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Mentoring an ESL Student through a Nursing Program: A Case Study

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Capstone

Southern Adventist University

School of Nursing

Chapter 1 - INTRODUCTION

English as second language (ESL) students encounter multiple difficulties at the university level. Some of these issues are related to acculturation efforts including, but not limited to, lack of family support, difficulty navigating systems, and financial strains (Salamonson, Everett, Koch, Andrew, & Davidson, 2008; Olson, 2012). Olson (2012) states that communication is the most significant barrier for academic progression. Even if the ESL student has reached conversational fluency of the English language, it takes up to ten years to master the skills required at the college level (Salamonson, Everett, Koch, Andrew, & Davidson, 2008). This is a problem encountered at all universities who accept ESL students. This case study describes a personal experience mentoring an ESL nursing student as part of a growing mentorship program at Southern Adventist University (SAU).

Terms Defined

An ESL student is defined as a student "who is a non-native speaker of English" (Olson, 2012, p. 27). The definition is not limited to those who have just recently come to this country to attend school. Testing can identify the level at which the student needs ESL classes and support before entering into a nursing program.

Mentorship is a focused process-based relationship for the purpose of professional guidance and personal growth (Hubbard, Halcomb, Foley, & Roberts, 2010). Usually the mentee has goals in mind that they want to achieve and sometimes the mentor has a goal or goals to meet as well; however, the mentor's goals are usually irrelevant to the relationship while the mentee's goals are the focus of the relationship.

Theoretical Framework

The framework used by this author is one identified by Imogene King, called the Theory of Goal Attainment. This theory asserts that two individuals unite to form a cooperative relationship that utilizes individual backgrounds and experiences in order to obtain a common goal (King, 1981). The mentor and the mentee are two distinct individuals, each having their own perceptions and communication abilities (Evans, 1991). The mentor and mentee are then also part of the joint relationship that is working toward a common goal of success. The mentor-mentee relationship is made of transactions, actions, reactions, disturbances, mutual goal setting, and exploration and agreement to means: Each element a distinct yet fluid part of the goal attainment focused relationship. This theory has been one that has motivated and guided this author's experience with mentorship.

Purpose and PICO Question

SAU's mentoring program was initiated to assist ESL students with not only their academic standing but with their acculturation. This university strives to graduate quality students with a heart for nursing and not just those who want to have a financially stable career. There have been four ESL students from different cultures who have entered into the nursing program in the past four years. The remainder of this paper will address the following PICO question: "What is the lived experience of being a mentor to an ESL nursing student?"

Chapter 2 - LITERATURE REVIEW

Introduction

The literature review was completed on the topics of mentoring and English as second language (ESL) students. The articles were chosen based on the type of study used to obtain information about mentoring and the needs of the ESL student. Mentoring has been found to benefit both the mentor and the mentee and in addition, the institution. Success for the ESL student needs to be a high priority for institutions of learning. A mentoring program could be the solution to combat increased dropout rates, increase the cultural awareness of the faculty, and provide for the need of diversity within the nursing profession.

Mentoring

A qualitative study was done by Eller, Lev, and Feurer (2014) to identify significant components of a mentoring relationship in an academic setting. Key components were able to be placed into eight themes which were, open communication and accessibility, goals and challenges, passion and inspiration, caring personal relationships, mutual respect and trust, exchange of knowledge, independence and collaboration, and role modeling.

Using purposive sampling, 239 participants were gathered to represent 117 mentor-mentee relationships. The participants were from 12 different universities located in the United States. Discussions were audiotaped and the constant comparative method was used by research teams to analyze the data collected and verify findings (Eller et al., 2014).

The most common theme was communication and accessibility which correlates with other studies. Both mentors and mentees identified the need for time using words such as “regular”, “routine”, and “consistent” when talking about communication and accessibility. Interaction that was open, honest, and constructive is what was desired along with clear

expectations and mutual goal setting. They agreed that the relationship should build knowledge and advancement as well as imparting the skills of research. Mentees wanted to be challenged and guided and to see that their mentors had a passion for their career. Mentors also agreed that they should be a good fit and be able to spend formal as well as informal time together. An interesting finding was that the mentees stated friendship as an obligation to the relationship but that mentors did not. Identity and independence should be maintained for the mentee while the relationship is used for collaboration (Eller et al., 2014).

The idea that mentoring has multiple levels of benefit was the purpose of a study on functional mentoring by Thorndyke, Gusic, and Milner (2008). Mentoring has a teaching component as well as a learning component which is effective in career development with benefits to an institution. Functional mentoring deals with the focus of a defined project which can be in a business or academic setting.

Thorndyke, et al. (2008) completed their study in a continuing professional development program which aimed to provide a foundation for faculty to achieve academic success. For this program, the mentor was to provide guidance and assistance for the mentee's project. The mentee was to set goals, timelines, and meetings with the mentor for review and the offering of suggestions. The service was voluntary and ended with the completion of the project.

The data collected at the end of the project was qualitative and quantitative from a questionnaire which encompasses participation, reaction and satisfaction, impact of the mentoring relationship, skill development, individual projects, and impact of the project on the individual. A mid-program questionnaire monitored the relationship. This was a longitudinal study of five years with surveys sent to the mentees (Thorndyke et al., 2008).

Results showed a high satisfaction rate of the mentees at 90% appreciating the value of the program on their academic career. Many of the mentors identified benefit from the relationship, and both stated that they would like the relationship to continue. Eighty-seven percent of the mentees stated a value in the feedback they received and 85% of them said that their mentor had a significant impact on their project (Thorndyke et al., 2008).

