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Regis University
Rueckert-Hartman College for Health Professions
Loretto Heights School of Nursing
Doctor of Nursing Practice Capstone Project

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Mentor Training Program

Marlene M. Berens

Submitted in Partial Fulfillment of Doctorate of Nursing Practice Degree

Regis University

August 7, 2013

Abstract

Mentor Training Program

The retention of pre-licensure baccalaureate nursing students is one of the critical components in resolving the present healthcare crisis. Peer mentors play an important role in retention of students. The main objective of peer mentoring was to support a nursing student making the transition to a university setting and to nursing education. Gilmour, Kopeikin, and Douché (2007) described peer mentoring as a key strategy for support of nursing students. Mentoring is a complex process requiring development of purposeful relationships underpinned by knowledge and experience. This capstone project's purpose was designed and implemented to determine if a mentor training program for pre-licensure baccalaureate nursing students would increase mentor self-efficacy and mentoring efficacy.

This capstone project was a quantitative, pre- and post-test study design. The mentor training program was held in a classroom at the selected Midwestern University in January 2013. A total of 26 participants self-enrolled in an eight hour mentor training program. This program provided a rich learning opportunity for the development of the qualities and skills required for mentoring roles. Participants answered 30 questions on a five point Likert scale regarding their beliefs concerning mentor self-efficacy and mentoring efficacy. The questions were the same for the pre- and post-test. Data analysis demonstrated a statistically significant positive difference in mentor self-efficacy and mentoring efficacy; $p > 0.05$ and $p > 0.001$ respectively. This data will be useful for change agents interested in the implementation and design of mentor training programs.

Keywords: DNP Capstone Project, mentor training program, self-efficacy, student retention.

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Executive Summary
Mentor Training Program

Problem

Overcoming the critical shortage of professional nurses is essential to the future success of the United States healthcare system. One of the proposed methods of increasing the number of professional nurses is to retain present pre-licensure baccalaureate nursing students. This capstone project was initiated in response to this critical situation. The population consists of pre-licensure baccalaureate nursing students self-enrolled in a mentor training program at the selected Midwestern University. An educational program to train peer mentors was implemented. Nursing administration and faculty at the Midwestern University supported this capstone project.

Purpose

The purpose of the capstone project is to determine if a mentor training program increases mentor self-efficacy and mentoring efficacy. A peer mentor program was implemented in the winter semester of 2012 and several mentors verbalized role confusion and lack of self confidence in their skills. Additionally, in August of 2012, the president of the selected Midwestern University challenged faculty to develop methods in which to increase student retention rates.

Goals

The short term goal of the capstone project at the selected Midwestern University was increased mentor self-efficacy and mentoring efficacy. The long term goal was retention of nursing students. Additional goals included increased mentor and mentee academic satisfaction, limitation of financial losses by the mentees, and improved leadership and communication skills by mentors.

Objectives

The objectives of the mentor training program included providing materials and strategic approaches to assist students in becoming effective mentors. The students demonstrated strategies of mentoring using a variety of learning styles and techniques to overcome numerous challenges in mentoring.

Plan

The Doctorate of Nursing Practice (DNP) Project Process Model was utilized as a guideline for this capstone project (Zaccagnini & White, 2011). The completed model included nine steps. In steps I and II it was recognized that peer mentors lack mentor self-efficacy, then a needs assessment was completed. In step III a mission statement, goals and objectives were developed for the mentor training program. For step IV, the Bandura theory of efficacy was chosen for a theoretical underpinning. A timeline for completion and budget was identified in step V. Furthermore, a written and oral proposal was also completed. At step VI during the planning stage a Logic Model was developed. Step VII contains an Institutional Review Board (IRB) approval from both Regis University and the Midwestern University. Additionally, potential threats and barriers to the capstone project were identified and minimized. The final steps Step VIII and Step IX included analysis and reporting of the data.

Outcomes and Results

A total of 26 students completed an eight hour mentor training program. The population was a combination of sophomore, junior, and senior level pre-licensure baccalaureate nursing students. Mentor efficacy and mentoring efficacy were evaluated using pretest and posttest comparisons. Data analysis revealed significant positive differences in all 30 questions. The p values for both mentor self-efficacy and mentoring efficacy were less than 0.005 and 0.001 respectively. The p values were significantly smaller than alpha at 0.05. Following the mentor training program numerous pre-licensure baccalaureate nursing students expressed appreciation of their experience.

Acknowledgements

I am very appreciative for the large support team who gathered around me during this season in my life to spur me on and see that this project would be completed. I am ever grateful to God, the Creator to whom I owe my very existence. I praise God the Almighty for providing me with this opportunity and granting me the capability to proceed successfully. God has been my source of strength and reassurance throughout this project. The prayers of my church family have been powerful. I thank you for your fervent and diligent prayers.

To my wonderful, supportive, and encouraging husband Steve; thanks for not just believing in me, but knowing I could do this. I could never have accomplished this without your great boundless love for me. Thanks for holding me up when times were rough. Thanks for making me smile. I will always love you, till death do us part. I am extremely blessed with remarkable parents, (Albert and Lorraine), two wonderful children (Kevin and Karen), and three precious grandchildren (Isabella, Sophia, and Case). They were my encouragement and listening ears.

My gratitude extends to all of my professors in the DNP program at Regis University. Special appreciation is owed to Dr. Maria Gilbert (Capstone faculty), Dr. Christine Finn (Capstone faculty) and Dr. Szutenbach (Capstone Chair) whose feedback, guidance, and patience were extremely beneficial. I am deeply indebted to Sandra for her support and enthusiasm as she served as my DNP clinical mentor. I would also like to thank Kathy from the research department at the selected Midwestern University for her guidance regarding the statistical analyses of this capstone project. Finally, I would like to thank the entire DNP 2011 student cohort at Regis University who were my peers, colleagues, and friends.

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Mentor Training Program

It is crucial to increase the number of professional nurses globally; a shortage of professional nurses has been highlighted in the world news for several years. In the United States (U.S.) the deficit of nurses originated in 1954 (Fox & Abrahamson, 2009). The insufficient number of nurses in the U.S. is multi-factorial and solutions are necessary. In 2010 the Institute of Medicine (IOM) reported issues of escalating care complexity that emphasized the need for increasing the percentage of nurses with baccalaureate degrees (IOM, 2010). One solution of the IOM initiative is to take actions to retain the students who are presently enrolled in baccalaureate programs (Clark & Allison-Jones, 2011). The retention of student nurses in a pre-licensure baccalaureate nursing program is a critical component of health care within the U.S. The increased retention of pre-licensure baccalaureate nursing students will bolster the number of Bachelors of Science in Nursing (BSN) degree prepared nurses who enter the workforce.

Problem Recognition

Problem Statement

The purpose of this capstone project was to determine if a mentor training program for pre-licensure baccalaureate nursing students would increase both mentor self-efficacy and mentoring efficacy (also known as outcome expectancy). An individual's belief in him or herself and the ability to perform as a mentor is called mentor self-efficacy (Riggs, 2000). Furthermore, Riggs defined mentoring efficacy as the extent of mentors' beliefs in their mentoring efforts which create a measurable difference in a mentee. Student mentors at a Midwestern University frequently questioned their ability to complete the tasks necessary in the process of mentoring another individual.

The issue of support for mentors is essential to address. Thompson, Jeffries, and Topping (2012) found that a process to train and support mentors is critical for mentoring programs to be successful. This capstone project was in response to several key concerns. First, the president at the Midwestern University where the capstone project occurred challenged the faculty to find ways to improve student retention. Second, numerous students expressed a lack of self-confidence in their ability to mentor. And third, concerns were verbalized regarding the definition of mentoring, the role of a mentor, and how to mentor. The challenge the selected Midwestern University faced was to find strategies that supported nursing students. Peer mentoring has been a proven method to increase student retention and academic success. Mentor training is clearly supported as a critical component in the implementation of a successful peer mentor program (Athanases et al., 2008; Christiansen & Bell, 2010; Leidenfrost, Strassnig, Schabmann, Spiel, & Carbon, 2011).

Population/Intervention/Comparison/Outcome (PICO)

Evidence-based research is needed to improve patient outcomes and meet changing health care obligations. Doctor of Nursing Practice (DNP) graduates are prepared with essential knowledge to be proficient in the process of identification and interpretation of an individual's or organization's needs. Kane and Radosevich (2011) recognized the need for the utilization of evidence-based research to provide appropriate management of challenging problems. It is imperative for DNPs to impact the outcomes of individuals or entire organizations using evidence-based research.

A DNP graduate acts as a change agent in the design and implementation of a mentor training program. Individuals and groups are impacted by the DNP's role of change agent. Rylatt (2013) defined a change agent as an individual who is highly motivated to resolve a

difficult situation and is able to articulate a rationale for the change taking place that effect stakeholders. According to Furlong and Smith (2005) an advanced practice nurse initiates and implements changes in response to an individual or organizational needs. The mentor training program was initiated as a potential solution to the need of numerous students at the selected Midwestern University to understand the role of a mentor and to attempt to increase their mentor self-efficacy.

Finally, DNP graduates are able to analyze data using evidence-based research and incorporate findings into their nursing practice. Zaccagnini and White (2011) specified that prior to practicing evidence-based nursing it is essential to develop a question about the population, the intervention, a comparison, and outcome (PICO). The following PICO was developed for this capstone project.

- Population - Pre-licensure baccalaureate nursing students who self-enrolled in mentor training program at the selected Midwestern University.
- Intervention - Designed and implemented an educational program to train peer mentors.
- Comparison - Since no prior mentor training program for pre-licensure baccalaureate nursing students has been conducted, a comparison was completed using a pre-and post-test format.
- Outcome - Increased both mentor self-efficacy and mentoring efficacy by pre-licensure baccalaureate nursing students.

Project Question - Does a mentor training program for pre-licensure baccalaureate nursing students who are enrolled in a mentor training program at the selected Midwestern University increase mentor self-efficacy and mentoring efficacy?

Project Significance

As a DNP graduate it is imperative that the provided interventions be effectively measured to evaluate the impact nursing has on client outcomes. Griffiths, Richardson, and Blackwell (2012) defined nurse-sensitive outcomes as the process of identifying outcomes for a client that are sensitive to nursing interventions. According to Kleinpell (2009) it is essential to have a clear sense of what is to be measured and why it is necessary to measure it. Effective mentors are individuals who are confident in their ability to mentor and expect positive outcomes from their mentoring. This capstone project's proposed outcome was that pre-licensure baccalaureate nursing students attending a mentor training program would increase mentor self-efficacy and mentoring efficacy.

The identification of nurse-sensitive outcomes is vital in establishing the impact of nursing interventions on patient results. The American Nurses Association (ANA) (2012) identified that nurse sensitive outcomes have been hampered by lack of patient care that reflects the direct influence of nursing interventions. This capstone project directly addressed several nurse-sensitive outcome measures including both the student's mentor self-efficacy and mentoring efficacy.

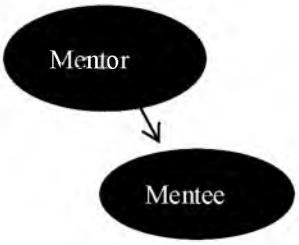
Elements Relevant to Purpose

The term mentor is often confusing. Terminology between the words coaching, tutoring, and mentoring are often blurred. No universal definition of mentoring exists, however the goal remains the same; to develop growth of individuals in specific areas (Wilson, Sanner, & McAllister, 2010). Jones and Brown (2011) discussed three potential models and definitions of mentors; traditional, reciprocal, and emergent. The traditional model is outlined as individuals who possess advanced experience, knowledge, wisdom, skills, and influence which provides

support and promotes the growth of their mentees through interactive rapport (D'Abate & Eddy, 2008). The flow of information in the traditional model will go in one direction: downward (see Figure 1).

Figure 1

Traditional Mentoring Model



Source: Jones & Brown, 2011.

The second model is the reciprocal model, which is a collaborative model in which both the mentee and mentor benefit. Jones and Brown (2011) described the relationship between a mentor and his or her mentee as collaborative. In a reciprocal model, power is shared and concessions occur (see Figure 2). In addition, timeframes are flexible, decision-making is shared, and topics discussed are debated.

Figure 2

Reciprocal Mentoring Model

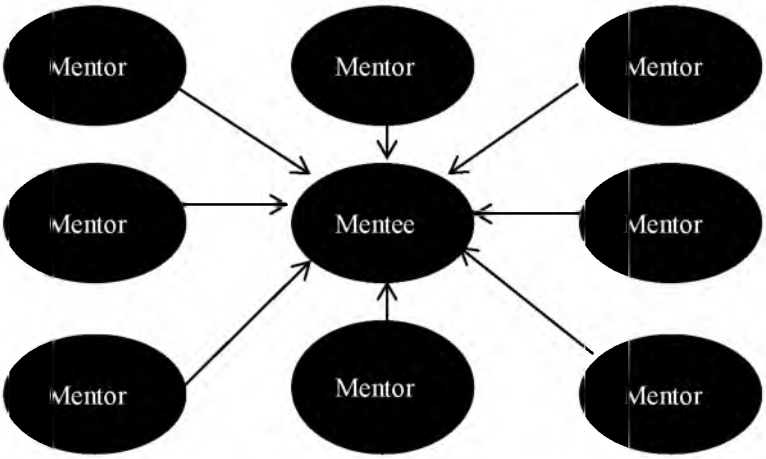
Source: Jones & Brown, 2011.

The most recent description of mentoring is the emergent model (Jones & Brown, 2011). In the emergent model the mentees are encouraged to use a multiplicity of mentors. The mentees

are expected to be in charge of their own learning. For this capstone project all three definitions and models were analyzed during the mentor training program.

Figure 3

Emergent Mentoring Model



Source: Jones & Brown, 2011.

Even though the term mentor is not universal, the academic literature is consistent with the characteristics necessary for a mentor to possess. Wilson et al. (2010) listed the crucial elements mentors must possess as trustworthy, available, knowledge, enthusiasm, and reliable. Relationships between mentors and mentees are enhanced when mentors possess these traits.

Theoretical Foundation

Bandura's Theory. The foundation of this capstone project was based on Bandura's theory of efficacy. There are two outcome performance expectancies in the efficacy theory by Bandura (1997); self-efficacy and outcome expectancy. Self-efficacy allows individuals to decide whether they have the ability to perform the required tasks at the desired level of competency. Additionally, Bandura defined outcome expectancy as an individual's anticipation of a future occurrence based on prior life experiences. Bandura specified past successes and mastery of tasks contribute to efficacy expectancies which lead to the behavior of individuals.

Efficacy differs among individuals by their level of belief in their own abilities (Kim & Baylor, 2006). Individuals who possess both a high level of outcome expectancy and self-efficacy will be confident in their abilities to become an effective mentor. Additionally, Kim and Baylor's research demonstrated that social interaction is a key component to increased efficacy and suggested integration of both personal reflection and role playing activities in educational programs. These strategic elements were integrated in the mentor training program developed for this capstone project used at a Midwestern University. Bandura's theory of efficacy served as a strong foundation for the mentor training program.

Mentors should possess proficiency, comprehension, and beliefs in their own ability in order to manage challenging circumstances. Athanases et al. (2008) documented mentoring does not emerge naturally. The solution to this challenge is the development of mentor training programs. In addition, Garvis (2009) found certain mentors are prone to give up easily and will put less effort into tasks if they believed their efforts would fail. According to Swackhamer, Koellner, Basile, and Kimbrough (2009) the higher the level of self-efficacy a mentor possesses the greater is the benefit to their mentee. Swackhamer et al. indicated mentors who possessed high levels of mentoring efficacy worked longer with their mentees, recognized areas that needed improvement, and attempted different and new methods in order to maximize their mentee's potential. Mentor and the mentee satisfaction levels increased resulting in an additional benefit to the mentee. A solid underpinning in the concepts of mentoring and a mentor training program based on Bandura's theory provided the essential foundation for this capstone project.

Lewin's Change Theory. As change leaders, DNP graduates participate in innovative approaches that introduce change concepts. Anticipation of potential difficulties when implementing change is essential. Stichler (2011) identified that initiation of change within an

organization is one of the most challenging and essential roles of a DNP graduate. Lewin's change theory was the framework utilized to drive change associated with the implementation of the mentor training program. The three stages in Lewin's change theory are unfreezing-change-refreezing. Individuals enrolled in the mentor training program were required to reject prior learning about mentoring terminology and performance and replace the mentoring concepts with new ideas. Application of the unfreezing stage of Lewin's change theory includes motivation of participants to change their ideas and beliefs about mentoring outcomes and their ability to mentor by means of exposure to new ideas. A critical component in the unfreezing stage is the development of a shared vision. The shared vision guided, shaped, and motivated mentors to positively strive to contribute and make a difference in their mentee's life.

The second step of the theory described by Lewin is entitled "change phase". Stichler (2011) portrayed this step as saying "life will not be the same" (p. 9). During the change phase individuals develop new skills and competencies. Stichler furthermore believed the earlier new behaviors can be adopted the easier the transition will be. The mentor training program was designed to include all nursing students such as individuals who were presently classified according to their academic achievement as a sophomore, junior, or senior.

The final step in Lewin's change theory is called "refreezing phase". Carter (2008) defined the refreezing phase as creating equilibrium within a new environment. In this phase individuals adopt and integrate new practices and behaviors into their performances. Stichler (2011) acknowledged it as essential to reinforce and encourage new behaviors by recognition and rewarding individuals who successfully integrate the crucial changes. Positive reinforcement that ensues following a favorable outcome that occurs or an appropriate action that transpires served as a foundation to strengthen an individual's behavior.

Review of Evidence

Background of Problem

Finding strategies to support students is vital to their retention in nursing programs. It is increasingly documented that nursing students often struggle with loneliness, anxiety, and uncertainty when first exposed to the complexity of health care environments (Christiansen & Bell, 2011). In addition, Christiansen and Bell suggested a vital component in the development and support of individuals was the availability of a peer relationship. The greatest gift individuals can give to others is to share their skills, knowledge, and time (Duffy, 2004; Ward, Thomas, & Disch, 2012). Because of the potential benefits of this significant peer relationship, countless academic and business settings have implemented peer mentor programs.

The concept of mentoring is deeply entrenched in history. Nursing is rich with examples of leaders who had mentors including Florence Nightingale (Ketola, 2009). Mentoring has been undertaken by leaders desiring to help develop their followers, parents wishing to develop skills in their children, and elders carrying out their responsibilities to cultivate the succeeding generation.

Literature Review

A systematic review of literature (SRL) was completed in order to establish support for an evidence-based intervention (see Appendix A). Additionally, academic literature was used to identify a conceptual model, measurement tool, theoretical framework, project variables, and ethical considerations. This literature search of health and educational related databases was conducted including the following search engines: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Education Resources Information Center (ERIC), and Google Scholar. The initial SRL was conducted using Houser and Omen's (2011) recommendation to

first identify established criteria to be entered as search terms with the PICO serving as a foundation. A combination of keywords were inserted; mentor education, undergraduate mentor program, measurement mentor training, evaluation mentor training, mentor program, mentor, mentor training, mentoring in adult education, attrition nursing students, retention students, baccalaureate nursing program, efficacy, self-efficacy, and Bandura. A total of 142 articles were reviewed. Thirty-four of these articles studied were appropriate for inclusion in the SRL; each article was evaluated and the content was analyzed for accuracy, validity, and reliability.

O'Donnell (2011) completed research using a qualitative case study approach in which the purpose was aimed at the development of a theoretical understanding of why nursing students voluntarily leave their programs of studies. Pre-licensure baccalaureate nursing students often encounter untenable situations especially during the first semester of nursing courses. O'Donnell described the situation as being a "reality shock" for students because of numerous additional challenges.

O'Donnell's (2011) study population was obtained through purposeful sampling and consisted of 15 students who had voluntarily withdrawn from nursing classes. Interviews with each of the 15 students were conducted, recorded, and interpreted. The primary cause cited for leaving the nursing program was the incongruence of expectations between actual nursing courses and requirements listed during the nursing preadmission process. Wang (2012) conducted a similar study in order to understand the socialization process and competing college and family responsibilities. Wang used an in-depth, semi-structured interview process with a population of 30 first-generation college students. First-generation college students are defined as individuals who are attending a college or university whose parents have had no college or post-secondary experiences. Wang's findings emanated from a variety of situations including

problems with time management, necessity for decreasing extra-curricular activities, decreasing academic grades, family constraints, increased financial concerns, and lack of social integration. Reasons for leaving a nursing program are numerous and often unique to each individual student. Shelton (2012) suggested nursing programs consider the offer of greater flexibility through part-time programs and academic support systems including a peer mentor program. Workable solutions are essential and need to be implemented to support and retain nursing students.

