career
- Provide feedback using the program's evaluation surveys.

The Mentor: Goals

- Build confidence
- Role model
- Coach by offering constructive feedback
- Share experiences as learning tools
- Encourage professionalism
- Proactively maintain contact and encourage open communication
- Help problem solve
- Help the student externalize classroom education
- Encourage introspection
- Facilitate goal-setting and being goal-oriented
- Maintain privacy/confidentiality
- Advise in a nonjudgmental and ethical manner

The Mentor: Benefits

- Become a positive role model
- Self-reflection and personal fulfillment through contribution to community and individual
- Satisfaction in helping someone mature, progress, and achieve goals
- Meeting and sharing experiences with your mentee and other mentors
- Professional growth, leadership, and educational skill development

The Mentor: Tips for Success

Be a good listener. Listening is an art—and you need to do more than just hear the mentee. You need to listen and be an active participant in the conversation.

- Listening involve active and nonverbal communication, including body language.
- Provide guidance and constructive feedback.
 - Guide them through a problem-solving process, don't solve the problem for them. Offer feedback that is constructive, developmental, and adjusted to match the personality style of your mentee.
- Take a personal interest in the relationship.

- A good mentor is committed to helping their mentees find success and gratification in their chosen profession. Take the time to invest in the success of your mentee. Value ongoing learning.
- Be a positive role model who shares wisdom and draws out the possibilities of those he/she mentors.
 - Mentees are more likely to be engaged if there is a point of encouragement and inspiration trickled down from the mentor.

First Meet: The Mentor

To prepare for your first meeting, you might want to:

- Summarize your goals and expectations for the mentoring partnership
- Carefully determine the time that you have available for the meetings
 - "How should we work together? Will we stay in touch between meetings, and how?"
- Engage in active listening
- Allow the first meeting to be mentee-driven
- Offer support and guidance as it fits with the mentee's need.

1c. Understanding Roles: The Mentee

A mentee is a student, advisee, novice or beginner. They are the beneficiaries of special relationships who are protected and supported by their mentors. An effective mentee, should strive for open communication, and maintain openness, honesty, and willingness to continuously learn. Once assigned to a mentor by the mentorship coordinator, mentees must take the initiative for cultivating the relationship with their new mentors, which accentuates the mentee's commitment and willingness to learn. Mentees should strive to absorb knowledge and advice from their experienced mentor to help facilitate their transition from proficient ICU nurse to novice anesthesia provider. The mentee must learn to synthesize advice, knowledge, and practice provided to them, so that they may apply such points into their own clinical expertise. To accomplish this, the mentee must remain flexible, respect the mentor's time, and display gratitude. As an integral member of a dyad, with focus on the mentee's success as the main promoter of forward movement within the relationship, these qualities outline the minimal effort needed to establish an effective relationship.

The Mentee: Responsibilities

- Identifying established roles
 - Have a clear understanding of why you want to be mentored
- Communicate expectations
 - Have a clear understanding of your expectations
 - communicate such expectations
 - Stay flexible and learn to adapt (expectations and plans can change)
- Create goals with milestones and deliverables
 - Inform your mentor about your preferred learning style
 - Be realistic
 - Work together as a team
- Listen and contribute to the conversation

- Understand that your mentor will not have all the answers
- Accept constructive feedback
- Set time aside for self-reflection including evaluating progress
- Celebrate success
- Be consistent and reliable
- Provide your mentor with updates
- Provide an evaluation of the experience
- Show gratitude (Say thank you)

The Mentee: Goals

- Will be individualized and specific

The Mentee: Benefits

- Idea sharing, problem solving, advice, and increased self-confidence
- Support, empathy, encouragement, counseling, friendship
- Monthly mentorship email updates and reminders
- Quarterly morale boosting gatherings
- Assistance with teaching strategies and subject knowledge
- Gain personal guidance, positive reinforcement, and feedback
- Vent to someone who has "been there"

The Mentee: Tips for Success

- Don't be afraid to ask!
 - Your mentor wants to help you and yes, while he or she is taking valuable time and essentially donating it to you, this is something he/she feels strongly about and wants to do. But they don't always know what you want, need or seek, if you don't come right out and say it!
- Keep in touch.
 - Let your mentor know what you have been up to, even if you haven't spoken or gotten together in a while. Send him/her anything that's good and exciting for you so your mentor can be in the loop and as proud of your accomplishments as you are. Make time and find opportunities to make time for your mentor.
- Stay focused.
 - While your mentor's purpose is to contribute to your success as a student, he/she also has a full school load and personal life beyond you. Focus on what's most important, and leave everything else behind, so that you both can make the most of your time together
- Utilize Technology.
 - Email, email, email. It allows your mentor to mentor you on their own schedule and in their free time (texting works too... but give your mentor time to respond)
- Know your Mentor.
 - Get to know them personally. Find out what they like to listen to, what books they like to read, movies they enjoy, family details etc. (but only if they're willing to divulge. This helps you respond to them and also thank them in ways that are important to them)

Appendix C: Peer Similarity Questionnaire

Peer Similarity Questionnaire

The answers to the following questions will help the second-year mentorship coordinators to successfully pair mentees and mentors together.

1. Where do you plan on living during the program? If moving, please specify where you are moving from.
 - a.
2. Describe your personality in 5 words or less.
 - a.
 - b.
 - c.
 - d.
 - e.
3. What would be your preferred means of communication (phone calls, texting, in-person, e-mails, etc.)?
 - a.
4. Did you have a prior friendly relationship with someone who could be your mentee/mentor in the program?
 - a.
5. Where did you work as a nurse (hospital name and unit)?
 - a.
6. How/where do you like to spend your free time (hobbies, places, activities)?
 - a.
 - b.
 - c.

Appendix E: Peer Mentorship Program (PMP) Reflection Questionnaire

Peer Mentorship Program (PMP) Reflection Questionnaire

Please answer the following questions related to the Peer Mentorship Program (PMP).

1. Please state if you are currently a first-year or second year RRNA enrolled in the nurse anesthesia program.

☐ First year RRNA

☐ Second year RRNA

Note: SA = Strongly Agree A= Agree N= Neutral D= Disagree SD= Strongly Disagree

Question	SA	A	N	D	SD
2. Did you find the Peer Mentorship Program Presentation to clarify the concepts of mentorship and how you are going to be involved in the peer mentorship program?					
3. Did you find the Rutgers Nurse Anesthesia Program (RNAP) Mentorship Handbook to be helpful in understanding your role as a mentor or mentee within the Peer Mentorship Program?					
4. I am satisfied with my mentee/mentor pairing and find it to be effective in creating a long-lasting relationship.					
5. The Peer Mentorship Program helped to increase my self-confidence related to anesthesia didactic material.					
6. The Peer Mentorship Program helped me to decrease my stress levels as it pertained to my nurse anesthesia education.					
7. The Peer Mentorship Program helped to improve my academic standing in my nurse anesthesia program.					
8. The Peer Mentorship Program helped to improve my academic/clinical preparedness?					
9. I feel that having a Peer Mentorship Program will help me to be a better CRNA in the future.					
10. I would like to see the Peer Mentorship Program continue for the following nurse anesthesia classes/cohorts?					
11. I feel the Peer Mentorship Program helped my experience throughout this past semester. Please respond with “agree” or “disagree” and explain why:					