Hubbard, Halcomb, Foley, and Roberts (2010) wanted to determine the number of nurse educators that had been involved in a mentoring relationship and to identify their supporting elements and barriers experienced. The acknowledgement by the program directors in regards to both, the facilitators and the barriers, are needed in order to bring about a quality program.

For this pilot study a convenience sample was obtained of 440 participants at a nurse educator conference, attended by nurses from 47 states. The participants ranged from 31 to 60 years of age and 96% were female. These nurses represented diploma, associate degree, baccalaureate and higher degrees with most working in a community college setting. Of those participants, 19.6% were mentors, 12.9% were mentees, and 37.4% were both (Hubbard et al., 2010).

The research team worked together to identify themes that were found in the survey. Seven themes were found for each of the facilitators and each of the barriers to mentoring. The seven themes found to be facilitators were (a) open communication, the most common barrier identified, (b) supportive environment, (c) collegiality, (d) accessibility, (e) professional commitment, (f) positive past experience, and a (g) formal mentoring plan. The seven barriers identified were (a) lack of time and availability, the most common barrier, (b) horizontal violence such as negative criticism, (c) nonsupportive environment, (d) incompatibility, (e) fear and insecurity, (f) disinterest in the mentoring process, and (g) lack of a mentoring plan.

Administration is seen as the ones to develop the program or assess the current program for revisions needed to ensure the quality of the program. Continuous evaluation is very useful to maintaining the program's worth (Hubbard et al., 2010).

McCloughen, O'Brien, and Jackson (2011) completed a study to cultivate an understanding of what nurse mentors experienced in their leadership roles. The aim was to identify how a nurse mentor in a leadership position viewed mentorship and how they applied their experiences and understandings to their mentoring relationships. The study assessed the meanings of the experiences that Australian nurses applied to their mentoring relationships in order to gain an understanding of how these relationships related to the development of the mentees into leadership roles. The study sought to understand how the Australian nurses viewed mentoring.

Using hermeneutic phenomenology for the methodological framework, thirteen Australian nurse leaders were chosen for the study. Using selection criteria, ten women and three men were invited to participate. The nurses ranged in age from 40 to 60 years old, and all had 20 or more years of nursing experience. Shared conversation was recorded and then transcribed verbatim for analysis, each interview lasting one and a half hours. Researchers hoped to discover important characteristics of the phenomenon through the conversational narrative. Included in the transcripts were notations of laughter, moments of silence, and other nonverbal information (McCloughen et al., 2011).

Transcripts were analyzed for key findings with emerging themes identified through focused review. Additional techniques and principles found in literature were applied to further analyze the data. Then, conversation took place between researchers until an understanding was reached through which a comprehensive meaning could be applied.

The central theme that emerged from the study was regarding nurse leaders' views on becoming mentors. Some nurse leaders become mentors from their own experiences but according to the article, mentorship is not necessarily a learned role. This study found that the meaning of being a mentor and leader can be applied to the preparation of nurses for mentoring and leadership roles but "should be framed by experiential learning" (McCloughen et al., 2011, p. 103). All of the mentors interviewed saw themselves as becoming mentors through their own life processes. They believed that they learned through other mentors. These experiences and relationships further developed their innate personality and character traits and they saw mentorship as a part of who they were. Even though the findings showed that mentoring was an attitude and mode of being for these nurses, no confirming interviews were conducted on peers to confirm or discount the data obtained (McCloughen et al., 2011).

Dennison (2010) revealed findings on a study to determine the success of a mentoring program put in place at the university where she was affiliated. The article was written to offer a solution to the problems and concerns that plagued the university and, undoubtedly, many other institutions of learning. Some of the challenges were the stresses placed on the educational institution due to the increasing class sizes of the nursing program, the higher standards expected in the clinical arena, the ratio of faculty to students, and the financial constraints. Dennison (2010) discussed the viability of a mentoring program in the educational setting that will not only benefit the student but the institution as well with a broader scope of benefit included for the future of the nursing profession.

Dennison (2010) collected data over a period of time by means of written comments requested from the peer mentors and by direct observation of the program. The setting in which the data were collected was in a skills laboratory for nursing students at a university where

Dennison worked as the laboratory coordinator. She observed the professional development of the peer mentors and the benefits to the other students. The information was analyzed inductively from a survey of the mentor participants and observation of both the mentors and the mentees. The design used was very appropriate for this type of research because the determining factor for the success of the program depended upon the positive outcomes of the program being observed and perceived for the individual students as well as for the faculty (Dennison, 2010).

Benefits were already seen by the time the study took place, which was three years into the program. The mentor positions, which were paid positions, were sought after by the students. The fact that the number of applicants for the mentor positions was more than the number of positions available tells of the positive success of the program. The two main categories in the data were the benefits to the mentor and the benefits to the mentee. Collaboration between the mentors and the mentee brought about changes in the skills laboratory, such as computerization of some of the processes. Inconsistencies were also identified between the processes taught and what the hospital policies dictated. Other benefits to the mentors were the opportunity to review knowledge and stay current with skills, the ability to network with faculty and students, the reward of helping others, and the respect gained from peers and faculty. Benefits to the mentees were becoming more comfortable and less intimidated as they gained the perspective of a peer mentor who had previous similar experiences (Dennison, 2010).

English as Second Language (ESL)

Salamonson, Everett, Koch, Andrew, and Davidson (2008) used a prospective, correlational design study to validate the 5-item English Language Acculturation Scale (ELAS) to discover a relationship between the acculturation and the academic achievement of 273 first year nursing students. ESL students have more difficulty learning and therefore receive lower

grades. It was anticipated that this study would point to a need to know the acculturation level of a student in order to identify the ones that needed additional assistance and then be able to provide them with support. Language is one of the most significant measurements of acculturation.