There are numerous benefits associated with the implementation of a peer mentoring program. According to Robinson and Niemer (2010) peer mentoring may be one solution to the decrease in student populations. Other solutions may include the need to loosen budget restraints and address the shrinking availability of clinical sites. Though not a solution to attrition problems, it would be wise to also address the increasing graduate competency requirements.

Robinson and Niemer (2010) conducted quantitative, a non-randomized, prospective cohort study with students who were considered "at risk" and enrolled in a baccalaureate nursing program. Through this study interventions were introduced to both increase retention rates at the university level and to increase positive academic outcomes. Peer mentor-tutors were chosen from nursing students who had achieved high academic success and expressed a desire to participate in the program. In addition, mentors were given an overview of program essentials, two mentoring textbooks, and handouts that contained instructions in fostering personal interactions including the challenges of facing difficult relationships. Using course grades as an evaluation tool, the authors found that students in the intervention group who were assigned a peer mentor tutor scored significantly higher than the control group. Furthermore, Robinson and Niemer recognized the relationship between a mentor and mentee assisted mentees to manage their own learning. Development of personal skills and improvement in performance is directly

linked to an ability to manage one's own learning. The study supported implementation of a peer mentor-tutor program and the development of a mentor training program.

Using a mixed method research design, Muldoon (2008) investigated the potential relationship between mentor professional development and effective mentoring practices in a university setting. Muldoon hypothesized in addition to the obvious benefits to the mentee, peer mentors would also benefit; a mutually beneficial relationship would serve as a foundation for successful mentoring. Thirty five mentors participated in the research. Data was collected via postal survey. Out of the potential 35 participants, 25 returned the survey. Mentors had formalized training in communication skills, interpersonal skills, and problem solving abilities prior to working with a mentee. Muldoon identified three key benefits of mentoring which were increases in communication skills, mentor self-efficacy, and leadership skills. Additional benefits included increased tolerance, patience, social abilities, empathy, and team building skills. Muldoon acknowledged mentoring was found to be a vital component to empowering oneself and others.

Despite the apparent benefits of mentoring there remain several challenges associated with peer mentoring programs. Studies evaluating peer mentor programs demonstrate mixed results as to whether the program was actually beneficial to mentors and mentees. Mentoring can be time consuming and other obligations can obstruct progress (Hall & Jauglietis, 2011). Decision making and actions by mentors can be either beneficial or have serious implications. These implications include decreased academic satisfaction, decreased social interactions, and increased attrition rates by universities (Terrion & Leonar, 2007).

Enscher and Murphy (2011) completed a qualitative research study in which the aim was to investigate the challenges in the role of mentor in a mentoring relationship. A web-based

survey was sent to 312 individuals who were involved in a mentoring relationship. Additional criteria included individuals 25 years and older and presently living in the U.S. Key findings from Enscher and Murphy revealed that the pairing of mentors and mentees should be a deliberate process based on gender, age, and personal interests. Holley and Caldwell's (2011) research supported Enscher and Murphy's findings, reiterating that a careful approach with both the selection of individuals to become mentors and in the mentor pairing procedures are critical for a successful program. Hovey and Craig (2011) suggested communication was the most critical component in a relationship and individuals must strive for shared understanding. The research of all these authors has consistently established the benefits of peer mentoring and the importance of the establishment of solid working relationships between a mentors and mentees.

When mentor training programs were studied across multiple disciplines, numerous approaches existed which served a variety of purposes and characteristics. Mentoring can be mandatory or voluntary, occur in groups or pairs, function between peers or hierarchically, transpire within single and multiple organizations, in person or over a distance (D'Abate & Eddy, 2008). Additionally, the academic literature indicated the quality and specifics of mentor training are significantly inconsistent among and across disciplines (Deutsch & Spencer, 2009). D'Abate and Eddy (2008) suggested mentor training programs be planned and evaluated to ensure quality and that desired outcomes are achieved. Colvin and Ashman (2010) recognized the preparation is fundamental to a successful peer mentor program and mentor training is a vital component.

Numerous studies have explored methods of increasing self-efficacy and outcome expectancy in professional individuals (Christiansen & Bell, 2010; Holley & Caldwell, 2011; Riggs, 2000). However, research studies are limited regarding the process of increasing

mentoring efficacy and mentor self-efficacy in undergraduate students. If a mentor training program for undergraduate students was implemented, the evaluation of the training was based on the benefits to the mentee instead of the mentor and the effect of their training (Hunt & Ellison, 2010; Kafai et al., 2008). In this capstone project the pre-licensure baccalaureate nursing students determined the degree to which they held both mentor self-efficacy and mentoring efficacy. The hypothesis of the project was that a mentor training program would increase both mentor's self-efficacy and mentoring efficacy.

Review of academic literature demonstrated strong evidence in favor of implementation in a mentor training program to support a peer mentor program (Athanases et al., 2008; Kafai et al.; 2008; Knowles & Parsons, 2009; Stanulis & Ames, 2009; Townsend et al., 2011; Wallen et al., 2010). The research studies by Townsend et al. and Stanulis and Ames recommended incorporation of the following areas into a mentor training program: Communication techniques, definition of the mentor role, strategies to overcome challenges in mentoring, learning styles, and assessment techniques. All of Townsend et al. and Stanulis and Ames recommendations were integrated into the mentor training program at the Midwestern University. A mentor training program that is supported and strategically planned can be a substantial benefit for both the mentor and mentee.

Support of the mentor is imperative when designing a mentor training program. Skills associated with high academic achievement do not automatically translate into effective mentoring (Athanases et al., 2008). Although individuals who are selected to mentor are often among the students with the highest academic achievements, they still require formal development to become proficient in their new role.

Rogan (2009) completed a quantitative, descriptive study that explored baccalaureate nursing student preceptor's perceptions concerning their training for the responsibility. Rogan acknowledged 10 content areas mentors listed as essential educational areas to improve their abilities and outcomes in of their role. Two leading themes emerged from Rogan's data analysis: preceptors desired to know more about what their responsibilities and roles were and the process of how to teach organizational skills including setting priorities. Rogan's research also indicated that mentor training programs should include the following: Adult learning strategies, principles of adult education, communication techniques, and role clarification. In addition, critical program elements include; resources for conflict resolution, an instrument to assess a mentee's needs, and an evaluation tool. The mentor training program incorporated a variety of techniques that modeled engaging and collaborative interactions. Each session had a specific focus designed to expand the mentor's expertise.

Finally, positive nursing faculty perceptions of effective retention strategies are essential for ownership in the overall goals. Baker (2010) conducted a cross-sectional study of randomly sampled nursing programs to investigate 14 different types of retention strategies utilized in undergraduate nursing programs. Baker documented these strategies could potentially improve retention of nursing students. Two of the 14 strategies found to improve retention rates included the development of organized study groups and the initiation of a comprehensive peer mentoring program.

Project Plan

Market Analysis and Risk Analysis

In order for organizations and institutions to thrive they must contend with competitive forces. Organizations and institutions that use strategic planning can incrementally improve

chances of success during the execution of any program. Strategic planning is a process to develop a competitive advantage compared to an entity's competitors. Academic literature regarding this type of planning proposes several critical environmental factors that impact political, economic, social, and technological environments (Strubhar, 2011). This capstone project affected both social and economic aspects at the Midwestern University. The application of strategic planning led to the decision to implement a mentor training program at the selected Midwestern University in order to enhance the retention and academic success of nursing students.

There are numerous strategic planning models that can be utilized. The choice of strategic plans depends on the purpose, organization, and past history of planning the environment of change. The alignment model is often used by institutions in order to fine-tune and adjust strategies already in place. This method can be very effective when dealing with internal efficiency problems (Douglas, 2009). The process involves outlining the overall mission, evaluating the fit of programs presently in place, and the resources currently available as well as the need for any additional support. The existing problem is identified and then adjustments to the current programs are devised and incorporated into the strategic plan.

Strengths, Weaknesses, Opportunities, and Threat (SWOT) Analysis

When employing the alignment model it is critical to conduct a SWOT analysis (Douglas, 2009). According to Briciu, Căpuşneanu, and Topor (2012) a SWOT analysis is a framework aimed at formulating present and future plans. Fortenberry (2010) described a SWOT analysis as a systematic analysis that focused on internal strengths and weaknesses in addition to external opportunities and threats. Furthermore, a SWOT analysis assists in determining factors that may enhance accomplishment of organizations objectives and obstacles that are critical to overcome

or minimize in order to achieve the desired results (Institute of Certified Professional Managers, 2010). A SWOT analysis of the school of nursing at the selected Midwestern University in relation to student attrition is depicted in Table 1. Information provided by the SWOT analysis assisted in identifying factors that had potential to impact the results and provided the underlying support for this capstone project.

Table 1

SWOT

Strengths	**Weaknesses**
• Program of academic study with excellent employment opportunities post-graduation. • Competitive tuition rates. • Availability of student support services. • Faculty to student ratio low. • Globally-renowned university. • Values represent behavior expectations of faculty, staff and students: Serving students with quality, trustworthiness, accountability, innovation and creativity.	• Degree of difficulty of academic courses. • Complexity of scheduling. • Conflicts of academic requirements with personal commitments. • Limited knowledge of how to manage time. • Decreasing academic grades. • Lack of social integration. • Financial difficulties.
Opportunities	**Threats**

• A decrease in student attrition for the selected Midwestern University could:
  ○ Possibly increase revenue for the selected Midwestern University.
  ○ Increase the availability of federal grants for mentor program.
  ○ Serve to develop community members as partners and participants.
• Documented need for increasing numbers of baccalaureate nurses in the workforce (IOM) anticipates:
  ○ Higher quality of care.
  ○ Improved patient safety.
  ○ Improvement in patient outcomes and overall quality of life.
	• Attrition could jeopardize future viability of the nursing program at the Midwestern University.
	• Increased academic requirements for admission.
	• Students had previous heavy course loads thus leading to apprehension tied to additional academic demands.

Driving Forces

The driving force in this capstone project was the SWOT analysis. This analysis revealed a need to increase the rate of retention in the student population at the selected Midwestern University. The president of the selected Midwestern University challenged faculty members to develop programs to increase student retention. The challenge the university faced was to find strategies that support nursing students. The SWOT analysis further confirmed the validity of the IOM (2010) initiative that laid out the reasons why there is a critical need for increasing the number of baccalaureate prepared nursing students. Nursing program resources that facilitate the students' choice to persevere are included in the mentor training program.

Resources and Sustainability

A complete assessment of the available resources and necessary support of the project was essential in the strategic planning process. According to Zaccagnini and White (2011) resources needed to launch a mentor training program could include financial support, personnel (faculty, staff, and students), materials for the project (program curriculum materials), a physical site(s) to conduct the training, and support for the statistical analysis. A comprehensive analysis was completed demonstrating the following resources and support essential for implementation of a successful mentor training program. The necessary components were the following:

- Students desiring to attend mentor training program.
- Administrative and faculty support.
- Mentor training curriculum.
- Binders.
- Pencils.
- Dividers.

- Paper.
- Classroom.
- Technical support.
- Statistical Package for Social Sciences (SPSS) software.

The funding for the mentor training program was partially provided by the selected Midwestern University. The Midwestern University agreed to fund the room charges, technical support, and instructor wages. Due to minimal anticipated expenses and probable long-term sustainability of this capstone project was deemed feasible.

Risks

Some risks are avoidable; however risk is present in any venture**.** Risk is defined by the Institute of Certified Professional Managers (2010) as the degree or amount of possible loss. The greatest risk from this capstone project was minimal psychological discomfort from answering 30 questions within a Likert scale format. There was an additional risk of discovery of the identification of participants, but the investigator implemented several strategies to minimize this risk. The participants met in a classroom setting and after all questions of concern were answered, students signed an informed consent agreement. Participants were directed to create a unique four digit number so their pre- and post-test results could be kept anonymous. All information was confidential and kept in a secured environment. Data analysis and evaluation of this capstone project were disseminated as an aggregate.

Stakeholders

Students who choose to attend the selected Midwestern University were the largest group of stakeholders for the success of the mentor training program. Financial benefits for remaining in an area of study where job openings are available after graduation is imperative. Mitchell

(2011) documented within the U.S. the average annual cost of tuition in 2011 at all universities was approximately $12,000.00. Peer mentor programs increase retention rates and a mentor training program is one of the cornerstones to academic success. The mentor training program was integrated as a requirement to become a mentor for fellow nursing students enrolled at the selected Midwestern University where this project was conducted.

The Midwestern University was a stakeholder as well. Improving student retention at the selected Midwestern University was one of the highest priorities set by the university president. The number of students who are enrolled in courses and their rates of retention are components of the university's financial stability. The Midwestern University is increasingly concerned about the percentage of students who begin a program of study and who do not complete a degree. Jepsen, Patel, and Troske (2010) recognized numerous potential determinants that hamper the retention of students. They included financial difficulties, decreasing academic grades, and lack of social integration. The increasingly challenging financial environment at the selected Midwestern University drives the urgency of finding fiscally sound solutions for the student attrition problem.

The final stakeholders were all individuals residing within the U.S. The combination of increased longevity, the volume of people in the baby-boomer generation who are entering the >65 age group (the age group who generally require the greatest amount of healthcare), coupled with the number of nurses who will retire within the next 10 to 15 years will worsen the shortage. A mentor training program has the potential to reduce the attrition of nursing students from their programs and ultimately increase the numbers of professional nurses within the U.S. healthcare system.

Project Team

The principal project team members required for this capstone project included the Dean of the College of Professional Health, Associate Dean of Nursing, Department Chair of Nursing, and the Associate Chair of Nursing, in addition to the DNP candidate. These positions already existed at the selected Midwestern University. In addition, keys to the implementation, design, analysis, and dissemination of the project were the DNP clinical mentor and the DNP Capstone Chair.

Strategy

A mentor training program was offered winter semester 2013 for all pre-licensure baccalaureate nursing students attending the selected Midwestern University. According to the American Association of Colleges of Nursing (AACN, 2006) a capstone project should include a synthesis of all of the courses within the DNP program. The DNP curriculum at Regis University incorporated all of the content within their courses that AACN listed as critical components in the development of a capstone project including the following:

- Advanced Nursing Practice (NR 704; NR706; NR715).
- Organization and Management (NR712).
- Analytic Methodologies and Evaluation of Practice (NR702; NR707).
- Utilization of Technology (NR703).
- Health Policy Development (NR 708).
- Interdisciplinary Collaboration (NR711).

The mentor training program was designed using evidence-based research and founded on Bandura's theory of efficacy. The mentor training program was implemented to improve mentor self-efficacy, mentoring efficacy, and student retention.

Budget

Preparing a proposed budget was a critical step in the planning stages of this capstone project. An accurate and detailed budget is necessary for projecting the long-term sustainability of a project (Zaccagnini & White, 2011). Expenses for the mentor training program included both fixed and variable costs. Fixed costs are expenses that are not dependent upon the level of essential materials and have a tendency to be time-related factors including salaries, rent, and utilities (Cleverly, Song, & Cleverly, 2011). In contrast, variable expenses are volume-related. Cleverly et al. established that the largest fixed cost center of a project is usually the salaries of staff members. Variable costs for this capstone project included the undetermined number of students who would attend the mentor training program affecting the costs of available materials. According to Zaccagnini and White (2011) costs include labor, equipment, project space, consultant fees, supplies, traveling amenities, marketing, and information technology services. A comprehensive budget (see Appendix B) was proposed to the administrative staff at the selected Midwestern University and approval for the capstone project was obtained.

Cost-Benefit Analysis

The organization's services can be assessed by analyzing its costs and benefits to both consumers and providers of the product. Zaccagnini and White (2011) specified that completing a cost-benefit analysis is considered a powerful tool to promote the capstone project to stakeholders and obtain possible funds. Expenses related to the implementation of this capstone project by the DNP candidate were based on existing personnel, equipment, and facilities at the selected Midwestern University (see Table 2). The costs incurred for implementation of a mentor training program are considered minimal related to the potential benefit for the Midwestern University.

Table 2

Actual Cost of Mentor Training Program

Resource	Cost of Resources	Total Budget
Mentor training program handout – includes folder, copy costs, and dividers.	$12.00 per student x 26	$312
Classroom facility.	8 hours = $600	Waived per Midwestern University
Instructor wages.	8 hours = $320	Not applicable; DNP candidate was instructor.
Technical support.	1 hour = $22	Waived per Midwestern University.
Statistics Software SPSS version 21	Software program – one time download.	$100
Statistician consults.	4 hours = $280	Waived per Midwestern University.
Total cost.		$412

Source: Bureau of Labor Statistics, 2013; Midwestern University Data Book, 2012; Pay Scale, 2013; Statistical Package for Social Sciences, 2011.

The primary reason for implementation of a mentor training program at the selected Midwestern University was to increase student retention. Forecasting for the retention of students in a peer mentor program was completed using a sensitivity analysis method. Forecasting is considered one of the key components of strategic planning. Sensitivity analysis is a behavioral approach that uses values for given variables to assess the impact on the organization's return (Gitman, 2007). The mentor training program is expected to improve retention of pre-licensure baccalaureate students.

Using the sensitivity analysis method Gitman (2007) recommended, four variables were considered for employing information originating from the selected Midwestern University. These variables consisted of revenue, retention rate, the present number of students enrolled, and the effect of retention after intervention. The first variable was for every student retained at the selected Midwestern University an additional $9,000 in revenue could be attained per year. The

second variable necessary to evaluate is the retention rate at the Midwestern University. According to the Midwestern University's Data Book (2012) in 2010 the retention of pre-licensed baccalaureate nursing students was 63.9%. The third variable essential to consider was the impact of the proposed mentor training program on retention. The anticipated outcome of implementing a comprehensive peer mentor program for undergraduate students was an increase in the retention rate by 3.65% (Wilson et al., 2012).

Townsend et al. (2011) and Wilson et al. (2012) found that an essential component to the peer mentor program was mentor training in order to obtain the increased rate in retention. The final consideration was the number of students who were enrolled in the undergraduate baccalaureate nursing program. In 2010, according to the selected Midwestern University's Data Book there were 222 students enrolled in the undergraduate nursing program and of the 222 students enrolled only two-thirds of the Midwestern University nursing students were projected to finish their studies. Without implementation of a comprehensive peer mentor program, only 63.9% would continue on to graduation resulting in just 142 students who would complete their degree. The goal of this project was that an additional 3.65% of students might possibly be retained with the application of a comprehensive peer mentor program. This would increase the retention rate of students to 67.55%. As a result, 150 students should be able to complete their degree. Completion rates are of great concern to the university. The retention of an additional eight students per year could yield $72,000 in revenue for the selected Midwestern University. With improvement in student retention resulting from the implementation of a peer mentoring program at the selected Midwestern University it is projected that revenue will be increased in five years to $360,000 and in ten years to $720,000. Based on the above data, a peer mentor program could produce a significant financial gain to the selected Midwestern University.

Mission, Vision, and Goals

The alignment model by Gitman (2007) identified the first steps in strategic planning as outlining the mission and vision of the organization. A mission statement according to Gitman is a statement about the purpose of the organization or program; the reason for existence. The mission statement for the School of Nursing at the selected Midwestern University and the selected Midwestern University were congruent; to prepare individuals and organizations to excel in a "knowledge-driven environment" (Student Support Services, 2012). The mission statement of the mentor training program lined up with and supported this mission by the application of thorough academic preparation. The mission of the mentor training program was to increase both mentor self-efficacy and mentoring efficacy of pre-licensure baccalaureate nursing students and result in higher rates of student retention.

A vision statement is a brief listing of the ideals and goals the stakeholders of the program strive to achieve in the future. According to Gitman (2007) the vision statement helps to motivate individuals toward a common goal while proving to stakeholders the program is heading towards the desired direction. The School of Nursing at the selected Midwestern University and the selected Midwestern University shared the same vision statement for their graduates; to exceed employer expectations, transform communities, and change individual lives by believing that every person can achieve his or her dream (Student Support Services, 2012). The vision of the mentor training program aligned and reinforced this vision; to build a community of passionate individuals who are committed to mutual success and to be a resource which provides extra guidance and support to academic peers who are in need. Additionally the hope is as students feel supported their success rates would also improve. This holds the

prospect of improving the students' outlook on their potential to succeed in their studies and will likely enable them to continue to degree completion.

The practice of setting goals is frequently accomplished in a wide variety of settings including both business and personal. Ordóñez, Schweitzer, Galinsky, and Bazerman (2009) indicated in their research goal setting can robustly influence behavior and enhance performance. Muja and Appelbaum (2012) defined goals as a desired result individual or groups envision achieving. The short term goals of the mentor training program were to increase both mentor self-efficacy and mentoring efficacy. The long term goal of the mentor training program is to increase student retention.