The four subjects in the nursing program that were studied were behavioural science in nursing, theoretical frameworks in nursing, nursing practice, and bioscience in nursing. A statistical significance was found in all four subjects between the scores and the students' grades. From using multiple regressions it was found that the only statistically significant predictor of students' grades in all four subjects was the ELAS score (Salamonson et al., 2008).

The result of this study found that when relating the ELAS test scores to grades, lower ELAS scores correlated to low grades. This finding reflects the need to address the needs of ESL students in the academic setting (Salamonson et al., 2008).

Shakya and Horsfall (2000) wanted to explore the experiences of nine undergraduate nursing students at a university in Australia. These nine students were English as second language/international students who had been in the country for a few years. Several were nurses or had some medical background in their country of origin (Shakya & Horsfall, 2000).

Volunteers were requested for this empirical research but they resorted to a sampling by using the snowballing method. These students represented six different countries. Their interviews were audio-taped and then transcribed verbatim. They were all women from the ages of 23 to 42 (Shakya & Horsfall, 2000).

The main challenge identified was understandably with language, ranging from technical aspects of the language to speaking and listening. Educational culture was identified as one of the barriers since these students were not use to asking a teacher questions. Isolation due to the

language difference was also indicated (Shakya & Horsfall, 2000). The ESL students received assistance from the student services at the university but much of their support came from family and peer support from those of the same culture and language. Some of these students had their own personal strategies to help them, such as their belief system (Shakya & Horsfall, 2000).

Shakya & Horsfall (2000) found that the university needed to enhance their support services for ESL students with continuity of the personnel and that nursing should view itself as becoming more culturally diverse and multi-ethnic. The universities need to see beyond their doors and prepare nurses for the coming diverse population by addressing the diversity with the faculty and make preparations to address the needs of the student population (Shakya & Horsfall, 2000).

A three-year study completed by Salamonson, Andrew, Clauson, and Cleary (2011) used a prospective longitudinal survey design to study attrition from an undergraduate nursing program. Specifically, this was completed on one cohort of students enrolled in a three-year baccalaureate nursing program located in one of the most culturally and linguistically diverse areas in Australia. Literature had identified three levels of possible factors that contribute to this attrition with the level of the student being the focus of this study. Maturity in age brings with it situations that may contribute to attrition such as the need to work and provide financial support for a family. Gender has its own reasons for attrition due to the general female domination of the profession (Salamonson et al., 2011).

Data analysis was completed on three groups of students, those who dropped out, those still enrolled, and those who completed the program. A total of 352 students gave consent for their information to be retrieved and to be followed for the three year study. The median age was

21 years with the male gender being 16%. Approximately one-third of this sample did not speak English in the home (Salamonson et al., 2011).

At the end of the three year period, about one-third had dropped out, about one-third had completed the course, and about one-third was still enrolled in the course. The higher the GPA and the lesser number of work hours put in by the students correlated with the completion of the course. English speakers were twice as likely as non-English speakers to finish the course in the six consecutive semesters of the course. No other demographic data that was reviewed attributed to the completion of the course in the six semester time frame (Salamonson et al., 2011).

The purpose of a study completed by Olson (2012) was to address four need areas of ESL students. These need areas were language, culture, academic, and personal. A 21% lower pass rate on NCLEX for ESL nursing students than native speakers and a 40% disparity between ESL and non-ESL students was identified. Bridging the gap of language barriers is an important component of providing ESL nursing students with the ability to provide culturally competent nursing care.

Olson (2012) conducted a literature review searching databases according to criteria that were selected based on the statement of purpose being the success of ESL students. A total of 25 articles were chosen after inclusion and exclusion criteria were applied. Gender, ethnicity, age, and the length of time spent in the United States were tracked as well as the type of nursing program.

One of the language barriers was found to be the speed of reading, along with a struggle with comprehension. Students tended to retreat verbally, even hesitating to ask questions in class or converse with their peers. Recommended bridges were to give them copies of the lecture slides, allow them to audio tape the lecture, and have them keep a vocabulary journal. It was

found that if the students explained their school work in their native language to their families, they were better able to express the same concepts in English (Olson, 2012).

Conflicts in culture arise between the student and their peers and between them and their teachers. A bridge to the cultural issue is to identify these students early in the program and increase the faculty awareness of cultural differences. Test taking was identified as a barrier because of the way questions are asked. There may be issues with gender in the question that will cause the student to choose the wrong answer. Multiple choice testing can be modified as a way to aid the ESL student in taking these tests. Peer support is a good way to address some personal issues by grouping students together that spoke the same language and who had the same cultural experiences (Olson, 2012).

Identifying ESL students early is one of the most critical aspects of addressing the issues of ESL students. Language support programs with a cultural component and increasing cultural competencies of the faculty are ways to bridge some of the barriers identified (Olson, 2012).

Jalili-Grenier and Chase (1997) conducted a descriptive study at the University of British Columbia/Vancouver hospital Nursing Program in order to assess the discrepancy between the ESL students and the faculty. The purpose of the study was to determine the ESL students' perception of which learning activities contributed most to their knowledge and skill level, their learning difficulties, and the faculty's perception of their difficulties. They also wanted to compare the results of ESL and non-ESL students' perceptions as well as the perceptions of ESL students and the faculty. Identification of needs for educational and/or supportive programs for the faculty and the students was also part of the survey.

This study was conducted in the form of a questionnaire to 271 first and second year nursing students and 27 first and second year faculty. The return rate of the students was 66%

and the faculty was 89%. A five-point Likert-type scale was used with open ended questions to survey the students and a five-point Likert-type scale was used for the faculty (Jalili-Grenier & Chase, 1997).

Of those students whose first language was not English, 52% studied English in ESL classes. The students (77%) who lived at home spoke English with their families and 94.7% of those who did not live with their families still spoke English where they lived. The faculty who responded to the survey spoke English as their first language in 20 of the 27 faculty, which is 95% (Jalili-Grenier & Chase, 1997).

For the data analysis, *t*-tests were used to compare the two groups of students. It was interesting to note that the ESL students learned better by reading, writing, and viewing videos while the non-ESL students rated practicing skills and asking questions of the instructor as contributing more to their learning. The ESL students rated many of the different learning activities at a much higher rate than the faculty. They also identified that using more than one sense was very helpful in their learning. The need for assistance with instructing ESL students was identified by 80% of the faculty. The data also identified that there may be a lack of understanding of ESL students which could be an issue of culture (Jalili-Grenier & Chase, 1997).

The limitation noted for this study was that only ESL students were studied. In the interest of additional information to separate out the differences between ESL and non-ESL students, having the faculty surveyed in the same areas for non-ESL students might make comparisons identify additional facts (Jalili-Grenier & Chase, 1997).

Summary

Overall, mentorship programs in the literature have identified many positive outcomes with benefits for the mentor and the mentee. The literature also identified that the needs of ESL students can be met through a mentorship program. Faculty play a leading role in the support of the ESL students' learning, and more use of mentorship and continued research is desirable.

Chapter 3 - METHODOLOGY

Overview of Mentoring Program

In the mentoring program that this author helped develop at Southern Adventist University, graduate students willing to be mentors are paired with ESL undergraduates in the nursing program. This author's mentee signed a contract with the program director once she agreed to become a participant. This author met with her mentee at the school of nursing in one of the student lounges to talk and get to know one another. Assisting the mentee with homework help included explaining what some of the English words meant as well as explaining certain cultural situations. This author and her mentee not only met together, but both also met separately with the program director about once a month. See appendix A for a sample of the mentoring log.

The process of a mentor-mentee relationship begins when the two meet and establish guidelines and boundaries of the relationship. These include how often the two will meet, where they will meet, how long their meetings will last, and their expectations. These expectations can include boundaries such as times the mentor is not available, even by phone. In talking with the mentee, the mentor goes about helping the mentee meet the goals established. The mentor evaluates, gives advice, encourages, listens, and assists in refining the goals as needed. It is up to the mentee to take the responsibility of meeting the goals. Open communication is critical for the mentee and the mentor since this will build trust and confidence needed for the relationship.

Development of the Mentoring Program

When this author was approached to become a mentor the program was in the early stages of development. A contract was used to briefly outline the program and then the mentee signed it in order to accept being mentored (see Appendix A for sample contract form). The

compiling of a formal program with brochures, PowerPoint presentations, a program manual with forms, tips, processes, and the outline of the program was a task taken on by this author to help formalize the program and help it grow. The components to the program were discussed with the program director and a Table of Content to a program manual was initiated (see Appendix B). Parts of the manual have been initiated as well (see Appendix C and D). A video was produced for the purpose of giving information about the mentoring program and its benefits and to educate the faculty and potential mentors and mentees. A link to this video is included in Appendix E. Forms were drafted and presented to the director for approval (see Appendix F-H).

Chapter 4 - RESULTS & DISCUSSION

This author's journey into mentoring started when she was approached in the spring of 2013 and asked if she would be interested in mentoring an ESL nursing student. After meeting with the program director, she met the ESL student who would be her mentee. The mentee had arrived at school not knowing English and had recently come to this country. After taking ESL classes and meeting the requirements for the nursing program, she continued to struggle with the language and the load of homework that comes with a nursing program.

The author and her mentee met several times during that semester talking about school and our families. The mentee needed help with her school work, so the assignments would be reviewed by the author and then the assignments would be reviewed with the mentee, explaining the parts that were not understood either due to the language or cultural issue. The author would explain the definition of vocabulary she did not understand and teach her how to complete the assignment. Some of her questions were about process, how she was to find the answer to some of her questions. The author was able to explain culture to her in a way that gave her the confidence to proceed with finding the answers she needed. By explaining to her the hierarchy of the professionals in the hospital she was able to understand her role as a student and other roles within the healthcare profession. She was a ready learner and never asked the same question twice. She was able to assimilate the information and apply it forward. Sometimes just explaining what something meant in English helped her to know the answer. She confided in the author and personal issues were discussed such as her health and spiritual matters. The relationship allowed for praying together. Communication took place during meetings that were scheduled by email and not over the phone. The meetings became less often until there was no felt need on the part of the mentee (see Appendix I for a partial log of mentoring time).

This program was about helping her to understand the culture and navigate the difficulties that come with life and a strenuous nursing program. It was not about teaching a new language, but assisting with issues created by the language barrier.

The author's mentee stated that before being mentored she did not know anything-how to study or manage her time and that mentoring "was the best thing for her" (Mentee, personal communication, 2013). She saw that time was given to her to help her with time management, with her homework, and help her to learn how to study. Mentoring gave her a good foundation from which she could feel more confident in her abilities in her studies and in the acculturation process. She also stated that she "needed the mentoring program" and "recommends the program" (mentee, personal communication, 2013). A survey was completed by this mentee (see Appendix J).