Mentor Training Program Objectives and Outcomes

Objectives should be specific enough so everyone involved knows exactly what behaviors are desired. Without specificity, individuals can have differing ideas about expectations. The objectives of the mentor training program were focused toward the context and practice setting of pre-licensure baccalaureate nursing students. In the nursing profession the acronym SMART (specific, measurable, attainable, realistic, and timely) is frequently used to guide the writing of objectives (Jung, 2007). The following objectives for the mentor training program were based on the SMART acronym. Students were expected to complete all program objectives by the end of the training session. The anticipated outcomes were increased mentor self-efficacy and mentoring efficacy to improve mentee retention. The following were the list of activities that each participant was expected to complete by the end of the mentor training program:

- Verbalize the meaning of the term "mentor".
- Demonstrate the qualities of a good mentor.
- Demonstrate strategies to assist individuals to learn with different learning styles.

- Demonstrate effective communication techniques.
- Demonstrate techniques to overcome challenges in mentoring.

These skills served as a guideline in anticipation of achieving the mentor training program objectives and outcomes.

Evaluation Plan of Project

Logic Model

The logic model for this capstone project was a visual model (see Appendix C) depicting dynamic components essential in the implementation and evaluation of the mentor training program for pre-licensure baccalaureate nursing students. According to Kane and Radosevich (2011) an outcomes project must clearly identify relationships including necessary resources and expected outcomes. The community needs assessment is the first step in building a conceptual model. The second step is to determine the population of concern, necessary intervention, a comparison group, and an expected outcome (PICO). The mentor training activities served as a guideline for mentors to utilize with their mentees; providing guidance in a controlled environment. The third step was the formulation of an outcomes question. Lastly, it is essential to evaluate resources, activities, goals, and the potential impact of this capstone project. Review and analysis of the outcomes may shed light on issues that were not previously identified and may guide future program adjustments.

Outcomes Question

The outcomes question for this capstone project was whether a mentor training program for pre-licensure baccalaureate nursing students at the selected Midwestern University would increase both mentor self-efficacy and mentoring efficacy. Thorough preparation and planning is necessary for a successful mentor training program to be implemented. Athanases et al.

(2008) revealed mentoring does not occur naturally for an individual and suggested a variety of activities to be included in a mentor training program. Research has demonstrated that training for a specific skill plus self-efficacy positively correlates with performance (Bandura, 1997). A mentor training program enriches mentoring performance.

Study Design

Polit (2010) described a pre- and post-test design as a process used to measure potential changes following an intervention. This capstone project was a quantitative, pre- and post-test study design measuring the outcome of a mentor training program offered winter semester 2013 at the selected Midwestern University. Measurements for this capstone project were obtained prior to taking the mentor training program and at the end of the program.

Population

This capstone project was conducted with a single student population. All sophomore, junior, and senior level pre-licensure baccalaureate nursing students were eligible to self-enroll for the mentor training program held at the selected Midwestern University. It was estimated approximately 30 students would attend, however the classroom setting could accommodate an increased number for a total of 60 students. Students opted not to attend related to conflicts in scheduling of the mentor training program, work commitments, family situations, lack of interest, and other personal matters (Hansman, 2004). In this capstone project there were a total of 102 eligible individuals; 26 students participated in the mentor training program.

Informed Consent

Prior to participation in the mentor training program, this capstone project was fully explained and all questions posed by the participants were answered. During the recruitment phase of the mentor training program a copy of the informed consent document was given to all

sophomore, junior, and senior level pre-licensure baccalaureate nursing students two days prior to the project. The informed consent form documented both potential benefits and risks to the participants. On the day of the mentor training program the informed consent document was read to all potential participants prior to requesting their signature. The digital signature consisted of a unique four digit number which the participants established. The consent forms were kept in a locked file cabinet located within the nursing office. The office was locked when the room was unoccupied. Destruction of consent forms will occur within six months after completion of this capstone project.

Mentor Efficacy Scale

The Mentor Efficacy Scale (MES) is a self-reported measurement tool based on Bandura's theory of efficacy (see Appendix D). Student mentors were instructed to respond to the 30 questions on a 5-point Likert scale. The scale assessed participant's beliefs in their abilities to support mentees and their expected outcomes of mentoring. The MES was administered to students prior to the beginning and at the end of their mentor training program. Riggs (2000) predicted a mentor who believes a mentee can be positively influenced by effective mentoring. Riggs also asserted that the mentor who believes in his or her mentoring abilities will invest more time and effort into the process of mentoring. The foundation of Bandura's theory is that behaviors and actions can be learned by observation (Hunt & Ellison, 2010). Using Bandura's theory, activities were presented in the mentor training program as an attempt to increase mentor self-efficacy and mentoring efficacy.

Variables

When completing research or scholarly work, it is essential to analyze all factors that could influence an outcome. There are many variables to be accounted for in this mentor

training program including dependent, independent, and extraneous variables. Ensuring that certain research variables were controlled increased the reliability and validity of this project.

Dependent variables in this capstone project were an increase in mentor self-efficacy and mentoring efficacy. Polit (2010) defined a dependent variable as correlated together with the outcome of an intervention. Starting with the dependent variable the following outcome question was formulated; does a mentor training program for pre-licensure baccalaureate nursing students increase mentor self-efficacy and mentoring efficacy?

Independent variables must additionally be considered. An independent variable is considered a variable a researcher can manipulate (Polit, 2010). According to Bandura (1997) training in a specific area should increase the individual's efficacy in performing the task. Training is a method to manipulate variables. In this capstone project the independent variables were specific aspects of training: Group activities, topics that were covered, eligible students, and number of hours of mentor training.

Finally, extraneous variables can affect outcomes. An extraneous variable according to Polit (2010) is any variable that may affect the dependent variable other than the independent variable. In the designing and implementation of this mentor training program extraneous variables included natural maturation, age, culture, income level, prior experience in mentoring, and present level of undergraduate education. Becoming aware and reporting extraneous variables may increase the accuracy of findings. However due to a small population and risk of identification of individuals, the extraneous variables were not accounted for in this project.

Timeframe

This capstone project was a culmination of the knowledge gained in the DNP courses. This project demonstrated an analytical approach to practice issues in a format that supported the

synthesis, transfer and utilization of knowledge (Zaccagnini & White, 2011). The model utilized for this capstone project was the "Process Model for the DNP Project" (Zaccagnini & White, p. 498)." This model includes nine steps which begin with the identification of a problem and ends with the dissemination of information. The timeframe for this project is depicted in Appendix E. The model was first initiated during the orientation process held at Regis University in August 2011 when a problem was identified. The final dissemination of the project was August 2013 with the electronic publication of this capstone project.

Setting

Student schedules were reviewed previous to implementation by the DNP candidate to determine the weekday in which the least amount of conflicting schedules occurred. The mentor training program was scheduled to occur over one day in January 2013 and was completed with eight hours (see Table 3). The mentor training program (see Appendix F) was held in a classroom at the selected Midwestern University. A series of six educational sections covering a variety of topics were included in the curriculum including defining the word "mentor", listening techniques, introduction to different styles for learning, suggestions for how to fulfill your mentee's needs, overcoming obstacles that may occur and practicing new skills. The mentor training program resources and activities included the following: Digital Video Discs (DVDs) with permission from the Lifeline organization (see Appendix G), role playing, discussions, video clips, self-reflections, and PowerPoint presentations. Individuals were eligible to participate in this capstone project only if all six sessions were attended and the pre-test was taken immediately prior to the mentor training program.

Table 3

Timeframe for Mentor Training Program

Time	Name of Session	Activities
8:00 – 8:30	Welcome and Introductions	• Discussion
8:30 - 9:15	Instructions and Capstone Project	• MES Pre-test
9:15 – 10:15	Session I - Defining the Word "Mentor"	• Activity with blindfolds • DVD • Reflection • Discussion
10:15-10:30	Break	
11:30-12:30	Session II - Introduction to Learning Styles	• Video clipping • Self-evaluation of learning style • PowerPoint • Discussion
12:30-1:30	Session III - Listening Techniques	• Activity drawing pictures with partners • PowerPoint • Role playing
1:30-2:15	Session IV - Becoming What Your Mentee Needs	• Video clipping "Confused Student" • DVD • Reflection • Discussion
2:15-2:30	Break	
2:30-3:30	Session V - Overcoming Obstacles	• DVD • Reflection • Discussion • Role Playing
3:30-4:15	Session VI - Putting it All Together	• Discussion
4:15 – 5:00	Evaluations - Capstone Project	• MES Post-test

Human Subject's Protection

An institute of higher learning is partly responsible for positive or negative student outcomes. A DNP who holds a faculty position is qualified to improve outcomes and has an

obligation to facilitate student learning. Ferguson, Myrick, and Yonge (2006) believed that more studies are needed in the area of nursing education in order to enhance program and curriculum decisions. Educators are also challenged to maintain ethical and moral standards when completing research or scholarly work.

Prior to starting this capstone project numerous methods were sanctioned to ensure that the students' human rights would be protected from any psychological or physical harm. First, two national certifications were critical to obtain in the training process of protection of human rights: Collaborative Institutional Training Initiative (CITI) (see Appendix H) and National Institutes of Health (NIH) (see Appendix I). Second, permission by the Department Chair of Nursing (see Appendix J) to hold the mentor training program at the selected Midwestern University was essential. Finally, Institutional Review Board (IRB) approval for the capstone project from both the selected Midwestern University (see Appendix K) and Regis University (see Appendix L) were required. The purpose of the IRB is to protect participants in all phases of a study.

Scholarly work and research are considered to be widespread undertakings in academic settings (Comer, 2009). According to the Nuremberg Code, nursing students may be considered a vulnerable population if research is conducted by instructors who are in a hierarchical relationship with authority over the students. Students might have felt pressured to participate in this project by the presence of the faculty member. Through comprehensive planning an environment was created that reduced the potential for vulnerability. In this capstone project a student's participation was voluntary and academic grades were not attached to the program.

Numerous ethical principles must be upheld while completing research or scholarly work. The first ethical principle is the concept of justice. This reflects the value statement that all

individuals should be treated fairly. In this capstone project all students who attended the mentor training program were invited to voluntarily participate.

The second ethical principle upheld was the principle of beneficence. In applying beneficence an act must benefit an individual and often prevents and removes possible elements of harm. Minimal risks were involved with implementation of this capstone project. There were two risks identified and approaches to reduce the potential harm were implemented. The first risk was the effect of answering 30 questions on a Likert scale and the second was the possibility of identification of participants.

The third ethical principle that must be upheld at all times is autonomy. Ferguson et al. (2006) defined autonomy as the respect for an individuals' ability to make informed decisions about personal matters. This capstone project was completely explained to participants prior to implementation and all questions posed were answered. Participants were allowed the autonomy to decide to participant and to withdraw at any point if they chose to do so.

The final ethical principle upheld was the students' right to remain anonymous and all information to remain confidential. Two packets were given to each student prior to taking part in the program. The first packet was labeled with the number one and the number two was written on the second packet. The contents of packet one contained the pre-test while the second packet contained the post-test. Students were asked to write down a unique four digit identification number on both packets. The unique identification number was necessary so no identifier could be linked to the person. The doors to the room were closed during the time the pre- and post-test were taken by the participants. The pre- and the post-tests were supervised by one individual not involved in this capstone project. Additionally this individual was responsible to gather all packets. The completed packets were placed in a locked file cabinet found in the

nursing faculty office which also locked when the office was unoccupied. If a student did not wish to participate in the study they simply had to return the packet without any information completed. If a student wished to withdraw, they were allowed to do so at any time. Outcomes of the mentor training program were reported as an aggregate as an additional measure to protect the individuals' identities. All ethical principles were upheld during this capstone project.

Instrumentation Reliability and Validity

Maintaining internal and external validity and reliability is essential for serving as a foundation of evidenced-based practice. Dimitraov and Rumrill (2003) defined internal validity as the degree to which an experimental intervention made a difference. External validity is the degree to which the intervention for the capstone project can be generalized across populations. Potential factors threatening the internal validity included maturation of individuals, pre-test effects, and the measurement tool utilized during the project. Threats to external validity had to do with the small sample size and the isolated geographic location.

A potential threat to the validity of this capstone project is a revision to the original MES. The MES was adapted with permission from the author (Riggs, 2000). The changes to the tool were minor and were made to fit more closely to the proposed study sample. Content validity was established by three university faculty members with subject-matter expertise. Additionally, the content validity of the adapted MES was strengthened by having the original author, Riggs, review the final revision. Written permission was granted by Riggs to use the revised tool (see Appendix M).

According to Polit (2010) there are many approaches to measuring internal consistency, but the most frequent is Cronbach's alpha measurement. The normal range is between 0.00 and +1.00 with the higher values reflecting superior internal consistency. The original MES by

Riggs (2000) had a Cronbach's alpha of 0.87 for the mentor self-efficacy subscale with a mentoring efficacy subscale Cronbach's alpha of 0.77. Polit specified coefficients 0.70 to 0.75 are adequate, but coefficients of 0.80 or greater are desirable. The MES has demonstrated to be a reliable tool.

In addition, it is important to consider measurement error when analyzing data. According to Cullen (2012) the measurement error can be calculated from the Cronbach's alpha and should not be greater than 20-25%. The formula for calculating the measurement error is 1.0 minus the Cronbach's alpha measurement. Calculation of the measurement error reveals an error rate of 22% for the self-efficacy scale and a 24.2% error rate for the outcome expectancy scale. The MES is in the acceptable range for the measurement of errors, proving to be a reliable tool.

This capstone project utilized a self-reporting instrument. The potential for this capstone project to be underpowered by using this instrument existed (Kane & Radosevich, 2011). Furthermore, Wilson-VanVoorhis and Morgan (2007) suggested if a research design is considered underpowered, the study may yield no beneficial results and may impose unnecessary risks. "Power" in a research design refers to the probability of a researcher discarding a false null postulation. The higher the power in a research study the less the chance the researcher will come to the wrong conclusion. Ensuring that all members of the mentor training program had an opportunity to participate will lower the potential of the research study to be classified as underpowered (Kane & Radosevich). The population for this capstone project was undergraduate pre-licensure baccalaureate nursing students and all individuals who attended the mentor training program were asked to voluntarily participate in this project.

An additional factor that had the potential to complicate the generalization of the capstone project was the likelihood of a small sample size. The mentor training program was a new offering to students in the selected Midwestern University and was not anticipated to have a large sample size. Barnett et al. (2012) recognized a small sample size may hinder research due to inability to generalize information. Furthermore Cohen (1992) documented in order to reduce type II error it is critical to have a minimum sample size of 26 participants for a power of 0.80 and a medium effect size. Type II errors occur when a null hypothesis that is actually false is accepted (Pilot, 2010). This crucial minimum number was obtained for this capstone project.

All self-enrolled participants of the mentor training program participated in this capstone project. Missing data can be a problem and a systematic data collection and analysis process was essential to the validation and reliability of this project. During the data collection phase, both pre- and post-test questionnaires were completed with no missing information.

Data Collection Procedure

Analysis of data was completed using a variety of measures. The statistics evaluated included the MES scores taken prior to the mentor training program and obtained immediately following the program. Data was analyzed using version 21.0 of the Statistical Package for Social Sciences (SPSS) software program. The computer where participant's data was stored was the DNP candidate's personal computer. A password was utilized to protect the data. For the duration of the study the personal computer was kept in the nursing faculty office which had two separate locking devices to prevent unauthorized access. All data in the mentor training program was entered into a Microsoft Excel spreadsheet was user protected. A total of two tables were created. The first table contains results from questions concerning mentor self-efficacy (see Appendix N) while the second table shows outcomes from mentoring efficacy (see

Appendix O). Inferential statistics were calculated using a paired t-test for mentor self-efficacy (see Appendix P) and mentoring efficacy (see Appendix Q). Additionally, descriptive statistics including mean values were calculated for both pre- and post-test results for mentor self-efficacy (see Appendix R) and mentoring efficacy (see Appendix S). Details of the findings associated with these appendices are found in the "Project Findings and Results" section.

Data Presentation Procedure

Visual representation of data is essential. Kane and Radosevich (2011) revealed readers prefer graphs as opposed to a written explanation of the material. In addition to readers preferring graphs, Kane and Radosevich recommended data be in a horizontal arrangement and rectangles are especially appealing. Graphs and tables presented in the appendices are budget, mentor training schedule of events, Excel worksheet, and SPSS printouts.

Project Findings and Results

Detailed Statistical Findings from Instrumentation

This capstone project measured the impact of a mentor training program held in the traditional classroom format. A systematic data analysis of pre- and post-tests results for mentor self-efficacy and mentoring efficacy based on the MES was completed. A total of 26 students completed the MES pre and post-tests. The MES contained 30 questions. The MES contained a Likert scale with both progressive positive scales ranging from 1-5 (strongly disagree to strongly agree) and progressive negative scales ranging from 1-5 (strongly agree to strongly disagree). There was no missing data.

Objective One

Mentor Self-Efficacy. A total of 18 questions out of 30 concerned mentor self-efficacy. Internal consistency for mentor self-efficacy questions were demonstrated using Cronbach's

alpha. The Cronbach's alpha measurement was 0.78 which represents adequate internal consistency (see Table 4). Pre-test mean scores ranged between 3.23 (SD = 0.86) and 3.96 (SD = 0.445) compared to post-test mean scores ranging between 4.08 (SD = 0.392) and 4.58 (SD = 0.504). The lowest pre-test mean scores were documented in questions five and 18; 3.23 (SD = 0.86) and 3.35 (SD = 0.512) respectively (see Figure 4). In question number five students were asked to identify their level of self-confidence in starting to work with their mentees. Question 18 involved awareness of methods to facilitate growth of their mentees. The highest pre-test mean scores were revealed in questions 12 and 14 with a mean score of 3.81 (SD = 0.634) and 3.96 (SD = 0.445) correspondingly. Question 12 asked about the level of knowledge of the concepts of mentoring mentors could use to support their mentees. In question 14 participants were asked if they would welcome questions from their mentee. Lowest post-tests mean scores were recognized in questions two and 18 with a mean score of 4.05 (SD = 0.392) and 4.12 (SD = 0.326) respectively. Question number two involved the participant's ability to articulate their mentee's responsibilities. In question 18 the participants rated their awareness of methods that could be used to enable development in their mentee. Highest post-tests mean scores were documented in questions five and 14; 4.54 (SD = 0.508) and 4.58 (SD = 0.504) consecutively. Question five involved participants measuring their ability to start working with their mentee while question 14 included their level of comfort with addressing questions. The mean paired difference fluctuated between question 16 with a mean score of 0.500 (SD = 0.812) and question five with a score of 1.992 (SD = 0.744). The post-test score mean was higher or equal to the pre-test score mean for 15 of the 18 questions. For question number 16, two participant's scores revealed the post-test score was lower than the pre-test. Question 16 involved the participant's perception of their ability to listen to others. Additionally, for both question number 15 and 22,

one participant's post-test score was lower than the pre-test score. In question 15 participants were asked to analyze if by looking at a situation they could reveal what was occurring. Question 22 participants analyzed their ability to acknowledge the accomplishments of their mentee. The calculated statistical value was between 3.138 and 7.667. The p values were less than 0.005 which is significantly smaller than alpha at 0.05. The confidence interval ranged as high as 1.1378 and as low as 0.172. The confidence interval was 95% and did not contain zero which means there was a significant difference between the pre and post-test scores. Based on the data analysis, mentor self-efficacy scores showed a significant positive difference after completion of the mentor training program.

Table 4

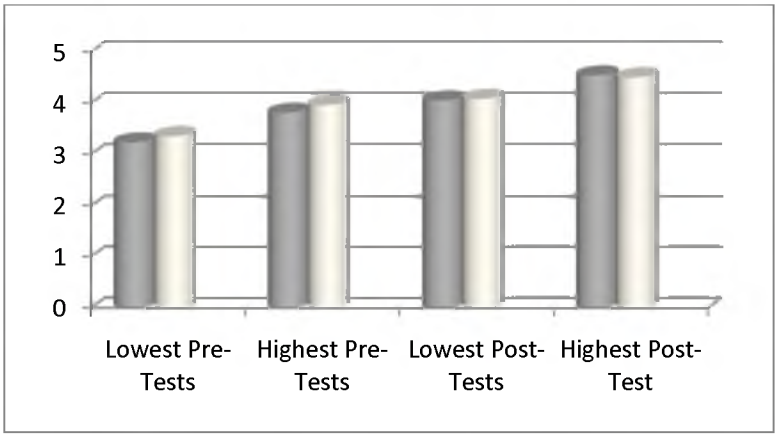
Reliability Statistics

Concepts	Cronbach's Alpha	Number of Items
Mentor self-efficacy	0.780	36
Mentoring efficacy	0.748	24

Source: SPSS data sheet (2013, June 2).