Literature cites many benefits to a mentoring program with benefits to the mentor, the mentee, the educational institution, the healthcare institution, and the nursing profession as a whole. With the benefits to the educational institution is the ability to use it as a strategy for increasing enrollment into the nursing program and a means of retention for ESL students (Hubbard, Halcomb, Foley, & Roberts, 2010). Other benefits include a lower attrition rate (Salamonson, Andrew, Clauson, & Cleary, 2011), higher pass rates on the NCLEX (Jalili-Grenier, & Chase, 1997), and the identification of problems by the mentor that were encountered by students, with suggestions of ways to address or improve them (Dennison, 2010).

There are similar benefits for mentors and their mentees such as a new sharing relationship that will provide networking abilities and exchange of ideas and perspectives. Other benefits for a mentor are the development of relationship-building, coaching, communication, and leadership skills, gained respect of faculty and peers (Dennison, 2010), and personal

satisfaction when helping to motivate and support a person to raise his/her level of professional attainment (Dennison, 2010). Gaining exposure to new ideas, theories, practices, and/or people might not be pursued by ESL students without a mentor's guidance and/or encouragement. The opportunity to explore anxieties, barriers, and feelings with reference to specific issues and the support for navigating systems all enable the mentee in the process of acculturation and feel less intimidated and more confident in their role as a competent professional (Dennison, 2010).

Chapter 5 – EVALUATION

Personal Experience

Since this was the author's first experience with a mentoring program, it was a learning experience for her as well as for the mentee. Mentoring taught the author how to relate and interact better in a new relationship. This was seen as a valuable experience since teaching is the author's goal. Teaching is a great way to learn because the information has to be known in order to teach it. Encouragement and coaching others is enjoyed by the author and the mentoring relationship gave another opportunity for this in different context (see Appendix K for completed survey by this author).

The learned benefit of this case study was the satisfaction of helping the mentee meet challenges in the nursing program and help her in the acculturation process. The challenge to increase this author's knowledge in order to better assist the mentee, and the benefit of a positive relationship, all parallel the literature findings.

Some of the limitations to this case study were the short time-frame of the relationship, the inexperience of the mentor, and the lack of a well-developed mentorship program. However, this mentee did pass all of her nursing classes as of the end of the 2013 spring semester.

There are potential benefits that were not specified for educational and healthcare institutions such as improving the statistics of a school regarding dropout rate. A great potential to the nursing profession could be the impact of the number of nurses that stay in the profession because of the mentoring received while in school that then gave them higher satisfaction in their chosen career of nursing. This would also have an impact on the healthcare institution's turn-over rates which in turn would decrease costs to these institutions. The potential for greater

patient satisfaction is a benefit when a patient is cared for by someone from their ethnic background or when their language is spoken to them.

Program Development

According to Campinha-Bacote, (2010), there are six steps that should be taken in order to develop a culturally focused mentoring program. These six steps are assessing the needs, identifying the philosophy, creating a plan, organizing the program, implementing the program, and then evaluating it in an ongoing manner. It is this author's recommendation that the program started at SAU is continued for ESL nursing students. It is also recommended that the program manual, including policies, forms and resources should be completed. Holding educational sessions for the faculty would promote the program and possibly gain support for its continuance (see Appendix L for slides of a PowerPoint presentation about SAU's mentoring program).

Peer mentoring is growing in popularity as the many benefits are observed and experienced in many institutions. The potential of mentoring programs could be envisioned to progress further with a ripple effect benefitting the educational institution and wherever these nurses choose to practice. Additional possibilities could also be seen as this program expands or is adapted in other healthcare arenas (Dennison, 2010).

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Appendix A

DRAFT

Southern Adventist University

School of Nursing

Pilot Mentoring Program Contract

Welcome to the Southern Adventist University School of Nursing Pilot Mentoring Program. Below you will find the requirements to help you succeed in the nursing program:

Mentee Responsibilities:

- Attend all Nursing Classes unless sick
- Attend scheduled ASAP meetings
- Meet with student mentor at least 2 times per month
- Meet with faculty mentor at least 1 time per month
- Meet with course Professor as needed
- Create and follow an action plan that includes a weekly schedule. Include the following areas:
    - Spiritual
    - Mental/Academic
    - Physical
    - Emotional

Mentor Responsibilities:

- Meet with the mentee at least 2 times per month
- Meet with the faculty mentor a least 2 times per semester
- Support the mentee in the following areas:
    - Spiritual
    - Mental/Academic
    - Physical
    - Emotional

Mentee:_____ Date:_____

Student Mentor:_____ Date:_____

Faculty Mentor:_____ Date:_____

***Requirements for the mentoring program are subjected change as this is a pilot proram**

Appendix B

DRAFT

Table of Contents:

Welcome Letter!

The Mentoring Program:

- Mission Statement
- Definitions
- Requirements/expectations
- Matching Process
- Why become a Mentor?
- Do I need to be Mentored?

Forms:

- Consent
- Contract
- Tutoring Log
- Mentoring Log
- Evaluation
- Survey
- Signed form that manual was read

Role of Mentor

- Tips
- Requirements
- Training

Role of Mentee

- Tips
- Requirements

Suggestions

- Survey results

Feedback – about program from others

Contact Information

Personal Notes

Appendix C

Role of Mentor

DRAFT

- Tips
    - How to clarify goals
    - How to set limits
- Requirements:
    - A registered nurse who is in the accelerated MSN or MSN program.
    - Displays the characteristics of a Christian Nurse
    - Must be recommended by a faculty member
    - Has the ability to influence and persuade others
    - Has credibility with and respect from colleagues
    - Has seniority in relation to the Mentee
    - Has a desire to help the Mentee
    - Has the ability to help the Mentee set and attain goals
    - Has the capability to represent the university in a positive way