Figure 4

Lowest and Highest Pre and Post-Test Scores Mentor Self-Efficacy



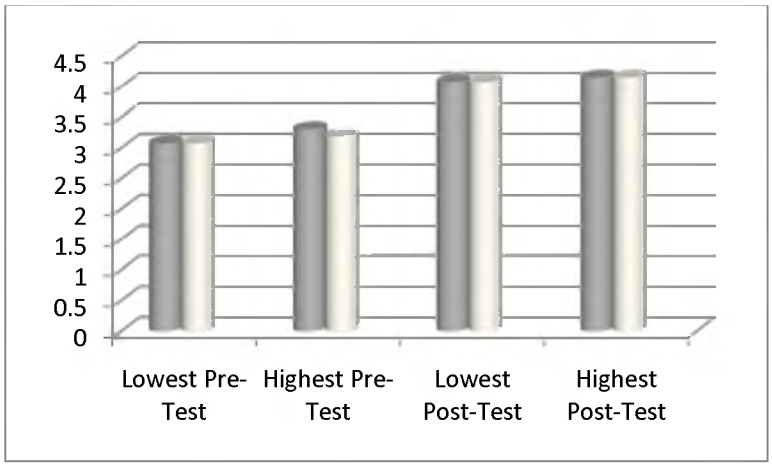
Unexpectedly, there were three questions in which the pre-test scores were higher than the post-test scores for two students. For two isolated questions five and 18, one student's post-test was higher than the pre-test. These results were thought to be coincidental and of no statistical significance. It was noted that in question 16, two students responded higher on the pre-test than the post-test. This question involved listening skills and whether the student thought that they used good communication techniques. After completing this section, two students indicated on their post-test scores that their listening skills were not as adequate as they previously had thought.

Objective Two

Mentoring Efficacy. The MES had 12 questions out of 30 that measured the results of mentoring efficacy. The Cronbach's alpha measurement was used to check for internal reliability and was found to be 0.748 which is considered to be adequate. Pre-test mean scores were between 3.077 (SD = 0.2717) and 3.154 (SD = 3679) compared to post-test mean scores between 4.077 (SD = 0.2712) and 4.155 (SD = 0.3258). The lowest pre-test scores (see Figure 5) were documented in questions one and 17 both with mean scores of 3.077 (SD = 0.2717).

Figure 5

Lowest and Highest Pre and Post-Test Scores Mentoring Efficacy



Question one addressed whether a mentee's struggling was related to a lack of effective mentoring. In question 17 students were requested to decide if the success of a mentee was directly related to their mentoring abilities. Both questions one and 17 involved a mentor's feelings about whether their mentoring would make a difference in the success of their mentee. The highest pre-test scores were in question 25 with a mean score of 3.308 (SD = 0.4707) and questions 10, 27, and 29 had a mean score of 3.192 (SD = 0.4019). For question 25 participants decided if when a mentee did better than usual whether this occurrence was because the mentor exerted more effort. In question 10 participants were asked if the inadequacy of a mentee could be addressed through good mentoring compared to question 17 that inquired if the mentee's effectiveness was directly related to their mentors' abilities. Question 29 addressed circumstances where the mentees were unaware of their accomplishments and asked whether this was thought to be due to inadequate mentoring. The lowest post-test mean scores were documented in questions 17, 19, and 29 with a mean score of 4.077 (SD = 0.2717). Highest post-test mean scores were noted in questions 10, 25, and 28 with a mean score of 4.154 (SD = 0.3679). Numbers 10 and 25 were discussed earlier in this section. Number 28 comprised of a question concerning the participant's feelings regarding whether their mentees could make incremental steps toward being a professional if effective mentoring occurred. The mean paired differences ranged between 0.8846 (SD = 0.4315) and 1.0385 (SD = 0.5277). All of the post-tests scores showed higher or equal values compared to the pre-test scores. The calculated statistical values were between 9.297 and 25.000. The p values were less than 0.001 for mentoring efficacy which is below alpha at 0.05. The confidence interval ranged as high as 1.256 and as low as 0.710. The confidence interval was 95% and did not contain zero which meant that there were significant differences between the pre- and post-test scores. The data

analysis demonstrated a significant positive difference after the conclusion of the mentor training program.

Results Discussed According to Evidence-based Question

This project has answered the evidence-based practice question: Does a mentor training program for pre-licensure baccalaureate nursing students at the Midwestern University increase mentor self-efficacy and mentoring efficacy? The theoretical underpinning for this capstone project was centered on Bandura's theory of efficacy. Bandura's theory reveals multiple approaches to increase self-efficacy and outcome expectancy. The following two concepts were incorporated into the mentor training program at the selected Midwestern University. First, it was anticipated that an individual with a high level of efficacy could perform in a superior fashion compared to an individual with a lower level of efficacy (Kim & Baylor, 2006). Second, the core competencies contained in the theoretical foundation were integrated within the mentor training program which included role playing and discussions. The results of this project correlated with the literature previously published concerning the positive impact of a mentor training program. This project was unique in that the population was pre-licensure baccalaureate nursing students at the selected Midwestern University. This project will help bridge the gap between the effects of a mentor training program for pre-licensure and post-graduation. The sample size was small with 26 participants. The participants consisted of a mixed level of nursing students including sophomore, junior, and senior level at the selected Midwestern University. The reliability of the study was based on the statistical data analysis from the SPSS output of the MES using pre- and post-test evaluation tool. The questions on the MES measured either mentor self-efficacy or mentoring efficacy. The internal validity of this project was accomplished through Cronbach's alpha measurement which was within an acceptable range.

The different levels of nursing resulted in a lack of consistency in content of nursing theory and clinical experience in their nursing education. The differing educational levels of participants resulted in the Cronbach's alpha measurement to reveal adequate levels instead of preferred levels. The dependent and independent variables were clearly defined and the project was free from bias. Consistency of delivery of the program was accomplished by all participants receiving the same information and activities over a one day period. Based on pre- and post-test scores from the SPSS output the analysis of data supported the concept that participation in a mentor training program significantly improved mentor self-efficacy and mentoring efficacy at the selected Midwestern University.

Strengths, Limitations, Recommendations, and Practice Implications

Strengths

Three major strengths were identified with the design of this capstone project. The project was inexpensive to conduct and the total cost of the mentor training program was $412. The second strength was that this capstone project was not time consuming. The mentor training program was held on one day in January 2013 over an eight hour time interval. The final strength was the Likert scale which revealed how strongly the student felt about the question. The data was quantitative in nature which simplified statistical analysis.

Limitations

There were several limitations to this capstone project. This capstone project used a sample from one pre-licensure baccalaureate nursing program at the selected Midwestern University. The population represented one geographic region, thus the data may not accurately represent nursing education programs throughout the U.S. Reliability of the pre and post-test scores was also of concern. It is possible that participant's scores were biased. The faculty

member sponsoring the mentor training program held a prior positive relationship with the students. This relationship could result in a more negative score pre-test and a more positive score for the post-test. The same questions were administered for both pre and post-tests. Since there was a short amount of time between the first and second test, participants recall of the pre-test questions was possible. Participants could remember what they marked on the pre-test and then increase or decrease their score as desired. Another limitation was the subjective quality of measurement. Students self-reported their results, which may additionally skew the data. The final limitation was found in the self-selection of this capstone project population. D'Abate and Eddy (2008) indicated that individuals who choose to participate in an intervention are likely to hold different values and have different characteristics than those who did not choose to participate.

Recommendations

This capstone project was a small evidenced-based study which did not intend to contribute to empirical research but provided evidence for adoption at the selected Midwestern University. The revised MES was first used for this capstone project and a need exists for further testing to assure validity and reliability. Although positive results were found, sample size was relatively small. A larger population in which the facilitator does not previously know the students would be beneficial. The Cronbach's alpha measurement was within the acceptable range, but a score of 0.80 or higher is preferable (Pilot, 2010). The mix of participants might have skewed the results because they had not taken all of the same prior courses. Accuracy of findings would be enhanced if extraneous variables including student demographics were accounted for. This capstone project was limited to one geographical region. Regional cultural norms dictate differences in relationships and may alter the effectiveness of mentoring

interventions (Baker, 2010). Durian, Papke, and Sampson (2009) indicated within the U.S. individuals differ according to language, race, and ethnicity. It is essential that communication techniques be adapted to the differing social-ethnic populations. Providing a mentor training program in various geographic locations would enhance the validity and reliability of the findings.

Practice Implications

This capstone project provided some preliminary evidence to suggest that a mentor training program would increase both mentor self-efficacy and mentoring efficacy in the pre-licensure baccalaureate nursing student population. Although this capstone project study's population was limited to within one geographical location, results are relevant. The universality of the results from the mentor training program may exist throughout the global community. Additionally, this capstone project contributed to the academic literature regarding mentoring within pre-licensure baccalaureate nursing students. This type of study had previously been limited to a postgraduate population. This capstone project indicated that a mentor training program for pre-licensure baccalaureate nursing students would improve mentor self-efficacy and mentoring efficacy.

Conclusion

Academic literature strongly supports mentor training programs within a university environment. Administration support is essential for a mentor training program to succeed and it is vital mentor training programs be planned thoroughly. Mentoring roles must be clearly defined to avoid frustration by mentors (Townsend et al., 2011). Bandura's theory suggested if an individual possessed high levels of self-efficacy, there would be a correspondingly superior outcome (Swackhamer et al., 2009). The data from this capstone project answered the posed

outcome question: Does a mentor training program for pre-licensure baccalaureate nursing students improve both mentor self-efficacy and mentoring efficacy? The conclusion of this capstone project demonstrated a mentor training program for pre-licensure baccalaureate nursing students held at the selected Midwestern University improved both mentor self-efficacy and mentoring efficacy.

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Wilson, A., Sanner, S., & McAllister, L. (2010). An evaluation study of a mentoring program to increase the diversity of the nursing workforce. *Journal of Cultural Diversity*, *17*(4), 144-150.

Wilson-VanVoorhis, C.R. & Morgan, B.L. (2007). Understanding power and rules of thumb fordetermining sample sizes. *Tutorials in Quantitative Methods for Psychology, 3*(2), 43-50.

Zaccagnini M.E. & White K.W. (2011) *The doctor of nursing practice essentials a new model for advanced practice nursing.* Boston, MA: Jones and Bartlett.

Zachary, L.J. (2012). *The mentor's guide: Facilitating effective learning relationships.* San Francisco, CA: Wiley & Sons, Inc.

Appendix A

Systematic Review of Literature

Article Title and Title of Journal	**Title of Article:** Curriculum for mentor development: problems and promise in the work of new teacher induction leaders. **Title of Journal**: *Journal of Curriculum Studies, 40*(6), 743-770.	**Title of Article:** Faculty rating of retention strategies for minority nursing students. **Title of Journal:** *Education Perspectives, 31*(4), 216-220.	**Title of Article:** Peer learning partnerships: exploring the experience of pre-registration nursing students. **Title of Journal**: *Journal of Clinical Nursing, 19*(1), 803-810.	**Title of Article:** Roles, risks, and benefits of peer mentoring relationships in higher education. **Title of Journal:** *Mentoring & Tutoring: Partnership in Learning, 18*(2), 121-134.
Author/Year	Athanases, S.Z., Abrams, J., Jack, G., Johnson, V., Kwock, S., McCurdy, J., Riley, S., & Totaro, S. (2008).	Baker, B.H. (2010).	Christiansen, A. & Amelia, B. (2010).	Colvin, J.W. & Ashman, M. (2010).

Database and Keywords	**Database:** ERIC **Search Keywords**: Development mentor program = 3659 + full text = 2003 + 2008-2012 = 409 + Curriculum = 55 **Author's Keywords**: Case-study research, equity education, mentor development, mentoring, new teachers, teacher induction	**Database**: CINAHL **Search Keywords:** Baccalaureate nursing students = 6070 + peer mentoring = 20 **Author's Keywords:** Retention strategies, student retention, minority students, nurse faculty, undergraduate nursing education	**Database:** CINAHL **Search Keywords:** Peer learning = 9769 + Full text = 5181 + 2008-2012 = 1964 + Nursing students = 71 **Author's Keywords:** Education, focus groups, nurses, nursing, peer learning, students	**Database:** ERIC **Search Keywords:** Peer mentoring = 782 + Higher education = 403 + Training = 100 + 2008-2012 = 34 **Author's Keywords:** Peer mentor, roles, risk, benefits
Research Design	Mixed method design.	Cross sectional study design of randomly sampled nursing program in 16 southeastern states.	Interpretive qualitative design.	Qualitative design.
Number of References/Level of Evidence	**Number of References:** 60 **Level of Evidence:** IV	**Number of References:** 27 **Level of Evidence:** IV	**Number of References**: 40 **Level of Evidence:** VI	**Number of References:** 36 **Level of Evidence:** III

Study Aim/Purpose:	**Study Aim:** Evaluation of a curriculum for mentors. **Purpose:** To support new teachers to help adjustment to school norms and survival of the first years.	**Study Aim:** Investigate types of retention strategies used in undergraduate nursing programs. **Purpose:** To evaluate the effectiveness of strategies, relationships between type of strategy and type of nursing program (BSN or ADN).	**Study Aim:** To explore the impact of a peer learning. To develop and facilitate a mutually supportive learning relationships for student nurses in practice settings. **Purpose**: To facilitate novice students' transition to the clinical practice and reduce attrition.	**Study Aim:** To determine the nature of expectations and boundaries in supporting peer mentors. **Purpose:** To analyze peer mentors, their interaction with students and instructors, the relationships that develop and understand the role of peer mentors in and out classroom settings.
Population Studied/Sample Size/Criteria/ Power	**Population:** New teachers and mentors. **Sample Size:** N =568 new teachers and N = 238 mentors. **Criteria:** Mentors had over 7 years of teaching experience. **Power:** No power is listed.	**Population:** Faculty members; female and Caucasian (84%). **Sample Size**: N = 149 respondents with 138 meeting inclusion criteria. **Criteria:** Full-time faculty plus five or more years of teaching experience. **Power:** Alpha level was set at 0.01 for all analyses.	**Population:** Nursing students. **Sample Size:** N = 54. **Criteria:** Individuals who had recently participated in peer learning partnership. **Power:** No power is listed.	**Population:** Current mentors and students. **Sample Size:** N = 48. **Criteria:** 20 current mentors enrolled in Mentoring Leadership II course, 8 new mentors (completed Mentoring Leadership I), 10 instructors and 10 students. **Power:** No power is listed.

Methods/Study Appraisal/ Synthesis Methods	**Methods:** Informal observations, written assessments, surveys, and phone interviews. **Study Appraisal:** Case-study approach utilizing four separate cases. **Synthesis Methods**: Meta-analysis of multiple cases to observe for reoccurring themes.	**Methods:** An e-mail was sent to participants. **Study Appraisal:** A multi-stage sampling design was used. In addition independent random samples drawn from each type of program (ADN and BSN). Two additional random samples were selected. E-mails were sent containing a link to survey. **Synthesis Methods:** The instrument consisted of two parts; demographic information and items addressing retention variables. These were formatted using software supplied by the online survey tool and accessed via the internet. Faculty rated 6-point Likert-style scale. Descriptive analysis was used to analyze responses.	**Methods:** Focus student group interviews. **Study Appraisal:** Narratives and audiotapes. **Synthesis Methods:** Meta-analysis was completed to obtain themes.	**Methods:** Returning and new mentors, as well as instructors of students in the university success studies class were interviewed at different times between spring semesters 2008 to spring semester 2009. **Study Appraisal:** Observation, interviews, reflective journals. **Synthesis Methods:** Data triangulation and investigator triangulation due to three different investigators.

Primary Outcome Measures and Results	**Primary Outcome Measures:** There is a need for three elements that essential to support mentors: curriculum tools, scripts and routines. These tools must be tailored to local needs. **Results:** Success of new teachers may be tied to student learning and ultimately to the development of mentors.	**Primary Outcome Measures:** Very effective ratings that improved retention were timely feedback and faculty availability. Strategies study groups and peer mentoring had the greatest percentages of not applicable rating but the respondents when the questioned was answered listed them as effective**.** **Results:** Three strategies were found to be very effective by most faculty including faculty availability, timely feedback on tests and timely feedback on clinical performance. Findings important to retention additionally included study groups and peer mentors.	**Primary Outcome Measures**: Students face many challenges when making the transition to learning in an increasingly complex health care environment. Mentors can facilitate the transition. **Results:** Reciprocity in peer learning is evident.	**Primary Outcome Measures:** Findings indicate three areas of particular importance for mentoring: roles, benefits and risks, and power and resistance. **Results:** Five specific roles were identified: connecting link, peer leader, learning coach, student advocate and trusted friend. Benefits and risks included support, uplift and increased student retention. Finally power and resistance a number of types of resistance occurred including not doing assignments, relationship clashes, and students not desiring assistance.

Author Conclusions and Implications of Key Findings	**Author's Conclusion:** Reminder to all educators that investment in the learning of all individuals requires investment in mentoring of new teachers. **Implications of Key Findings:** Requires administrative support to investment of time and resources to develop high-quality mentoring programs.	**Authors Conclusion:** Improving student retention is complex. When retention programs are simply superimposed onto nursing programs without enlisting faculty input an essential part is missing. Nursing faculty is a key to helping minority students persists in attaining a nursing degree. **Implications of Key Findings:** Lack of diversity in the nursing workforce and high costs of academic preparation; minority student retention is a priority for nursing programs. Further research is needed.	**Author's Conclusion:** Students continue to face many challenges in an increasingly complex health care environment. Support of a peer who is empathetic, understanding can have a positive impact on student's ability to deal more effectively with challenges. **Implications of Key Findings:** Formalizing peer relationship in peer learning partnerships has a potential to enhance the student learning experience.	**Author's Conclusion:** Peer mentors who have been in the program longer seem to deal with relationship issues easier than novice mentors. Secondly, gender makes a difference; women see relationship benefits and men view benefits as academic based. **Implications of Key Findings:** When pairing mentor/mentee dyads it is imperative that a systematic method be implemented; if possible the mentor/mentee chooses each other.

Strengths/ Limitations	**Strengths:** Meta-analysis was completed using four different case scenarios. **Limitations:** No validity and reliability figures listed.	**Strengths:** Strategies were aimed at retention of diverse nursing students. **Limitations**: Possible selection bias: participants were selected by program administration. In addition the study only represented one geographic region thus; the data may not accurately represent nursing education programs throughout the United States.	**Strengths:** Students were able to verbalize both positive and negative feelings. **Limitations:** Small sample size and context specific nature. In addition all participants had self-selected for participation in peer learning partnership and were invested in the initiative.	**Strengths:** Multiple time intervals were measured with two different control variations of mentors; those with little experience and those with one semester. **Limitations:** The study was completed at a large western United States university and may reflect a western bias. In addition, there was a limited number in sample size.
Funding Source	Leadership Network for Teacher Induction.	No funding source was identified.	No funding source was identified.	No funding source was identified.
Comments	Great support of mentor training program.	Faculty perceptions of effective retention strategies are important to consider in relation to proposed intervention. Literature supports study groups and peer mentoring.	Peer learning experiences can enhance student experiences and can help maximize opportunities for learning. Great support for a mentor training program.	The study identified roles, risk and benefits of the peer mentoring relationship. Identifies that in mentor training a clear definition of the role of the mentor must be identified.