Appendix D

Role of Mentee

DRAFT

- Tips
    - How to clarify goals
- Requirements**:**
    - An ESL student at SAU who has difficulty with the English language
    - A student who takes more than one year to make it into the nursing program due to academic challenges
    - A student who has needed to repeat multiple classes
    - Recommended by two faculty to be reviewed and approved by Mentoring Program Director
    - A student who desires to learn, grow and succeed and is able to set goals and achieve them
    - A student who has the commitment to obtain a degree in nursing
    - A student who is mindful of their own personal responsibilities
    - A student who is willing to listen to guidance and follow through on instruction
    - A student who has an attitude of success

Appendix E

https://www.wevideo.com/hub/#media/ci/125086064

DRAFT

Appendix F

Mentoring Program Checklist

Recommendation letter(s) received Name of Mentor/Mentee _____

Program manual given _____

Signed form that manual has been read

First meeting with Mentor/Mentee _____

Consent form

Contract form

Second meeting with Mentor/Mentee_____

Subsequent meetings _____

Subsequent meetings _____

Subsequent meetings _____

Subsequent meetings _____

Subsequent meetings _____

Subsequent meetings _____

Subsequent meetings _____

Subsequent meetings _____

Subsequent meetings _____

Subsequent meetings _____

Logs turned in if needed for credit _____

Evaluation received _____

Appendix G

DRAFT

Mentoring Survey:

Strongly Agree	Agree	Disagree	Strongly Disagree

- How well did the mentoring program meet your goals?
- How well did the mentoring program meet your needs?
- How well do you think the mentoring program met the goals of the university for you?
- How well did you receive the support you needed?
- How satisfied were you with the "match" between you and the mentee/mentor selected?

- Did you have any frustrations with the program?

- How much do you currently value the time you spent with the program?

- How would you describe the mentoring program?

- Why did you decide to participate in this program?

- What do you think could be done to improve this program?

- Describes your experience with the program:

- What kinds of activities did you do with your mentor/mentee?

- Visited in person
- Talked on phone
- Studied together
- Ate lunch together
- Cooked/baked together
- Discussed nutrition
- Discussed exercise
- Discussed spiritual topics
- Shared struggles and successes
- Helped mentee find medical referral
- Shopped together
- Referred mentee for other support services
- Did project together
- Other: (describe) _____

- How often did you meet in person with your mentee?

    - ❑ A few times each week
    - ❑ Once a week
    - ❑ A few times a month
    - ❑ Once a month
    - ❑ A few times a semester
    - ❑ Other _____

How often did you communicate with your mentee by phone or computer?

- ❑ About once a day
- ❑ A few times each week
- ❑ Once a week
- ❑ A few times a month
- ❑ Once a month
- ❑ A few times a semester
- ❑ Other _____

Do you have any other comments about the program?

Appendix H

DRAFT

Tutoring Record

Name of Mentee: _____ **Semester dates:** _____

Date	Tutor's Initials	Mentee's Initials	Comments

Tutor's Initials	Tutor's Name	Tutor's Initials	Tutor's Name

Appendix I

Mentoring Log

Date	Hours	Activity/Discussion	Action/Evaluation
2/14/2013	1.5	Helped mentee with her care plan using the Newman model. Encouraged her to ask the nurse on the floor if there was something in the chart that she did not understand.	She wanted to meet again in one week.
2/21/13	2.25	Helped mentee with her care plan. Seems to understand nursing concepts well. Appears to be thorough in her assessments. Also met with program director together. I gave and explained to mentee blank forms she could use for time management by the week and by the semester, and monthly if desired.	Program director to check into testing for type of learning and get back with me. Will meet again after Spring break. (Next meeting need to discuss goals for us. Her expectations and my expectations, ect.)
3/28/13	1.25	Met with mentee and listened while she was being given advice from a professor. Then we talked about expectations for her and ways to decrease her anxiety so she can sleep better.	To meet again on 4-11 from 10-12. She knows to get help from tutors. Is not attending ASAP d/t child issues.
4/11/13	2.0	Took mentee some Bible promises on a 3x5 card. Helped with her nursing diagnosis care plan. Showed her some APA information.	She appreciated the Bible quotes. She seemed more confident. Had just received an 88% on a test the previous day!

Appendix J

Mentoring Survey

(Completed by mentee)

- **How well did the mentoring program meet your goals? (scale 1-4)**
  4

- **How well did the mentoring program meet your needs? (scale 1-4)**
  4

- **How well do you think the mentoring program met the goals of the university for you? (scale 1-4)**
  4

- **What are some ideas you have for improving the program?**

  Continuing having people that like to help students, with the same desire that my mentor had when I needed some help with class or homework.

- **Did you have any frustrations with the program?**

  No

- **How much do you currently value the time you spent with the program? (scale 1-4)**
  4

- **How would you describe the mentoring program?**

  The best program ever.

- **How well did you receive the support you needed? (scale 1-4)**
  4

- **How satisfied were you with the "match" between you and the mentee/mentor selected? (scale 1-4)**
  4

- **What kinds of activities did you do with your mentor/mentee?**

  [x] Visited in person
  [x] Talked on phone

[x] Studied together
[x] Ate lunch together
[ ] Cooked/baked together
[x] Discussed nutrition
[x] Discussed exercise
[ ] Discussed spiritual topics
[x] Shared struggles and successes
[ ] Helped mentee find medical referral
[ ] Shopped together
[ ] Referred mentee for other support services
[x] Did project together
[ ] Other: (describe) _____

- **How often did you meet in person with your mentee?**

[x] A few times each week
[ ] Once a week
[ ] A few times a month
[ ] Once a month
[ ] A few times a semester
[ ] Other _____

- **How often did you communicate with your mentee by phone or computer?**

[ ] About once a day
[x] A few times each week
[ ] Once a week
[ ] A few times a month
[ ] Once a month
[ ] A few times a semester
[ ] Other _____

- **Why did you decide to participate in this program?**

Because I needed help since I just entered the nursing program and I just earned the English language.

- **Describes your experience with the program:**

It was the best idea ever. I am so glad that this program was made when I needed the most. I do not think that would able to make through my clinical paper work without the help of my mentor.

- **What do you think could be done to improve this program?**

  Nothing

- **Do you have any other comments about the program?**

  Thank you to my mentor that took the time to teach me and help me.

X **Excellent _ Good _ Fair _Poor**

Appendix K

Mentoring Survey:

(Completed by mentor)

1. **How well did the mentoring program meet your goals? (scale 1-4)**

   4, I wanted to do it and gain experience as a Mentor.

2. **How well did the mentoring program meet your needs? (scale 1-4)**

   4, I gained experience and a friend.

3. **How well do you think the mentoring program meets the goals of the university for you? (scale 1-4)**

   4

4. **What are some ideas you have for improving the program?**

   In a specialized program a mentor for the 'mentor' is needed. A little more experience would have been helpful for me. Jillian did a great job but a little more guidance would be helpful. Maybe it is just my inexperience that I am feeling and not a lack in the program.

5. **Did you have any frustrations with the program?**

   Yes, I felt like I was a tutor and not a mentor at times.

6. **How much do you currently value the time you spend (or spent) with the program? (scale 1-4)**

   4,

   It gave me a great introduction and experience in mentoring. It allowed me time to learn how to be a mentor and I'm still learning. I think a person learns with each new and different mentee.

7. How would you describe the mentoring program?

A service that helps an ESL student to navigate the system, learn cultural differences, become confident in a new culture, and have a 'type' of friend while they are putting down roots.

8. How well did you receive the support you needed? (scale 1-4)

4

9. How satisfied were you with the "match" between you and the mentee/mentor selected? (scale 1-4)

4

10. What kinds of activities did you do with your mentor/mentee?

[X] Visited in person
[ ] Talked on phone
[X] Studied together
[ ] Ate lunch together
[ ] Cooked/baked together
[ ] Discussed nutrition
[X] Discussed exercise
[X] Discussed spiritual topics
[X] Shared struggles and successes
[ ] Helped mentee find medical referral
[ ] Shopped together
[ ] Did project together
[X] Other: (describe) prayed together

11. How often did you meet in person with your mentee?

[ ] More than once each day
[ ] About once a day
[ ] A few times each week
[ ] Once a week
[ ] Less than once a week
[X] Other: Once a month or less

12. How often did you communicate with your mentee by phone or computer?

[ ] More than once each day
[ ] About once a day
[ ] A few times each week
[ ] Once a week

[ ] Less than once a week
[X] Other: Once or twice a month

13. Why did you decide to participate in this program?

I have always been interested in mentoring and thought it a great opportunity to get started.

14. Describe your experience with the program:

It helped me learn how to relate and interact better with someone I didn't know. This is huge for me wanting to be a teacher.

15. What do you think could be done to improve this program?

To make it a more formal program with resources for both mentor and mentee like a website with links &/or blogs.

16. Do you have any other comments about the program?

I would like to see it opened up to not just ESL students.

Appendix L

Slides of mentoring presentation for faculty:

Slide 1

Slide 2

Slide 3

What is a mentor?

- Advisor
- Brain to pick
- Guide
- Listening ear
- "Older sibling"
- Expert
- Encourager
- Warrior
- Role model

Slide 4

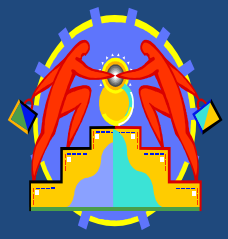
What a mentor is not:

- *Friend*
- Acquaintance
- Dictator
- Judge

Slide 5

Mentor-Mentee Relationship

- Choose carefully…
  - Mentor:
    - Professional
    - Credible
    - Achiever
    - Good communicator
    - Accomplished
  - Mentee:
    - Eagerness
    - Demonstrates independence
    - Seeks feedback
    - Takes ownership
    - Evaluates self



Slide 6

Phases

- Invitational
  - Seeks out
  - Assigned
  - Develops rapport
  - Builds trust
  - Idea of goals
  - Boundaries discussed
  - Agreement made

Slide 7

Phases

- Questioning
  - Asking questions
  - Ongoing evaluation
    - Objectives
    - Experiences
  - Experiences growth
  - Refines goals

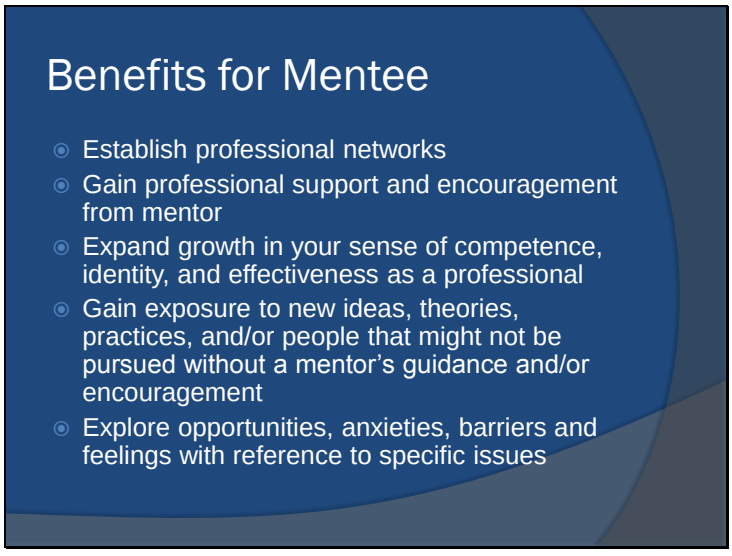
Slide 8

Phases

- Transitional
  - Also called closure
  - Abrupt
  - Lessening need
  - Timeframe varies