Title of Article: The ethics of conducting educational research on your own students. **Title of Journal:** *Journal of Nursing Law, 13*(4), 100-105.	**Title of Article**: Mentoring as a learning tool: enhancing the effectiveness of an undergraduate business mentoring program. **Title of Journal:** *Mentoring & Tutoring: Partnership in Learning, 16*(4), 363-378.	**Title of Article:** Capturing the magic: assessing the quality of youth mentoring relationships. **Title of Journal:** *New Directions for Youth Development, 121*(1), 47-69.	**Title of Article:** The mentoring relationship challenges scale: The impact of mentoring stage, type, and gender**.** **Title of Journal:** *Journal of Vocational Behaviors, 79*(1), 253-266.	**Title of Article:** Ethically involving students in faculty research. **Title of Journal:** *Nurse Education Today, 26*(1), 705-711.
Comer, S.K. (2009).	D'Abate, C.P. & Eddy, E.R. (2008).	Deutsch, N.L. & Spencer, R. (2009).	Ensher, E.A. & Murphy S.E. (2011).	Ferguson, L.M., Myrick, F. & Yonge, O. (2006).
Database: CINAHL **Search Keywords**: Faculty research students = 22329 + Full text = 9844 + Ethics = 286. **Author's Keywords:** Ethics, research, faculty research, student study participation	**Database:** ERIC **Search Keywords:** Undergraduate mentoring program = 237 + Tool = 10 **Author's Keywords:** Mentor, pedagogy, business education, evaluation	**Database**: CINAHL **Search Keywords**: Mentoring relationships = 2369 + Full text = 1227 + 2008-2012 = 510 + Assessment = 38 **Author's Keywords:** Youth mentoring, mentoring, relationships	**Database:** ERIC **Search Keywords**: Peer mentoring 782 + Challenges = 70 **Author's Keywords:** Mentoring, relationships, gender, careers, relationship challenges	**Database:** CINAHL **Search Keywords:** Faculty Research = 206145 + Involving students = 475. **Author's Keywords:** Nursing education research, research ethics, participants, nursing students
Literature review.	Quantitative design.	Literature review.	Qualitative design.	Literature review.
Number of References: 6 **Level of Evidence**: VII	**Number of References:** 81 **Level of Evidence**: IV	**Number of References:** 42 **Level of Evidence**: V	**Number of References:** 92 **Level of Evidence:** IV	**Number of References:** 34 **Level of Evidence:** VII

Study Aim: To explore challenges that faculty researchers have in an educational setting. **Purpose:** Examine ethical issues involving students in educational research.	**Study Aim:** Addresses the gap in the use and effectiveness of mentoring in undergraduate business education by examining improvement to an existing mentoring program. **Purpose**: To enhance the present business mentoring program.	**Study Aim:** To explore the quality of mentoring relationships. **Purpose:** To understand the characteristics of relationships and the components of programs that support mentor and mentee development.	**Study Aim:** To answer four hypothesis: satisfying mentoring relationships report experiencing higher degree of relational challenges, types of test different in formal and informal mentoring programs, challenges differ by type of mentor, and relational challenges at different stages of mentoring. **Purpose:** To investigate the role of relational challenges in various stages and types of mentoring relationship.	**Study Aim:** To explore challenges involving students in nursing educational research. **Purpose:** Examine ethical issues and to suggest alternatives to some practices.

Population: Nursing students and faculty conducting research. **Sample Size:** 6 articles were found to be beneficial in her review of literature. **Criteria:** Nursing students and faculty conducting research. **Power:** No power is listed.	**Population:** Professional mentors and undergraduate students. **Sample Size:** 22 mentees were paired with 17 mentors. First year N = 22 mentees, N = 17 mentors. Second year N = 42 mentees, N = 30 mentors. **Criteria:** Professional individuals in business. **Power**: Cronbach's alpha coefficient 0.66 and Reaching outcomes 0.67 reliability.	**Population:** Mentee and mentor. **Sample Size:** Analysis of 42 mentoring programs. **Criteria:** Implementation of a mentoring program. **Power:** No power is listed.	**Population:** Protégés. **Sample Size:** N = 312. **Criteria:** Web-based individuals, 25 years of age or older, living in the United States, employed full-time or self-employed and involved in a mentoring relationship. **Power:** Four factors were analyzed: factor one was at 0.91 reliability, factor two was at 0.88 reliability, factor three at 0.80 reliability and factor at four 0.50 reliability.	**Population:** Nursing students and faculty conducting research. **Sample Size:** 34 articles were found to be beneficial for review. **Criteria:** Nursing students and faculty conducting research. **Power:** No power is listed.

Methods: Literature was reviewed which addressed the following topics: IRBs, justice, beneficence, autonomy. Emphasis was written on addressing the ethical issues of classroom research. **Study Appraisal:** Literature review. **Synthesis Methods:** Meta-analysis of literature.	**Methods**: Two surveys two 2 cohorts given each year. 1st survey focused on matching of mentor with mentee, orientation, and early interaction issues Second survey focused on further interaction and program outcomes. **Study Appraisal:** 5 point Likert type scale evaluation of program completed. The scales included satisfaction with participant matching, preparation, interaction, and program outcomes. **Synthesis Methods:** Quasi-analysis of the two group's cohort 1 and cohort 2.	**Methods:** Mentoring programs that had been implemented and evaluated were listed for the type of instrument utilized including strengths and weakness of each measurement. **Study Appraisal:** A chart was completed reflecting the strengths, weaknesses, and constructs of variety of measurement tools available to evaluation mentoring programs. **Synthesis Methods:** Meta-analysis of evaluation of mentoring programs.	**Methods:** Invited to participate via an e-mail which contained web-link. **Study Appraisal:** To develop relational challenges (MRCS) scale between protégés or as mentors. Interviews were taped and tapes were reviewed two times for content. Four coders were trained to recognize types of interactions. 5-point Likert scale was developed. **Synthesis Methods:** Transcripts were electronically coded with common themes analyzed. MANOVA run with relational challenge variables as dependent variables.	**Methods:** Literature was reviewed which addressed the following topics: nurse educator as researcher, recruitment and voluntary consent, data collection, participant withdrawal, confidentiality and anonymity, Institutional review. **Study Appraisal:** Literature review. **Synthesis Methods:** Meta-analysis of literature.

Primary Outcome Measures: Nursing education is essential to advancing nursing education. **Results:** Nursing faculty must work closely with their IRBs to ensure student confidentiality, informed consent, and ethical principles are upheld.	**Primary Outcome Measures**: Continual data collection, feedback and analysis are required to remain aware of the program's success and remain attentive to the needs. **Results**: Participate satisfaction revealed that a successful mentor program needs a strong relationship between participant interaction with their mentor.	**Primary Outcome Measures**: Measuring quality can guide individual programs in their efforts to deliver effective services. **Results:** Tracking relationship quality over time may eventually allow the establishment of benchmarks indicating needed interventions or encourage certain aspects of programs.	**Primary Outcome Measures:** Research indicated that relational challenges provide an important and innovative new lens to understanding mentoring relationship dynamics and satisfaction. **Results:** Result from each of the four hypotheses is recorded. Mentoring stages matter; protégés in the beginning stages of their relationships have significantly fewer relational challenges; formal mentoring program challenges did not differ from informal mentoring program challenges; gender differed between male and females with females having less challenges.	**Primary Outcome Measures:** Nursing education is essential to advancing nursing education. **Results:** Research by nursing faculty leads to possible issues of conflicts of interest and issues need to be addressed to protect the interest of student participants.

Author's Conclusion: Educational research is important but it is essential to establish guidelines to maintain an ethical approach. **Implications of Key Findings:** Faculty researches must design their research anticipating ethical dilemmas and must work with IRBs to ensure that student confidentiality, informed consent and educational opportunities are preserved.	**Author's Conclusion:** Implementation of a mentoring program is a good first step however it is not enough to ensure success. **Implications of Key Findings:** Programs must regularly and systematically evaluate specific facets to determine if program is achieving its goals.	**Author's Conclusion:** It is imperative to clearly delineate the conditions under which mentoring is likely to be helpful and not harmful and to promote and strive for the highest-quality mentoring relationship. **Implications of Key Findings:** An evaluation process for a mentoring program is essential.	**Author's Conclusion:** The MCRS provides an excellent starting place to understand the type of challenges that mentors pose to their protégés. **Implications of Key Findings:** MRCS can be provided to mentors and protégés during the various phases of their relationship and used as a tool to assess the development of the relationship.	**Author's Conclusion:** Addressing conflict of interest in research relationships is essential to maintain trust in relationships. **Implications of Key Findings:** Ethical conduct cannot be left to chance; it must be foremost in their minds.

Strengths: Author introduces a quick 10 point tips for protecting against ethical dilemmas. **Limitations:** Discusses principles of ethics and information that is essential for the IRB. An example of how to submit for the IRB would have been helpful. In addition only 6 references are listed.	**Strengths:** Identified four critical factors that are essential to augment mentoring program success and developed scales to access participant satisfaction of these factors. **Limitations:** Results based in year one on 53% of mentors and in year two based on 83% and 60% respectively. Suggests the possibility of non-response error in data. In addition unequal numbers between cohorts.	**Strengths:** The analysis included several mentoring programs and a table was constructed that revealed the strengths and weakness of the different types of evaluation tools that that is utilized in evaluation of mentoring programs. **Limitations:** Samples of forms and questions were not included in the meta-analysis. In addition a location where they completed the analysis was not specified.	**Strengths:** A tool was developed that could be utilized Reliability of the MRCS was high in 3 of the 4 areas that were measured. **Limitations:** The population was older adults who were employed instead of the student population. In addition the focus was only on the protégés and not the mentors.	**Strengths:** Very thorough as to areas to consider when conducting research with students when faculty member is the researcher. **Limitations:** Article was greater than 5 years old but ethical principles still are relevant.
Funding: No funding source was identified.	**Funding:** Four-year liberal arts college hired consultants to evaluate mentoring program.	**Funding:** No funding source was identified.	**Funding:** No funding source was identified.	**Funding:** No funding source was identified.

Comments: Great information to ensure that capstone project is protected against ethical dilemmas.	**Comments:** Strongly supports need for frequent interaction between mentee and mentor.	**Comments:** Great chart to review the variety of evaluation tools available including the strengths and weaknesses of each method.	**Comments:** Mentors should be made aware of the possible relationship challenges so that they can be better prepared.	**Comments:** Great reference to ensure that capstone project maintains ethical principles.
Title of Article: Developing peer mentoring through evaluation. **Title of Journal:** *Innovative Higher Education, 36*(1), 41-52.	**Title of Article:** The challenges of designing and implementing a doctoral student mentoring program. **Title of Journal:** *Innovative High Education, 37*(1), 243-253.	**Title of Article:** Understanding the relational aspects of learning with, from, and about the other. **Title of Journal:** *Nursing Philosophy, 12*(1), 262-270.	**Title of Article:** Enhancing faculty resources through peer mentoring. **Title of Journal:** *Nurse Educator, 35*(5), 192-196.	**Title of Article:** The mentoring relationship as a complex adaptive system: **Title of Journal:** *Mentoring & Tutoring: Partnership in Learning, 19*(4), 401-418.
Hall, R & Jauglietis, Z. (2011).	Holley, K.A. & Caldwell, M.L. (2011).	Hovey, R. & Craig, R. (2011).	Hunt, C. & Ellison, K.J. (2010).	Jones, R & Brown, D. (2011).
Database: ERIC **Search Keywords:** Peer mentoring = 775 + Full text = 398 + 2008-2012 = 78 + Undergraduate = 11 **Author's Keywords:** Peer mentoring, first-year experience, evaluation	**Database:** CINAHL **Search Keyword:** Mentoring = 13785 + Graduate students = 715 + Peer mentor = 30 **Author's Keywords:** Doctoral studies, retention, programming	**Database:** CINAHL **Search Keywords:** Peer learning = 9769 + Full text = 5181 + 2008-2012 = 1964 + Nursing students = 71 **Author's Keywords:** Inter-professional collaboration, transformational learning, healthcare education	**Database:** Google Scholar **Search Keywords**: Peer mentoring = 13,000 + curriculum = 10,100 + 1012-1012 = 3480 **Author's Keywords:** Peer mentors, mentoring, social learning theory	**Database:** ERIC **Search Keywords:** Mentoring relationship = 2768 + Model = 658 + Theory = 93 **Author's Keywords:** Mentoring, complex adaptive systems, self-reflection, theory, mentoring models

Qualitative design.	Qualitative case study.	Comprehensive literature review.	Mixed method design.	Qualitative design.
Number of References: 15 **Level of Evidence:** IV	**Number of References**: 17 **Level of Evidence:** VI	**Number of References:** 53 **Level of Evidence:** V	**Number of References**: 10 **Level of Evidence**: VI	**Number of References:** 43 **Level of Evidence:** V
Study Aim: Report from a 6-year study on development of a peer mentoring program to improve program interventions. **Purpose**: To identify the components of peer mentoring program that contribute to successful outcomes.	**Study Aim:** To introduce a team-based approach to facilitate student success. **Purpose:** To understand student motivation and experiences associated with participation in a formal mentoring program.	**Study Aim:** To improve communication with, from and about other healthcare providers. **Purpose:** To explore the relational aspects of professional collaboration and provide a perspective on how to achieve contextual understanding for enhanced practice.	**Study Aim:** To evaluate a peer mentoring strategy that was implemented in a skills laboratory. **Purpose:** To improve skills knowledge, decrease anxiety and provide positive socialization for nursing students.	**Study Aim:** To explore the models that fully captures the relationship between a mentor and their protégé. **Purpose:** Authors would experience one of the main tasks of academic life (research) and the other author would expand her research and enhance her academic career.

Population: First year undergraduate students. **Sample Size:** N = 596. **Criteria:** Volunteers who are presently a freshman in college plus incoming students who are majoring in Arts and Social Science. **Power:** No power is listed.	**Population:** Student mentees and faculty. **Sample Size**: N = 10 student mentees and 4 mentors. **Criteria:** Mentees volunteered for research project. Authors had contacted 22 student mentees. Two faculty mentors and two peer mentors. **Power:** No power is listed.	**Population:** Healthcare providers, administrators, students, and educators. **Sample Size:** 53 references were found to be useful. **Criteria:** All members must be part of a professional collaboration group. **Power:** No power is listed.	**Population:** Senior level nursing students assisting junior level nursing students in skills lab environment. **Sample Size:** No numbers were given. **Criteria:** Seniors enrolled in mentor training course as mentors to junior level nursing students enrolled in skills laboratory. **Power:** No power is listed.	**Population:** Mentor and mentee. **Sample Size:** N = 1 mentor plus 1 mentee. **Criteria:** Author of the article and their mentee. **Power:** No power is listed.

Methods: Data was collected by e-mail one week after the program and mentees were contacted 1/2 way through program to ask how they were coping. 32 questions were asked. Mentees were also asked how they felt they had helped their mentees. **Study Appraisal:** Survey with 32 questions was e-mailed twice during program. Categories included if mentors were helpful, what problems they experienced, accessing university services. This study occurred over 6 years. **Synthesis Methods:** Information was collected and themes were identified.	**Methods:** Individual interviews with mentees and mentors, observation of program events. **Study Appraisal:** Transcripts, field notes, audiotapes, and documents were intensively analyzed. **Synthesis Methods:** Multiple sources of data allowed triangulation of information emergent data and themes with theory and method guiding the analysis.	**Methods:** Literature was reviewed describing the differences between learning with, learning from and learning about. **Study Appraisal:** Study was conceptualized through conversations with educators and patients regarding real-world implications of professional communication. **Synthesis Methods**: Meta-analysis of the literature was completed.	**Methods:** Quiz taken prior to skill laboratory and then following the laboratory and practice sessions with the senior level students as mentors comparing with faculty led laboratory practice sessions. In addition, junior level students were asked to evaluate their mentors. **Study Appraisal:** Quizzes were developed for topics covered in laboratory setting. Effectiveness of peer mentors by Likert-type scale. **Synthesis Methods:** Meta-analysis was completed on findings. A t-test analyzed the results of the pre-test test versus the post-test.	**Methods:** Explored their own relationship that they had as mentor and mentee. In addition the study was initiated with a literature review. **Study Appraisal:** Reflection about their own relationships. **Synthesis Methods:** Reflection and personal experience of mentoring. Literature was analyzed for reoccurring themes.

Primary Outcome Measures: Individuals rated helpfulness of the program as becoming more confident and getting socially related. Impact on mentors enhanced organizational skills and self-confidence. **Results:** Mentoring program helped new students develop social relationships and adjust to university settings.	**Primary Outcome Measures:** Data supports the importance of careful and deliberate selection of faculty members to serve as mentors for doctoral students. Additionally, having a mentor within the same discipline is essential. **Results:** When choosing mentor/mentee matching careful selection must occur including factors race, gender and discipline.	**Primary Outcome Measures:** Each opportunity for relationship in learning with, from and about presents a unique opportunity to learn professionalism among unique individuals. **Results**: Offered a different perspective on the meaning of learning with, from and about an individual. Reminded the reader about significant implications on the interactions of communication.	**Primary Outcome Measures:** The mean score from pre laboratory to post laboratory in both control and experimental groups. **Results:** No significant difference between instructors led laboratory practice versus student lead laboratory practice sessions.	**Primary Outcome Measures:** The mentoring models that were utilized were not sufficient to encompass the relationship between the mentor and mentee. **Results**: The authors looked outside of the traditional mentoring models and found that Complex Adaptive Systems (CAS) approach to mentoring was ideal. The CAS includes external factors that affect their relationship.

Author's Conclusion: Implementation of peer mentoring programs needs to be informed by theoretical analysis and empirical evidence. Evaluation is essential to improvement of programs. **Implication of Key Findings:** Peer mentoring program was found to be successful and evaluation of program is essential.	**Author's Conclusion:** Design and implementation of successful mentoring program is depending upon several factors including the ability of faculty and students to serve as mentors, interest in student participation, and administrative willingness to coordinate initiative. **Implications of Key Findings:** A mentoring program must be carefully designed and implemented in order to have positive outcomes.	**Author's Conclusion:** The shift to the relationship attention of working together professionally prompted this in-depth critical reflection into the words that are oft-used but have been reduced to an assumptive understanding, comprehended without the need for further understanding, context or interpretation. **Implication of Key Findings:** It is imperative that healthcare providers understanding that conversation and interpretation among professional peers creates the opportunity to learn with, from and about the other to enhance one's knowledge and efficacy of the team.	**Author's Conclusion:** Peer mentoring is a strategy that student outcomes can be improved for nursing students. **Implications of Key Findings:** Both mentors and mentees benefit from a peer mentor program.	**Author's Conclusion:** Viewing the mentoring relationship as a CAS incorporated experiences that did not fit comfortably within existing mentoring models. **Implications of Key Findings:** Holistic lens is a more realistic understanding of the mentoring process. There are multiple factors of influence within the relationship.

Strengths: Listed both the difficulties that the program was experiencing and the successes that the program encountered. Great sample size of research. **Limitations**: There was a 50% response rate at returning the questionnaire; not adequate.	**Strengths:** Support for mentors gaining empowerment and satisfaction in relationships with their mentees. **Limitations**: Duplication will be difficult without funding. In addition small number of student participation.	**Strengths:** Supports that communication is imperative with relationships and cannot be taken for granted. **Limitations:** There was not a research study that was completed. Limited references were listed making the review questionable.	**Strengths:** An **e**lective course was offered designed to teach mentoring skills. This gave students the message that faculty valued the program. **Limitations**: There were unequal numbers in control group versus experimental and the results could be misleading.	**Strengths:** The authors reviewed adequate references to compared and contrasted different mentoring models. **Limitations:** The article was self-reflection and bias can be introduced. In addition there was no statistics interjected and reliability and validity is a concern.
Funding: No funding source was identified.	**Funding:** Council of Graduate Schools Peterson initially funded program.	**Funding:** No funding source was identified.	**Funding:** No funding source was identified.	**Funding:** No funding source was identified.
Comments: Great information especially the difficulty that students were having: scheduling difficult. Also supports need for training of mentors.	**Comments:** Mentoring supports professional development and enhances student's academic success. Matching of mentee/mentor is a critical process.	**Comments:** This will support the need to include communication as one aspect of the mentor training program.	**Comments:** Positive socialization outcomes were reported by both mentors and mentees.	**Comments:** Great model to find personal reflections of mentor/protégé relationships. Lists 3 relationships including traditional, emergent and reciprocal.

Title of Article: Mentoring partnerships in a community technology Centre: A constructionist approach for fostering equitable service learning. **Title of Journal:** *Mentoring & Tutoring: Partnership in Learning, 16*(2), 191-205.	**Title of Article:** An analysis of a mentoring program for baccalaureate nursing students: Does the past still influence the present? **Title of Journal:** *Nursing Forum, 44*(4), 245-255.	**Title of Article:** Evaluating a formal peer mentoring program: Student voice and impact audit. **Title of Journal:** *Pastoral Care in Education, 27*(3), 205-218.	**Title of Article:** Discusses peer mentoring styles and their contribution to academic success among mentees: A person-oriented study in higher education. **Title of Journal:** *Mentoring & Tutoring: Partnership in Learning, 19*(3), 347-364.	**Title of Article:** Mentoring: theory and practice as found in Preparedness to Practice Project. **Title of Document:** Preparedness to Practice Project Retrieved from http://www.faculty.londondeanery.ac.uk/e-learning/explore-further/e-learning/feedback/files/Mentoring_Theory_and_Practice.pdf
Kafai, Y.B., Desai, S., Peppler, K.A., Chiu, G.M. & Moya J.	Ketola, J. (2009).	Knowles, C. & Parsons, C. (2009).	Leidenfrost, B., Strassnig, B., Schabmann, A. & Spiel, C.	McKimm, J., Jollie, C., Hatter, M. (2007).
Database: CINAHL **Search Keywords:** Mentoring = 13785 + Graduate students = 715 + Peer mentor = 30 **Author's Keywords:** Mentoring, constructionism, community technology centers	**Database:** CINAHL **Search Keywords:** Mentoring program = 5930 + Full text = 3220. **Author's Keywords:** Mentoring, mentoring program, nursing history, preceptor, growth of nursing	**Database:** CINAHL **Search Keywords:** Peer mentoring = 908 + Full text = 463 + 2008-2012 = 254 + Enhancing = 5 **Author's Keywords:** Peer mentoring, mentor, evaluation	**Database** ERIC **Search Keywords:** Peer mentoring = 782 + Styles = 31 + 2008-2012 = 8 **Author's Keywords:** Mentoring program, mentoring styles, peer mentoring, higher education, first year students	**Database:** Google Scholar **Search Keywords:** Mentoring theory = 658 + practice = 596 + 2005-2012 = 456 **Author's Keywords:** Mentoring, counseling, experiential learning

Qualitative design.	Qualitative design.	Qualitative design.	Mixed method design.	Literature review.
Number of References: 25 **Level of Evidence:** IV	**Number of References**: 38 **Level of Evidence**: IV	**Number of References:** 23 **Level of Evidence:** IV	**Number of References:** 31 **Level of Evidence:** III	**Number of References:** 27 **Level of Evidence:** VII
Study Aim: To develop a conceptual model to explain mentoring. **Purpose:** To illustrate how such an expanded notion of mentoring can be seen in an approach called mentoring partnerships.	**Study Aim:** To discuss the problems encountered during a mentor program. **Purpose:** To answer the question: does the history of mentoring in nursing still influence nurses today, making it challenging to establish relationships?	**Study Aim:** To evaluate a formal peer mentoring program and to clarify boundaries within the program. **Purpose:** To develop a typology of peer mentoring approaches that clarified structure. Second, to identify factors associated with positive experiences in mentoring. Third, to gauge the impact of peer mentoring on mentees.	**Study Aim:** To provide the mentees with improved support, aid in orientation and important basic skills for higher education. **Purpose:** To expand their knowledge about mentoring styles in peer mentoring and their contribution to academic success among mentees.	**Study Aim:** The mentoring element of the project was carried out with a view to introduce a mentoring scheme which would enable final year undergraduates to make the transition. **Purpose**: Research into a number of aspects relating to students making the transition between the final years of undergraduate course.

Population: Student mentors. **Sample Size**: N = 36. **Criteria:** Undergraduate students in their 3rd or 4th of study enrolled in the seminar and field internship component. **Power:** No power is listed.	**Population**: Nursing undergraduate students and Registered Nurses (RNs). **Sample Size**: Pilot study was N = 13 pairs of mentors and mentees but then four additional years without actual numbers each year were evaluated. **Criteria:** Mentors were RNs that had graduated from a variety of programs. **Power:** No power is listed.	**Population:** School coordinators, mentee/mentors. **Sample Size:** Mentoring models = 180 forms, Management and process study Cohort 1 - school coordinators = 89, mentor 33, mentee 31; Cohort 2 - school coordinators = 174, mentee 30, mentor 30. Impact study N = 20. Impact audit instrument N = 300 students. **Criteria:** School coordinators, mentors and mentees involved with a formal peer mentoring program in England. **Power:** No power is listed.	**Population:** Volunteers and supplementary course for psychology major students during their first semester. **Sample Size:** N = 298. **Criteria:** Voluntary advanced students usually 4th year, lead mentoring groups of 8-10 mentees randomly assigned. Mentors were trained during their first semester in mentoring and tutoring skills. Mentees were divided into 49 groups. **Power:** Cronbach's alpha coefficient 0.93.	**Population:** Mentors and mentees. **Sample Size:** No number was listed. **Criteria:** Examples of mentoring came from higher education with students and faculty in the following areas: medical, nursing, occupational therapy, physiotherapy, and management. **Power:** No power is listed.

Methods: Each undergraduate produced seven field notes each week. Researchers gathered these notes for first five weeks and then weeks 17 and 28 for an additional 6 weeks. In addition debriefing interviews were held with 3 primary questions about their role in mentoring. **Study Appraisal:** Interviews and field notes. **Synthesis Methods**: Notes and interview information was coded according to focus: teaching, facilitating, co-constructing, observing and learning.	**Methods:** The mentor program was in place for 5 years. Each year there was a formal evaluation questionnaire filled out by mentors and students and an informal interview with notes. **Study Appraisal:** The appraisal was completed by the original author of mentoring program utilizing completed forms and notes. **Synthesis Methods:** Retrospective analysis method was completed on evaluation forms and notes observing for themes.	**Methods:** 3 time periods were chosen to gather information. Analysis of mentoring model October - December 2006, Summer term 2007 implementation and outcome data, and Autumn 2007 impact assessment. **Study Appraisal**: Questionnaires were completed and interviews were conducted which lasted between 30-60 minutes. **Synthesis Methods:** Reoccurring themes were identified.	**Methods**: Three different types of measures were used: online mentee questionnaires, online mentoring activities by the student mentor, and academic performance of the mentees. **Study Appraisal:** Mentor function scale was adapted to specific situation of student mentor activities**.** **Synthesis Methods:** SPSS analysis was completed.	**Methods:** Literature was reviewed and students in their final year of studies that were enlisted in the undergraduate course. In addition one university is discussed that allows all new staff to have a mentor if desired. **Study Appraisal:** There was no research appraisal that was given. Literature was reviewed. Though not stated the underlying assumption is that students and faculty were interviewed and observations taken. **Synthesis Methods:** Analysis of reoccurring themes in literature and interviews.

Primary Outcome Measures: Undergraduate mentors sustained various mentoring interactions ranging from teaching to learning during the course of their field internship. **Results:** The most frequent type of interactions were co-constructive interactions (n=152) followed by facilitating (n=122), observing (n=79), teaching (n=68), and learning (n=58).	**Primary Outcome Measures**: Six major lessons learned: students need to select their own mentors, mentors need mentoring, needs socialization, need commitment, mentors must mentor each other, and nurses must value mentoring. **Results:** Students sign up for support and they need reinforcement of their passion and socialization.	**Primary Outcome Measures:** Academic attainment and support student transitions increased the most when mentors were aware of their roles. Mentees were unclear of the aim of the program. Mentoring sessions included frequency, duration, and time varied between coordinators; no consistency was found. Coordinators verbalized improvement was needed. **Results:** The results suggest that schools are engaging positively and having a positive impact on increasing academic grades and transition of students.	**Primary Outcome Measures**: Identified four mentoring styles: moderate, unconditionally supportive, active and low-key. **Results:** Findings suggest potential implications for the training of peer mentors for first year students.	**Primary Outcome Measures:** At the individual level, the benefits of being mentored vary widely depending on the particular needs, aspirations and situation of the mentee. **Results:** Entering any profession offers major challenges and a formative period where knowledge, skills and attitudes acquired are applied to a new setting. Transition period is stressful and there is a period when guidance and support are essential.

Author's Conclusion: Contributed to a growing body of research and practice on the connections between mentoring and community service learning. **Implications of Key Findings:** Learning mentoring roles are associated with design activities for mentees.	**Author's Conclusion:** Nurses must undo the inheritance of the past and claim the need to obtain help from experts in their field. **Implications of Key Findings:** It is essential to develop mentors knowledge, leadership and capacity to inspire, to help students grow and develop.	**Author's Conclusion:** Schools are engaging and embracing the peer mentoring program. **Implications of Key Findings:** Mentoring has improved new students transition into schools and academic grades have increased as a result of peer mentoring.	**Author's Conclusion:** The results underscore the importance of systematic preparation when training mentors. After training 90%of mentors were identified as being a motivating master mentor. **Implications of Key Findings:** It is crucial to develop a program to train peer mentors.	**Author's Conclusion:** The concept of support for a period through mentoring or other similar schemes is well established to guide and support individuals in new settings and situations. **Implications of Key Findings:** All individuals entering a new setting should be offered a mentor.
Funding: UCLA Center for Community Partnerships.	**Funding:** No funding source was identified.	**Funding:** Department of Children, Schools, and Families and Mentoring and Befriending Foundation.	**Funding:** No funding source was identified.	**Funding:** London Regional Office of the NHSE.

Strengths: Numerous field notes at time intervals were analyzed for reoccurring themes. **Limitations:** Field notes and interviews are limited to the strength of evidence.	**Strengths**: Article relates a well balanced approach with recommendations given for implementation of a successful mentoring program. **Limitations:** Original program failed to be successful. Information taken from evaluation to underlying themes of successful and those that were not helpful.	**Strengths:** Population size was adequate. Tables that are displayed showed both positive and negative comments by students. **Limitations:** Study took place in England and generalization might be limited. In addition author suggested limitations including comparisons of variables at two time periods; expected changes over these periods.	**Strengths:** Multi-model approach to gathering indicators including blended and online mentoring and the application of a person-oriented approach. **Limitations:** Study was completed at one particular setting with only first year students. In addition 78 individuals choose not to participate in the research study without a reason given.	**Strengths:** The authors provide a great definition of mentoring, the reasons why mentoring should occur, the values and principles of mentoring, mentoring skills and roles that are involved, and the differences in the mentoring relationship. **Limitations:** The project took place at one university. There was no statistics and description given.
Comments: Mentor roles need to be defined with their training sessions.	**Comments:** Great information about what is necessary for mentoring program. In addition, faculty has to support mentoring process.	**Comments:** Evaluation of mentor programs is essential and can be very expensive to obtain. Mentors need to know boundaries as part of their initial training.	**Comments:** Great support for having a mentor training program.	**Comments:** Great definition of mentoring, why mentoring is important, and the list of mentoring skills, roles and qualities that are essential. Great to include in table for handouts in mentor training program.

Title of Article: Recognizing and rewarding the contribution and personal development of peer supporters at university. **Title of Journal:** *Journal of Further and Higher Education, 32*(3), 207-219.	**Title of Article:** Expectations and voluntary attrition in nursing students. **Title of Journal:** *Nurse Education in Practice, 11*(1), 54-63.	**Title of Article** The impact of training and induction activities upon mentors as indicated through measurement of mentor self-efficacy. **Title of Journal:** *Research in Economics.* Retrieved from: http://www.eric.ed.gov/contentdelivery/servlet/ERICServlet?accno=ED442639	**Title of Article:** A peer mentor tutor program for academic success in nursing. **Title of Journal:** *Nursing Education Perspectives, 31*(5), 286-289.	**Title of Article:** Preparation of nurses who precept baccalaureate nursing students: A descriptive study. **Title of Journal:** Journal of Continuing Education in Nursing, 40(12), 565-570.
Muldoon, R. (2008).	O'Donnell, H. (2011).	Riggs, I.M. (2000).	Robinson, E & Niemer, L. (2010).	Rogan, E. (2009).
Database: CINAHL **Search Keywords**: Peer mentor development = 275 + Higher education = 35 **Author's Keywords:** Peer support, graduate attributes, community contribution, student development, extra-curricular activity	**Database:** CINAHL **Search Keywords:** Attrition nursing students = 465 + 2010-2013 = 145 **Author's Keywords:** Nurse education, student attrition, student expectation	**Database:** ERIC **Search Keywords:** Mentoring efficacy = 263 + Full text = 130 + Measurement = 5 **Author's Keywords:** teacher efficacy, mentoring, self-efficacy	**Database:** CINAHL **Search Keywords** Peer mentor = 718 + Full text = 369 + 2008-2012 = 180 **Author's Keywords:** Student retention, attrition, mentoring, tutoring, peer mentoring	**Database:** CINAHL **Search Keywords**: Baccalaureate nursing student = 5990 + preceptor = 2 **Author's Keywords:** Preceptor, mentors, preceptorship, peers

Qualitative design.	Case study design.	Quasi-experimental design.	Quantitative design.	Quantitative descriptive design.
Number of References: 52 **Level of Evidence**: V	**Number of References:** 75 **Level of Evidence:** V	**Number of References:** 13 **Level of Evidence:** II	**Number of References:** 5 **Level of Evidence**: IV	**Number of References:** 17 **Level of Evidence:** IV
Study Aim: Investigate the benefits that students derive in terms of graduate attributes from participation in the peer support program. **Purpose:** The main objective of the peer mentor program is to provide a safety net for the first year students and to assist them to settle into study and university life. This study will help support the reason for peer mentor volunteers.	**Study Aim:** To develop a theoretical understanding of the reasons why nursing students voluntarily leave nursing programs. **Purpose:** Desire to predict how prepared students are for the nursing program and to examine the role which expectations play in student attrition.	**Study Aim:** To develop effective program for mentor support and a method for evaluation. **Purpose:** To analyze the impact of a mentor training program on mentors involved within a state-funded teacher induction program.	**Study Aim:** To measure the effectiveness of the program in terms of student's academic success. **Purpose:** To decrease attrition from nursing students.	**Study Aim:** To explore the perceptions about preceptor preparation among nurses who precept baccalaureate nursing students. **Purpose:** To assists in training preceptor and areas in which they feel are lacking in their education.

Population: Peer mentors. **Sample Size:** N = 14. **Criteria:** 3rd and 4th year students who had volunteered to become a peer mentor in the New England Award (NEA) program. **Power:** No power is listed.	**Population:** Former students. **Sample Size:** N = 15. **Criteria:** The students who had previously voluntarily withdrawn from nursing programs. **Power:** No power is listed.	**Population:** Teachers. **Sample Size:** N = 225. **Criteria:** 95 individuals completed year-long intensive program to better support their induction of new teachers; 127 did not receive the training. **Power:** Self-efficacy subscale Cronbach's alpha coefficient 0.87; Outcome expectancy scale Cronbach's alpha 0.77.	**Population:** BSN students who were at risk for nonsuccess in the nursing major. **Sample Size**: N = 64. **Criteria:** Peer mentors tutors earned As or Bs in courses. Mentees had to have one of the following: nursing course failure, grade point average 2.3 to 2.8, biological science course failure or recommendation from adviser or faculty. **Power:** t-test results are the following: t =4.4, df = 199, and p<.001.	**Population:** Registered Nurses. **Sample Size:** N = 75. **Criteria:** Employed by either two midsized hospitals, met the State Board of Nursing's criteria for preceptors and had been a preceptor for a student in the previous 12 to 18 months. **Power:** No power is listed.

Methods: Surveys were mailed to 3rd and 4th year students who had volunteered to become peer supporters. 21 surveys were returned from possible 35, a return rate of 57%. Of these 21 surveys, 14 were registered NEA students and that is the focus of the study. **Study Appraisal:** Data was collected via postal survey augmented with reflective journals. **Synthesis Methods:** The qualitative data were managed and analyzed using QSR NVivo software. Each individual answer was coded initially to a tree code corresponding to the question and then named according to emerging themes.	**Methods:** Participants were interviewed (semi-structured) for one hour. **Study Appraisal:** Purposeful sample was identified and self-selected to participate in the study. The majority of the interviews took place in the individual's home setting. Use of marginal remarks was important in initial analysis of information. **Synthesis Methods:** An Interactive Model of qualitative data analysis was used to identify three major phases of data analysis: data reduction, data display and conclusion drawing and verification. Sessions were audiotaped and synthesized at a later date.	**Methods:** A self-report measure of 30 items assessed mentor's beliefs in regards to mentoring was given at the end of one year of training. The mentor efficacy scale consisted of two subscales which measure both the outcome expectancy and the self-efficacy of mentors. **Study Appraisal:** Answers were recorded on a Likert scale format. **Synthesis Methods:** A t-test analysis was completed.	**Methods:** Nonparticipants were divided into two cohorts: A control cohort who qualified for the program but decided not to participate and a class who did not meet risk criteria. **Study Appraisal:** Analytic study that attempted to quantify the relationship between decreased attrition and use of peer mentor and tutors. **Synthesis Methods:** Selection bias was present for only at risk individuals allowed to participate.	**Methods:** Author contacted unit managers. Surveys hand-delivered to the managers; distributed to nurses who met the criteria. Addressed stamped envelope for return of the study was included. **Study Appraisal:** A demographic questionnaire included age, gender, yrs. of nurse experience, yrs. as a preceptor, number of students, and type of nursing degree held. Preceptors were asked to rate 33 areas pertaining to preceptor preparation as essential, useful or not needed. **Synthesis Methods:** Data analysis using SPSS version 15.0. Descriptive statistics; frequency and distribution.

Primary Outcome Measures: Peer mentors reported increasing in communication skills, team skills, social responsibility, patience, tolerance, empathy, self-esteem and self-confidence. **Results:** Mentors felt that they would have improved success in employment for they were proven well-rounded students with proven ability to participate in their communities.	**Primary Outcome Measures:** The study identified unrealistic student expectations of nursing preparation and programs. Study explored expectations which ex-students had during pre-registration of nursing courses prior to entry. **Results:** The study defined several factors involved in withdrawal from courses including family concerns, difficulty adjusting to academic demands, extra-curricular activities.	**Primary Outcome Measures:** The teachers that completed the yearlong training scored significantly higher in self-efficacy with regard to their own ability to mentor new teachers. However, there was no significant difference in outcome expectancy beliefs. **Results:** It is difficult to impact the outcome beliefs in the mentor program that was set up. However, self-efficacy results were improved greatly by implementation of the program.	**Primary Outcome Measures**: Attrition rates for the university did not change significantly when compared to previous years. However, mentees accounted for less than 1 percent of the attrition from nursing courses. **Results**: The overall average GPA for the mentored nursing students was 2.8 compared to 2.76 in the control group. A t-test indicated no significant differences between the groups. Individual exam grades in pharmacology and anatomy and physiology revealed significant differences with the mentored students scoring significantly higher.	**Primary Outcome Measures:** 138 surveys distributed; 77 returned for a response rate of 56%. Two returned surveys were excluded; one preceptor for new employees and the other had indicated that he or she had not been a preceptor. **Results:** Participants predominantly female. The sample was evenly distributed in years of nursing experience and most participants had been a preceptor for 1-5 years. Majority BSN prepared. There was two content area identified by more than 90% of respondents; ability to perform the role of a preceptor, teaching how to set priorities, and preceptor roles.

Author's Conclusion: The majority of the peer mentors who became involved did so for altruistic reasons; some more pragmatic reason of the NEA points. **Implications of Key Findings:** Support of peer mentoring and building a sense of community.	**Author's Conclusion:** Clearly the reasons for attrition in nursing students are complex and unique to each individual student. **Implications of Key Findings:** Wide range of possible solutions to help resolve nursing student attrition resulting from a variety of reasons. There is growing evidence that study support facilitated by peer tutoring helps achieve enhanced learning, study skill development, and personal growth.	**Author's Conclusion:** Those who implement a training program for mentors or support providers could utilize the Mentor Efficacy Scale as one indicator of their program's effectiveness. **Implications of Key Findings:** A tool that can be utilized to assess a mentor training program.	**Author's Conclusion:** Peer mentor and tutor model can be used to improve academic performance among nursing students and decrease attrition rates. **Implications of Key Findings:** Peer mentors and tutors can be utilized to improve academic performance for at risk nursing students.	**Author's Conclusion:** Overall, the single most essential content area for preceptor preparation was identifying preceptor responsibilities. **Implications of Key Findings:** Nurses who precept students desire to know what is expected of them by students and faculty. Preparation should include instruction, supervision, a mentor, an evaluator and a colleague. Improving the preparation of preceptors may enhance their experience as well as that of the students.
Comments: Lists of some of the benefits of mentoring.	**Comments:** Lists the reasons why nursing students withdraw from courses.	**Comments:** Great tool to be for evaluation of mentor training program. Possibly need to be altered but original author contacted and permission was granted.	**Comments:** Support for mentoring and improving individual student's exam grades.	**Comments:** A positive preceptor experience is equally important to the nurse who works with that student and adequate preparation is essential.