Slide 9

Slide 10



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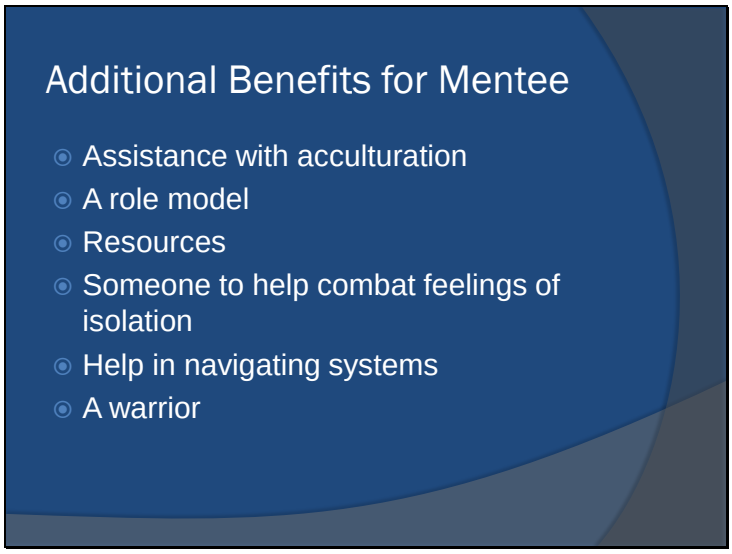

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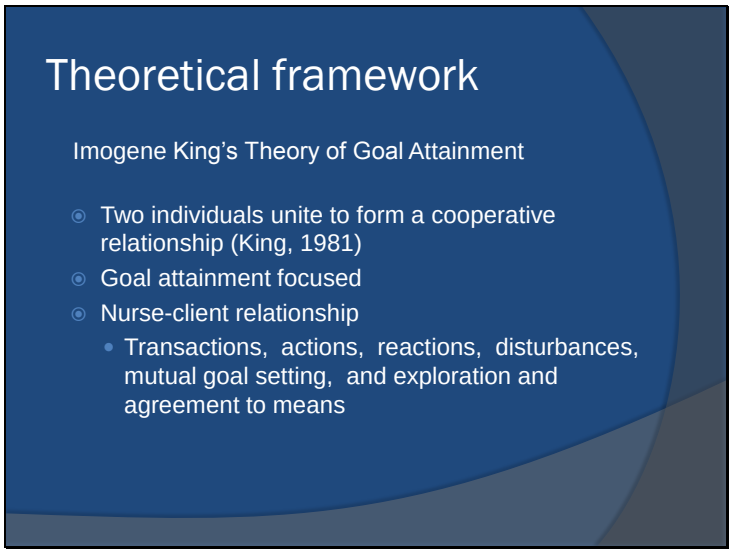
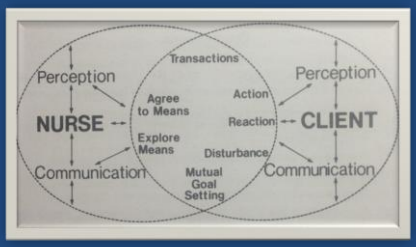


Slide 13

Theoretical Framework

- Imogene King's Theory of Goal Attainment



(Evans, 1991, p. 29)

Slide 14

By Rebecca Retzer

Magdaly's experience:

https://www.wevideo.com/hub/#media/ci/125086064

Slide 15

Summary

- Quote by John C. Crosby:

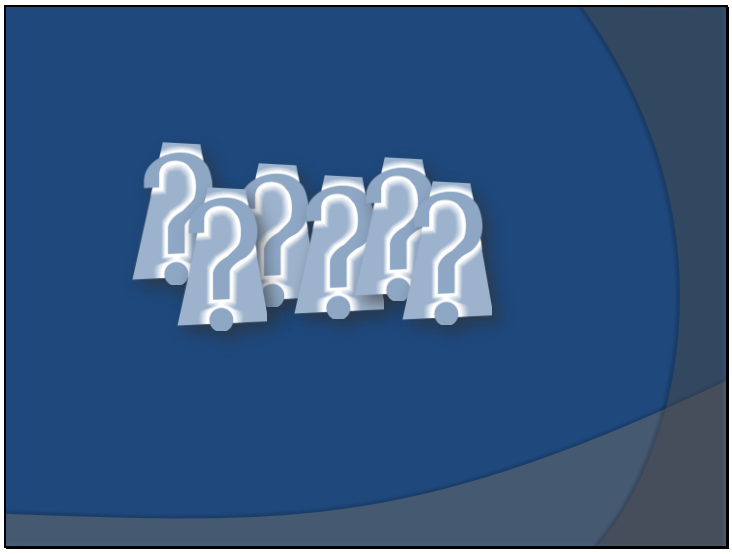
"Mentoring is a brain to pick, an ear to listen, and a push in the right direction."

Slide 16

References

- King, I. M. (1981). A theory for nursing: Systems, concepts, process. New York, NY: Wiley Medical.
- Evans, C. L. (1991). *Imogene King: A conceptual framework for nursing*. Newbury Park, CA: SAGE Publications, Inc.

Slide 17



Slide 18