Title of Article: Partners in learning: A grounded theory study of relational practice between master's students and professors. **Title of Journal:** *Mentoring & Tutoring: Partnership in Learning, 20*(1), 115-135.	**Title of Article:** A model of nursing student retention. **Title of Journal:** *International Journal of Nursing Education Scholarship, 9*(1), 1-15.	**Title of Article:** Learning to mentor: Evidence and observation as tools in learning to teach. **Title of Journal:** *The Professional Educator, 33*(1), 28-38.	**Title of Article:** Increasing the self-efficacy of in-service teachers through content knowledge. **Title of Journal:** *Teacher Education Quarterly, 36*(2), 63-78.	**Title of Article**: A taxonomy of the characteristics of student peer mentors in higher education: Findings from a literature review. **Title of Journal:** *Mentoring & Tutoring, 15*(2), 149-164.
Schwartz, H.L. & Holloway, E.L. (2012).	Shelton, E.N. (2012).	Stanulis, R.N. & Ames, K.T. (2009).	Swackhamer, L.E., Koellner, K., Basile, C., & Kimbrough, D. (2009).	Terrion, J.L. & Leonard, D. (2007).
Database: ERIC **Search Keyword:** Partners in learning = 3582 + 2008-2012 = 845 + Graduate students = 62 **Author's Keywords:** Mentoring, relationship, relational practice, graduate students	**Database:** CINAHL **Search Keywords:** Student retention = 9789 + Nursing = 1252 **Author's Keywords:** Student retention, faculty support, persistence, self-efficacy	**Database:** ERIC **Search Keywords**: Partnership in learning = 9010 + Full text = 5437 + 2008-2012 = 977 + Mentoring = 26 **Author's Keywords:** First-year teaching, mentoring, teacher education, beginning teacher	**Database:** ERIC **Search Keywords**: Self-efficacy = 6809+ Full text = 3179 + 2008-2012 = 1005 + Bandura = 26 **Author's Keywords:** Self-efficacy, teacher efficacy, Bandura	**Database:** CINAHL **Search Keywords**: Peer mentoring = 932 + Higher education = 106 **Author's Keywords:** Mentoring, mentoring relationships, peer mentoring

Qualitative design.	Mixed method design.	Qualitative design.	Mixed method design.	Comprehensive literature review.
Number of References: 34 **Level of Evidence:** IV	**Number of References:** 24 **Level of Evidence:** IV	**Number of References:** 29 **Level of Evidence:** V	**Number of References:** 22 **Level of Evidence:** IV	**Number of References:** 54 **Level of Evidence:** V
Study Aim: To improve the academic record of students by partnering with their professors. **Purpose:** To determine if the relationship that a student has with their instructor impacts students' learning.	**Study Aim:** To present a model of student retention that considers the interaction of the student's past experiences and background, internal psychological processes, and external support factors. **Purpose:** To increase retention of student nurses in an associate degree program.	**Study Aim:** To develop support targeted toward helping beginning teachers accelerate their development in order to impact student learning early in their careers. **Purpose:** To examine how an experienced teacher learned to mentor as they attended professional development and worked with 1st and 2nd year teachers.	**Study Aim**: To explore the impact of content courses that also emphasizes pedagogy on self-efficacy levels. **Purpose:** To increase teacher's self-efficacy and teacher efficacy in math and science courses.	**Study Aim:** To propose taxonomy of successful student peer mentoring relationships in higher education. **Purpose:** To categorize the abundant student peer mentor descriptors found in mentoring research.

Population: Faculty and student alumni. **Sample Size:** N = 20. **Criteria:** 10 matched pairs of alumni and previous professors. **Power:** No power is listed.	**Population:** Nontraditional associate degree nursing students. **Sample Size:** N = 458. **Criteria:** 3 Groups: Group 1 nursing students - currently enrolled. Group 2 - Formerly enrolled nursing students who had withdrawn voluntarily some time during the program. Group 3 - Formerly enrolled nursing students who had been required to withdraw because of academic failure. **Power:** Outcomes Expectations Questionnaire: Cronbach's alpha coefficient of 0.74. Perceived Faculty Support Scale: Cronbach's alpha coefficient of 0.96.	**Population:** Teachers that were mentors to 1st and 2nd year teachers. **Sample Size:** N = 1 mentor and 2 mentees. **Criteria:** Mentor had taught for 13 years and previous experience leading professional development but no formal training. The mentees had to be either in their first or second year of teaching experience. **Power:** No power is listed.	**Population:** Teachers. **Sample Size**: N = 88. **Criteria:** Teachers who have taken 3 and 4 courses and teachers who have taken at least four courses. **Power:** Cronbach's alpha coefficient 0.81.	**Population:** Peer mentors. **Sample Size:** 677 articles were reviewed and from the total reviewed 54 articles met the criteria. **Criteria:** Articles could not be case studies, mentoring had to be the focus, mentoring had to occur directly between people, and mention of mentor selection criteria was included. **Power:** No power is listed.

Methods: Foundation for study based on relational cultural theory. **Study Appraisal:** Interviewing and reconstructing a relationship. **Synthesis Methods:** Dimensional analysis utilizing key areas orienting, self-organizing, valuing, advancing, bounding and connecting.	**Methods:** All nursing students were mailed a questionnaire in their final semester nursing course. **Study Appraisal:** A questionnaire that was administered consisted of four sections: background of the participant, academic efficacy expectations, academic outcome expectations and perceived faculty support. **Synthesis Methods:** Content validity of the modified instrument was established by review of three experienced nurse educators. SPSS analysis. ANOVA, Chi-square, Post-hoc Scheffe mean differences and levels of significance.	**Methods**: Throughout one year data was collected in several ways - observation, interviews, and reflection with the mentor. **Study Appraisal:** Very limited number of participants. **Synthesis Methods:** Data analysis was considered to be an iterative process which led researchers to shift focus often. Observations, interviews were coded for findings.	**Methods:** A course was offered to teachers. Post course survey instrument was developed using a Likert scale measured both personal teaching efficacy and teaching outcome expectancy. Four of the responses involved extensive written responses. **Study Appraisal:** Self-efficacy survey instrument and review of written responses. **Synthesis Methods:** SPSS utilized for analysis.	**Methods:** Search term mentoring was conducted and search engines included OSP, ERIC, Proquest, ABI/INFORM, Global, and Education. Criteria were set that all articles had to meet to be considered. **Study Appraisal:** To ensure inter-rater reliability, the articles were coded using explicit statements about characteristics and grouped synonymous terms. **Synthesis Methods:** The authors agreed that characteristics would only be classified under a single function and 100% agreement on groupings and categorization of characteristics must be reached.

Primary Outcome Measures: Participants reported feeling energized by their connections to take action and a desire for more connections between their instructors and themselves. **Results:** Significant findings found that students increased self-efficacy and had positive satisfaction if professors related to them on a more personal level.	**Primary Outcome Measures**: The students who persisted in the academics were similar in age and family responsibilities to those who withdrew; however there were significant differences in financial resources. **Results:** Significant findings resulted in students who persisted or withdrew voluntarily reported greater financial resources.	**Primary Outcome Measures:** Mentor was blending their ideas about teaching and the professional development courses that they had attended. **Results:** Elements for mentor training were found to include: learning to observe, hold critical conversations, confront difficult situations, develop image of effective teaching.	**Primary Outcome Measures:** High efficacy was found in professional and personal motivation for taking course. **Results:** Teachers who had taken a greater number of courses scored higher in both teaching self-efficacy and teaching efficacy scores.	**Primary Outcome Measures:** 3 categories were developed: A category for student peer mentor applicant and 2 categories is a two-function model of mentoring. **Results:** Results found 5 mentoring prerequisites: commitment time, gender/race, university experience, academic achievement and prior mentoring experience. Student serving career-related function characteristics include program of study and self-enhancement motivation. Characteristics of psychosocial function include communication skills, empathy, supportiveness, flexibility, trustworthiness and enthusiasm.

Author's Conclusion: A person might assume that the closer an instructor gets to students the less able they are to see the student in the context of their position, but he suggests that the opposite is true. Closer connection instructors must work harder to keep boundaries. **Implications of Key Findings:** Faculty should be encouraged to get to know their students and attend school activities.	**Author's Conclusion:** There was a positive correlation between academic outcome expectations and perceived faculty support. **Implications of Key Findings:** Nursing programs should consider offering greater flexibility through the possibility of part-time progression. Instead of waiting for students to seek assistance, faculty needed to approach students who are having difficulty and offer help and encouragement.	**Author's Conclusion:** Observation and reflection is important process in learning how to mentor. **Implications of Key Findings:** Mentors need their own time of reflection to learn, try out, and reflect upon conversations.	**Author's Conclusion:** Teachers' efficacy levels can be positively impacted by an increase in content-specific knowledge with pedagogical emphasis. **Implications of Key Findings:** Educational programs should incorporate pedagogical theory.	**Author's Conclusion:** The review resulted in taxonomy of five prerequisites for student peer mentor, two student peer mentor characteristics that support the career-related function and eight characteristics that support the psychosocial function. If mentor/mentees not paired correctly could be harmful relationships. **Implications of Key Findings:** This taxonomy is critical to decision making about the selection, training, and evaluation of peer mentors.
Funding: No funding source was identified.	**Funding:** No funding source was identified.	**Funding:** No funding source was identified.	**Funding:** RM-MSMS National Science Foundation.	**Funding:** No funding source was identified.

Strengths: Interview gives direct quotes from both students and instructors. **Limitations:** Information was not current and students had to recall relationships and over time my change and forget.	**Strengths:** Study was completed using nursing students as the population. Questionnaires were on a 5-point Likert scale. **Limitations:** A qualitative study to explore the complexity of factors that contribute to student retention for non-traditional students who are faced with many stressors.	**Strengths:** The study included both challenging that the mentor experienced and methods that were found to overcome them. **Limitations:** The small sample size is a concern and information needs to be expanded upon.	**Strengths:** Findings correlate with other research highly self-efficacy teachers were more interested in learning about teaching methods. **Limitations:** Only post-test design was utilized. Could be strengthened using pre- and post-test design.	**Strengths:** Authors reviewed numerous articles and had strict criteria for the information that each article had to include. **Limitations:** Study did not include any measurements and power analysis. Authors were from Canada and the United States and therefore reflect western bias. Some cultural factors will not be able to be generalized.
Comments: Study helps to support that relationships are necessary in academia.	**Comments:** Study included Bandura's theory of self-efficacy and related that nursing students have high academic outcome expectations.	**Comments:** Review of list of elements that are essential for a successful mentor training program.	**Comments:** The study has an example of self-efficacy tool that was utilized. In addition gives strong support for mentor training.	**Comments:** Great support for characteristics of mentor to discuss during mentor training program. Believed that can be harmful if not paired correctly with mentee/mentor relationship and mentor training not completed.

Title of Article: Undergraduate student peer mentoring in a multi-faculty, multi-campus university context. **Title of Journal:** *Journal of Peer Learning, 4*(1), 37-48.	**Title of Article:** Implementing evidence-based practice: Effectiveness of a structured multifaceted mentorship program. **Title of Journal:** *Journal of Advanced Nursing, 16*(1), 2761-2771.	**Title of Article:** Understanding the memorable messages first-generation college students receive from on-campus mentors. **Title of Journal:** *Communication Education, 61*(4), 335-337.	**Title of Article:** Protégé growth themes emergent in a holistic, undergraduate peer mentoring experience. **Title of Journal:** *Mentoring & Tutoring: Partnership in Learning, 20*(3), 409-425.	**Title of Article:** Hierarchical mentoring: a transformative strategy for improving diversity and retention in undergraduate STEM disciplines. **Title of Journal:** *Journal Science Education Technology, 21*(1), 148-156.
Townsend, R.A., Delves, M., Kidd, T. & Figg, B. (2011).	Wallen, G.R., Mitchell, S.A, Melnyk, B., Fineout-Overholt, E., Miller-Davis, C., Yates, J., & Hastings C., (2010).	Wang, T.R. (2012).	Ward, E.G., Thomas, E.E. & Disch, W.B. (2012).	Wilson, Z.S., Holmes, L., DeGravelles, K., Sylvain, M.R., Batiste, L., Johnson, M., McGuire, S.Y., Pang, S.S. & Warner, I.M. (2011).

Database: Google Scholar **Search Keywords:** Student peer mentoring = 207 + + 2010-2012 = 80 **Author's Keywords:** Mentoring, peer mentoring, tutoring	**Database:** CINAHL **Search Keywords**: Mentor training = 2862 + Implementation = 120 + Full text 69 + 2008-2012 = 34 **Author's Keywords:** Evidence-based practice, mentors, mentorship, program, nursing, quasi-experiment	**Database:** CINAHL **Search Keywords:** Student Mentors = 5101 + Full text = 2557 + 2008-2012 = 1055 **Author's Keywords:** First-generation college students, mentoring, memorable messages, teacher-student relationship	**Database:** CINAHL **Search Keywords:** Undergraduate peer mentoring =48 **Author's Keywords:** Cultural capital, growth and development, holistic model, peer mentoring, protégé, undergraduate	**Database:** CINAHL **Search Keywords:** Retention undergraduate = 978 + Mentoring =42. **Author's Keywords:** Under-represented, retention, mentoring, undergraduate research, STEM, graduation rate
Qualitative design.	Quasi-experimental mixed methods.	Qualitative design.	Qualitative design.	Qualitative design.
Number of References: 66 **Level of Evidence:** V	**Number of References:** 45 **Level of Evidence:** III	**Number of References**: 77 **Level of Evidence**: V	**Number of References:** 34 **Level of Evidence:** V	**Number of References**: 57 **Level of Evidence:** IV

Study Aim: To investigate the elements of peer mentoring and peer tutoring programs across a multi-campus university. **Purpose:** To form a basis to plan future peer mentoring programs across the university.	**Study Aim:** To increase implementation of evidence-based practice into the clinical environment. **Purpose:** To report the effectiveness of a structured multifaceted mentorship program designed to implement evidence-based practice in a clinical research intensive environment.	**Study Aim:** First-generation and the memorable messages that they receive from their mentors. **Purpose:** To extend previous work in socialization and memorable messages research to include the understanding of competing college and family situations.	**Study Aim:** To foster a community of intense, nurturing relationships between junior/senior peer mentors and freshman/sophomore protégés. **Purpose:** To understand the ways in which undergraduates grew and developed through participation in a holistic peer mentoring experience.	**Study Aim:** Less than half the students who enter science, technology, engineering and mathematics as freshman actually graduate. The study is to evaluate the success of LSU-HHMI professors Program retention success of students in science, technology, engineering and mathematics (STEM) fields. **Purpose:** To increase retention of students in STEM.

Population: Employees of the university. **Sample Size:** N = 30. **Criteria:** Employees from the university those were either currently or had previously been involved in the development, implementation and co-ordination of mentoring programs within their departments or faculties. **Power**: No power is listed.	**Population:** Nurses. **Sample Size:** N = 159; 94 individuals in evidenced based practice (EBP) workshop and 65 in non-workshop group. **Criteria:** Nurse managers, senior clinical staff, executive staff clinical educators, nurse researchers, and leaders in Shared Governance Nursing Practice Council. **Power:** Cronbach's alpha coefficient0.93 to 0.94.	**Population:** First generation undergraduate students. **Sample Size:** N = 30. **Criteria**: Students that were 19 years of age or older and met the United States Department of Education's definition of First Generation College (FGC) student. **Power:** No power is listed.	**Population:** Undergraduate students. **Sample Size:** N = 26 mentors, N = 74 protégés. **Criteria:** Mentors had to have at least a 2.5 Grade point average, good interpersonal skills and a desire to foster undergraduates. Protégés had to have at least one mid-term grade of less than C during the fall semester. **Power:** No power is listed.	**Population**: Students in LSU-HHMI mentoring program. **Sample Size**: N = There was not a specific number given; nearly one hundred. **Criteria**: Underperformance in the first year of STEM undergraduate study. **Power:** No power is listed.

Methods: Semi-structured interviews based on 6 broad questions. **Study Appraisal:** A total of 17 interviews were conducted on 4 regional campuses with eight interviews conducted at the urban campus. **Synthesis Methods:** Interviews were evaluated by reoccurring themes and differences.	**Methods:** Nurses enrolled in EBP mentorship program and random sample not registered were invited to fill out survey monkey. **Study Appraisal:** Post-test was administered at 8 months using a 25 item scale that measured organizational culture and readiness. A 2nd 16 item scale measured individual's beliefs about value. Implementation scale measuring frequency of using scale. **Synthesis Methods:** Qualitative analysis included descriptive statistics, Pearson's r, correlational tests, and parametric tests for between-group differences.	**Methods:** In-depth, semi structured responsive interviews. **Study Appraisal:** 467 pages of transcripts were analyzed for emergent themes. **Synthesis Methods:** Used theoretical saturation as the measure of completeness rather than a specific number of interviews.	**Methods:** Mentors used progress tracking form and several times included progress towards protégés goal attainment. **Study Appraisal:** Using grounded theory approach with three sources of data including reflective journaling, post intervention survey on Likert-type scale, and observation. **Synthesis Methods:** Tracking form data as reflective of mentors' assessment and progress of protégés made on goals. Two colleagues not associated with study performed separate inter-coder checks of reliability.	**Methods:** Examination of retention data. **Study Appraisal:** LSU-HHMI was compared to two non-participating undergraduates within LSU and the nation's colleges and universities for STED data was analyzed prior to mentoring program and after implementation of mentoring program student's retention rates. **Synthesis Methods:** Meta-analysis between three factors that are included in the mentoring program and the comparison made between students in the LSU program and students not in the program.

Primary Outcome Measures: There is a difference between peer mentoring and peer tutoring and these two types of programs need to be distinguished in future integrated models. **Results:** Mentoring programs need to be designed with a great deal of rigor, be well-planned, well-resourced and sustainable.	**Primary Outcome Measures:** Clinical specialists followed by the nurse managers had the most knowledge of EBP. **Results:** Participation in an evidence-based practice mentorship program had positive effects on nurses' perceptions of their evidence-based practice, their evidence-based beliefs and evidence-based practice implementation.	**Primary Outcome Measures:** Five themes emerged from mentees about college including pursing academic success, valuing school, increasing future potential, making decisions, and support and encouragement and three messages about family. **Results:** Several mentor and mentee relationships grew to consider the mentor part as an additional family member.	**Primary Outcome Measures:** 22 unique patterns of protégé growth emerged including increased academic skills, decision-making skills, connectedness to others and physical well-being. **Results:** Protégé growth themes may have value in helping to understand how the mentoring experience can affect the academic confidence, social integration and personal growth of an early undergraduate student.	**Primary Outcome Measures:** Graduation rates for LSU-HHMI STEM students enrolled in the mentoring program was 76.7% compared to STEM students not enrolled in mentoring program at 55.9%. **Results:** Retention rates within LSU-HHMI STEM students increased dramatically.
Funding: No funding source was identified.	**Funding:** National Institutes of Health Clinical Center Intramural Research Program.	**Funding:** No funding source was identified.	**Funding:** No funding source was identified.	**Funding:** Howard Hughes Medical Institute (HHMI) Professor's Award and HHMI Professors Program at Louisiana State University.

Author's Conclusion: There is strong evidence to support peer mentoring in a university setting, however, there is a wide variety of opportunities that are perhaps being missed by underutilizing the potential programs currently in place. Many learning activities are uncoordinated. **Implications of Key Findings:** Integration and coordination of peer mentoring activities may increase the capabilities to meet student's learning needs.	**Author's Conclusion:** Findings indicate that an EBP mentorship program comprised of a series of intensive workshops with ongoing EBP skills building activities can have positive effects on nurse's perceptions. **Implications of Key Findings:** A multifaceted evidence-based practice mentorship program may have lasting positive effects on nurse' perceptions of organizational culture, their beliefs about evidence-based practice and its implementation into practice.	**Author's Conclusion:** The study identified five memorable messages about college and three memorable messages about family. First Generation College student discussed both types of messages. Through college, family messages were often encouraging and supportive but could prove to be competing and contradictory. **Implications of Key Findings:** Undergraduate students come with a variety of factors that can have an effect on the success or failure of academia. Programs and services available to assist students in handling external factors.	**Author's Conclusion:** Holistic mentoring experience provided a broad schema of ways in which early undergraduates might grow when mentor program is designed to be broadly and organically responsive to individualized needs. **Implications of Key Findings:** A holistic peer-mentoring experience potentially has great value in extending not only individualized academic encouragement but perhaps even more importantly, critical support for social integration, cultural capital, and personal growth to students from high risk populations.	**Author's Conclusion:** Increased meta-cognitive sophistication and mentoring play critical roles in helping students to successfully complete their undergraduate studies. **Implications of Key Findings:** Through well-designed mentoring programs students develop constructive strategies for enhancing their higher-order thinking skills which help them to appreciate their self-identify with the potential of meaningful contributions to their disciplines.

Strengths: Open-ended questions were asked with a variety of answers. Numerous quotes were cited from participants. **Limitations:** Study was conducted by interviews. The literature did not mention how the information was recorded and interpreted.	**Strengths:** The study is well supported with literature and the instruments that were used in measurement had a strong reliability factor. **Limitations:** Generalization of the results of this study is limited because the mentorship program group was a non-random sample that was restricted to nursing leadership and shared governance staff leaders.	**Strengths:** Provided a detailed understanding of how mentors communicate memorable messages about college and family to FGC students. **Limitations:** The only population was the FGC student's perspective but other students are in transition. In addition a retrospective view of memorable message could capture how mentoring relationship is built over time.	**Strengths:** Variety of methods was utilized to gain information. Numerous cultures are included in study. **Limitations:** The nature of the analyses was qualitative and the sample size was small. The results only mentioned benefits to protégés and not to mentors.	**Strengths:** Implementation of program increased retention rates from 32%-35% per year to 62%. Number of references utilized was great. **Limitations:** Study was completed at one university within one particular program; the Howard Hughes Medical Institute (HHMI). In addition no statistics to the actual population size was provided.
Comments: Great support for mentor program including challenges and barriers to implementation.	**Comments:** Great support of the difference that a mentor program can have on self-efficacy.	**Comments:** Great support for mentors and their relationship with mentee.	**Comments:** Protégés made significant progress at achieving their self-established goals by having a mentor. Great support for the difference that mentors make.	**Comments:** Great support for a mentor training program and implications mentor program can have on retention rates.

Reference

Systematic Review Evidence Table Format [adapted with permission from Thompson, C. (2011).

Appendix B

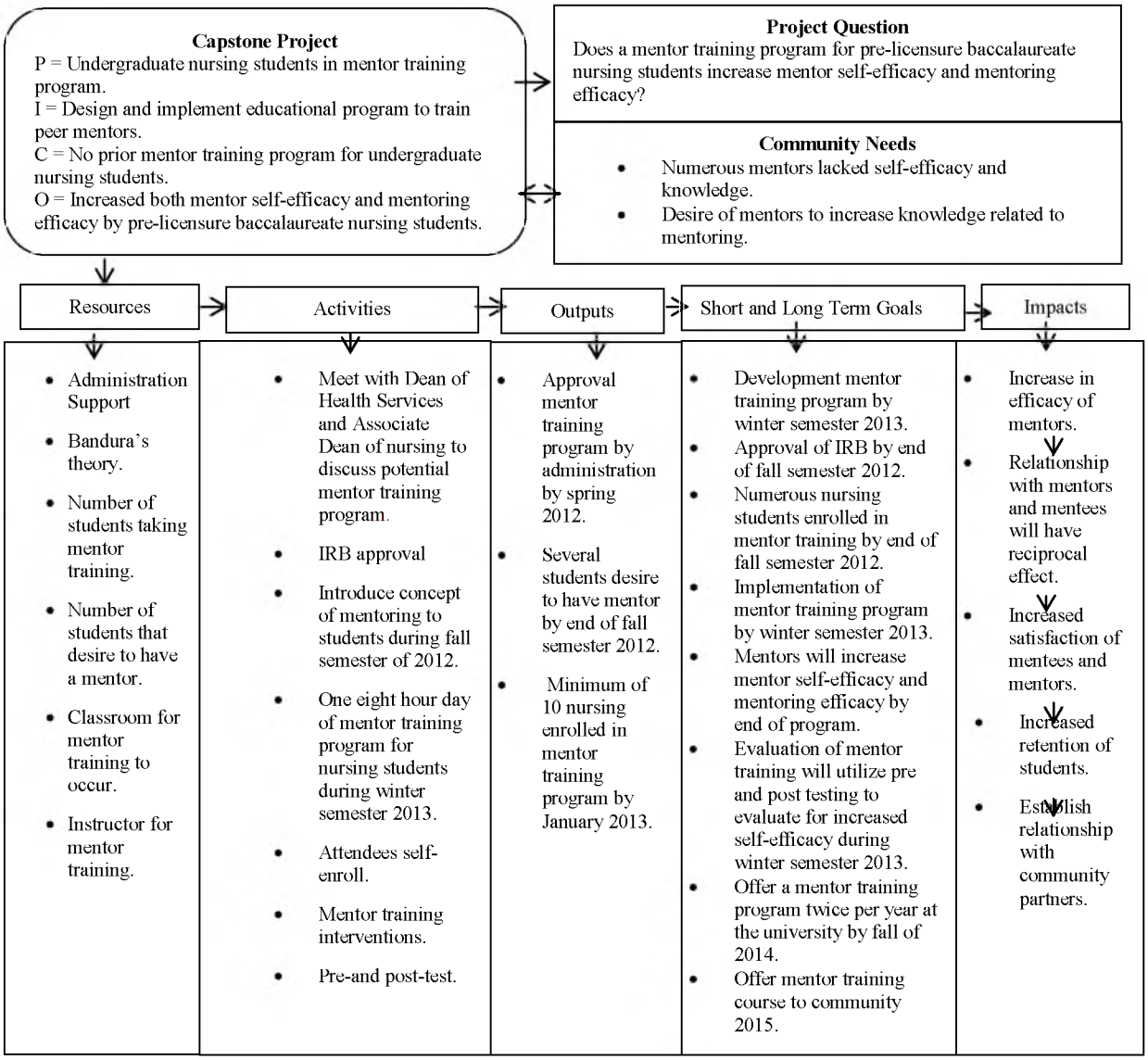
Proposed Budget

Resource	Cost of Resources	Total Budget
Mentor training program handout – includes folder, copy costs, and dividers.	$12.00 per student x 40	$480
Classroom facility.	8 hours	$600
Instructor wages.	8 hours	$320
Technical support.	1 hour	$22
Statistics Software SPSS version 21	Software program – one time download.	$100
Statistician consult	4 hours	$280
Total cost.		$1802

Source: Bureau of Labor Statistics, 2013; Midwestern University Data Book, 2012; Pay Scale, 2013; Statistical Package for Social Sciences, 2011.

Appendix C

Logic Model



Appendix D

Mentor Efficacy Scale (MES) Tool

Strongly Agree (SA) Agree (A) Uncertain (UN) Disagree (D) Strongly Disagree (SD)

1. If a mentee is struggling, it is most often related to a lack of effective mentoring.	SA A UN D SD
2. I have problems facilitating my mentees understanding of their responsibilities as a student.	SA A UN D SD
3. I can easily articulate the beliefs which underlie my mentor practice when I talk with my mentee.	SA A UN D SD
4. The lack of mentee support during a nursing program can be improved through good mentoring.	SA A UN D SD
5. I'm not sure how to work with a mentee to identify a starting point for their need.	SA A UN D SD
6. I can connect my mentee with crucial resources.	SA A UN D SD
7. When conferring, I am able to promote my mentee's own problem solving through good use of questioning.	SA A UN D SD
8. When my mentee has a university related concern, I am able to facilitate their understanding and problem solving ability.	SA A UN D SD
9. I have the necessary skills to be an effective mentor?	SA A UN D SD
10. The inadequacy of a mentee's organizational skill can be assessed through proficient mentoring.	SA A UN D SD
11. I am able to assist my mentee in perceiving their professional growth.	SA A UN D SD
12. I can use my knowledge of the concepts of mentoring and nursing practice in support of my mentee.	SA A UN D SD
13. I am continually finding better ways to be a mentor to my mentee.	SA A UN D SD
14. I usually welcome my mentee's questions.	SA A UN D SD
15. When I observe my mentee, I find it difficult to analyze what is happening.	SA A UN D SD

16. When mentees talk with me, I use good listening skill.	SA A UN D SD
17. Mentees effectiveness is directly related to the mentor's support.	SA A UN D SD
18. I don't know how to facilitate my mentee's own reflection for growth.	SA A UN D SD
19. Mentors are generally responsible for the growth of their mentee.	SA A UN D SD
20. I am not very effective in monitoring my mentees growth.	SA A UN D SD
21. If a faculty member commented that the mentee is well acquainted with the course materials, it would probably be due to the performance of the mentee's mentor.	SA A UN D SD
22. I struggle when I try to acknowledge the accomplishments of my mentee.	SA A UN D SD
23. I can communicate with my mentee how our relationship has promoted my own professional growth.	SA A UN D SD
24. I have difficulty managing my time so that I am available to my mentee.	SA A UN D SD
25. When a mentee does better than usual in a course, it is often because the mentor exerted a little extra effort.	SA A UN D SD
26. Effective mentoring contributes to a mentee's academic progression.	SA A UN D SD
27. A mentees understanding of a course can be developed through good mentoring.	SA A UN D SD
28. Every mentee can make incremental steps toward being a professional given effective mentoring.	SA A UN D SD
29. If mentees are unaware of their accomplishments, it may be due to inadequate mentoring.	SA A UN D SD
30. Mentors haven't done their job if their assigned mentee has little understanding of the College of Health Profession Student Handbook.	SA A UN D SD

Scoring the MES

(SA) Strongly Agree = 5, A (Agree) = 4, UN (Uncertain) = 3, D (Disagree) = 2, SD (Strongly Disagree) = 1

Step 2: The items listed below must be scored in reverse. Reverse scoring of the following items will result in high scores for those high in self-efficacy and outcome expectancy beliefs and low scores for those low in self-efficacy and outcome expectancy beliefs.

Item 2
Item 5
Item 15
Item 18
Item 20
Item 22
Item 24

Step 3: Items for self-efficacy and outcome expectancy beliefs are randomly scattered throughout the MES. The following items are designed to measure beliefs of self-efficacy;

Item 2
Item 3
Item 5
Item 6
Item 7
Item 8
Item 9
Item 11
Item 12
Item 13
Item 14
Item 15
Item 16
Item 18
Item 20
Item 22
Item 23
Item 24

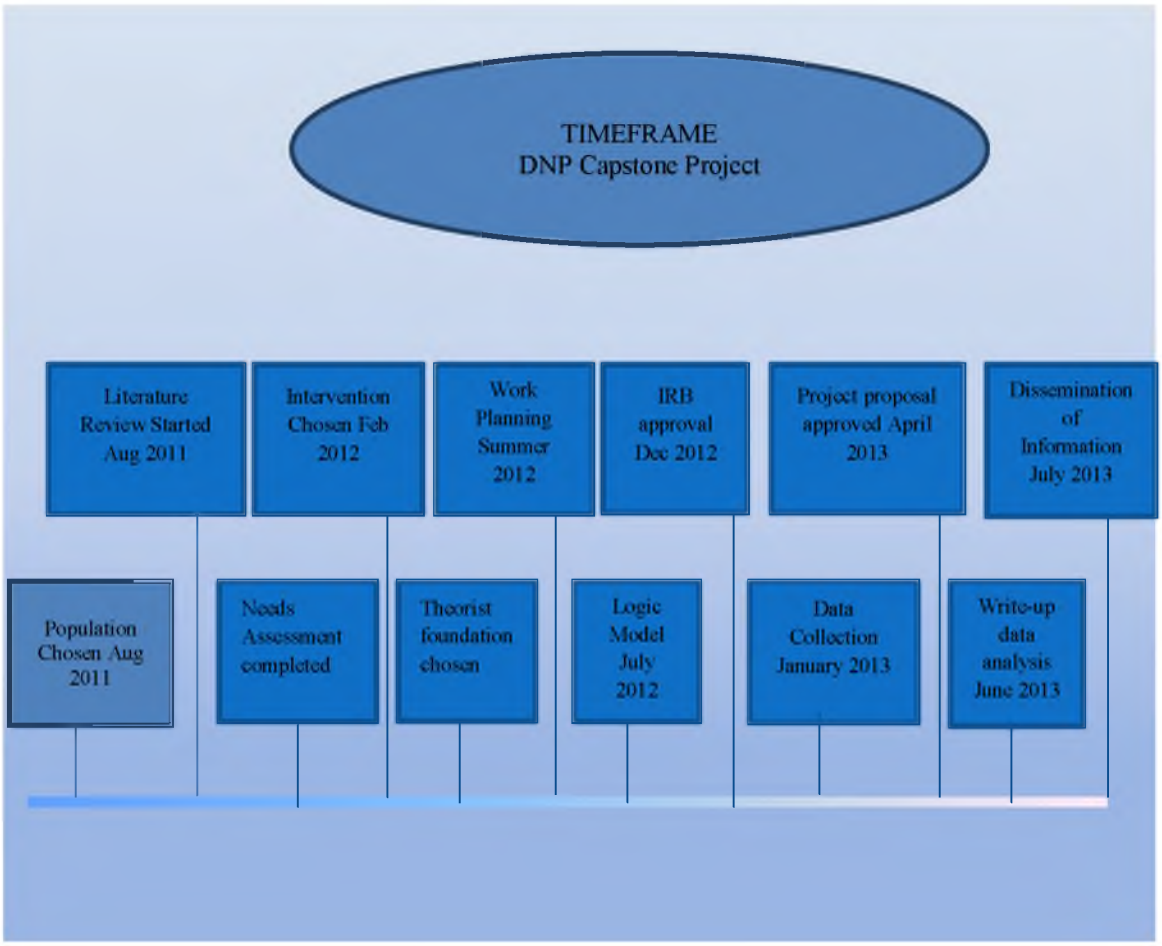
The following items are designed to measure beliefs of outcome expectancy:

Item 1
Item 4
Item 10
Item 17
Item 19
Item 21
Item 25
Item 26
Item 27
Item 28
Item 29
Item 30

Riggs, I. (2000). The impact of training and induction activities upon mentors as indicated through measurement of mentor self-efficacy. Adapted with permission of author. Retrieved from http://www.eric.ed.gov/contentdelivery/servlet/ERICServlet?accno=ED442639

Appendix E

Timeframe DNP Capstone Project



Appendix F

MENTOR TRAINING PROGRAM

WELCOME

Thank You For Your
Interest in Making a Difference

Mentor Training Program

8:00 – 8:30	Welcome and Introductions
8:30 - 9:15	Instructions and Capstone Project (Part I)
9:15 – 10:15	Session I - Defining the Word “Mentor”
10:15-10:30	Break
10:30-11:30	Session II - Introduction to Learning Styles
11:30-12:30	Lunch
12:30-1:30	Session III - Listening Techniques
1:30-2:15	Session IV - Becoming What Your Mentee Needs
2:15-2:30	Break
2:30-3:30	Session V - Overcoming Obstacles
3:30-4:15	Session VI - Putting it All Together
4:15 – 5:00	Evaluations - Capstone Project (Part II)

Mentor Training Program

Mission:

To increase both mentor self-efficacy and mentoring efficacy by pre-licensure baccalaureate nursing students.

Vision:

To build a community of passionate, educated individuals who are committed to success of their peers at Davenport University and to be a resource who provides extra guidance and support to individuals who are in need.

Objective:

- To increase mentor self-efficacy and mentoring efficacy.

Activities:

- Verbalize the meaning of the term "mentor" through active discussions and self-reflections.
- Demonstrate the qualities of a good mentor.
- Demonstrate strategies to assist individuals to learn with different learning styles.
- Demonstrate effective communication techniques.
- Demonstration of methods to overcome challenges in mentoring.

"If you have no confidence in self, you are twice defeated in the race of life. With confidence, you have won even before you have started."

Marcus Garvey

Reference:

Fikes, R. (2009). They said it could/couldn't be done: Quoted speculation on the possibility of a black president, 1920-2008. *Western Journal of Black Studies*, *33*(3), 176-185.

Session I

Defining The Word Mentor

What Does a Mentor Look Like?

Session One

I am not sure what motivated you to participate in this mentor training. Perhaps you have your own mentoring story – someone once invested in you and you know the value of a good mentor. On the other hand, your motivation may be the opposite. Perhaps you never received the benefit of a good mentor and now you want to make sure that doesn't happen to any peers on your campus. Whatever your motivation, I am glad that you devoted today to getting ready.

Discussion: Talk about your past mentors. Did anyone spend time with you? What happened?

Reflection: What is your motivation for taking part in this preparation process?

ACTIVITY: 1 – Find one partner in this room. Pair up and choose one person to be blindfolded. The person not blindfolded has to tell their partner how to maneuver around the room.

Discussion:

- What did it feel like to be blindfolded and have to rely on your partner?

- What did it feel like to direct the blindfolded partner?

The Great Need on Campus

I believe that mentoring is becoming no longer a mere luxury among a few students today. Mentoring is an essential element for students to not only survive, but to thrive in the world they are entering. They need the wisdom and encouragement that mentors can bring to them.

The Focus of a Mentor

Often we fail to mentor because we are fuzzy about what the act for mentoring looks like. Just, what does a mentor do? What expectations must we fulfill? How do we act? How committed must we be? We must consider the cost of mentoring someone well.

Jim and Derrick Redmond (Video Clip)

Jim Redmond provides a picture of what an effective mentor looks likes.

Discussion: What does it mean to help a mentee "finish their race well?"

Becoming a River, Not a Flood

The first job of a mentor is to focus the journey in your mentoring relationship. We must become a "river" not a flood. We must say "no" in order to flow.

Discussion: What does this mean you must do, as a mentor?

Discussion: What does this mean you must prevent as a mentor?

Discussion: How do you "focus" yet remain flexible?

Sometimes relationships become stagnant. Mentoring relationships are meant to flow in a particular direction. While the issues will likely originate with the mentee- the flow is up to the mentor.

The Tasks of a Mentor:

There are 5 primary tasks that mentors should fulfill as they invest in their mentee.

1. Discover their Strengths.

Discussion: What are some ways you can help them do this?

2. Develop their Character.

Discussion: What are some ways you can help them do this?

3. Determine their Focus.

Discussion: What are some ways you can help them do this?

4. Discern their Blind Spots.

Discussion: What are some ways you can help them do this?

5. Close the gap between their potential and performance.

Discussion: What are some ways you can help them do this?

Let's Go to the Movies

Over the years, Hollywood has produced a number of films that move audiences because they provide stories of mentors and mentees. Even when the word "mentor" is not used, we still feel the emotion of it because the story contains some developmental relationship where one person empowers another person along the way. Some examples are:

- Stand and Deliver
- Dead Poet's Society
- Karate Kid
- Finding Forrester
- Lead the Way
- Mr. Holland's Opus

Discussion: What are some current examples of films or programs containing a life-changing mentor?

Reflection Question: Name one adult who had influence in your life during your childhood.

Reflection Question: What qualities in that adult's life gave them such influence in yours?

Reference

Lifelines. (2012). *Becoming the life-giving mentor your students need*. With permission author. Retrieved from www.growingleaders.com

You are Serving as a Peer Mentor When:

- You help your students (peer) achieve the potential within them that is hidden to others — and perhaps even to the students (peer) themselves.

- You share stories with students (peer) about your own educational career and the ways you overcame obstacles similar to theirs.

- You help students (peer) overcome their fear of a professor and help them to ask questions in a class or visit the professor during office hours.

- You show your students (peer) how you were taught time management in order to do well in your classes.

- You listen to a student (peer) describe a personal problem and explore resources at the university to deal with the problem.

- You help a student (peer) understand a particularly tough bureaucratic rule or procedure — and you explain it in a way that the student (peer) is willing to come back to you to learn about other difficult regulations.

- You help a peer understand how to use resources at the university, such as the Learning Resource Center, Counseling Center, or Library Services.

- You know more about a student's (peer's) academic performance than what they tell you.

- Support for your student (peer): emotional, physical, instructional, and institutional.

- Creating challenge for students (peers) by engaging in goal-setting and goal-driven conversations.

At some time over the duration of the relationship a mentor will probably fulfill most of the following:

- Teacher/educator
- Confidante
- Counselor
- Motivator
- Facilitator
- Coach
- Friend
- Critic
- Guide
- Sounding board
- Devil's advocate
- Learning consultant
- Problem-solver
- Protector
- Role-model
- Target setter
- Energizer
- Expert
- Diagnostician
- Interpreter
- Time manager
- Planner
- Others_____

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

Benefits of Being a Mentor and Mentee

Mentor	Mentee
• Improves awareness of own learning gaps. • Develops ability to give and take criticism. • Develops up-to-date professional knowledge. • Offers networking opportunities. • Improves leadership and communication skills. • Develops ability to challenge, stimulate, and reflect. • Raises profile within profession. • Increases student satisfaction. • Offers opportunity to pass knowledge and experience to peer. • Provides stimulation. • May offer career opportunities. • Cultivates relationships.	• Develops learning, analytical, and reflective skills. • Develops professional knowledge. • Develops own practice of nursing. • Develops or reinforces self-confidence and willingness to take risks. • Develops ability to accept criticism. • Support through transition. • May accelerate professional development. • Develops autonomy and independence. • Increases maturity. • Broadens horizons. • Increases student satisfaction. • Reduces reality shock. • Offers opportunities for effective role modeling. • Encourages ongoing learning and developing and identifying learning opportunities. • Develops peer relationships. • Offers individualized one-to-one teaching and opportunities for experiential learning. • Offers help with problem solving.

Reference:

McKimm, J., Jollie, C. & Hatter, M. (2007). Mentoring: Theory and practice. *Preparedness to Practice Project*. Retrieved from http://www.faculty.londondeanery.ac.uk/e-learning/explore-further/e-learning/feedback/files/Mentoring_Theory_and_Practice.pdf

Characteristics of a Good Mentor and Mentee

Qualities of Mentor	Characteristics of a Good Mentee
• Good interpersonal skills • Objectivity • Role model • Flexibility • Peer respect • Demonstrate competence • Reflective • Non-threatening attitude • Facilitator of learning • Allowing the development of initiative and independence • Open mindedness • Approachability • Self-confidence and self-awareness • Advocacy • Sincerity • Warmth • Commitment • Understanding • Ability to set learning objectives • Provide objective assessment • Trustworthy • Willingness to devote time	• Willing to learn and develop • Willing to participate • Intelligent and learn quickly • Ambitious • Keen to succeed • Able to accept power and risk • Loyal • Committed • Conscientious • Able to develop alliances • Flexible and adaptable • Self-aware • Well organized • Able to accept a challenge • Able to receive constructive feedback

Reference

McKimm, J., Jollie, C. & Hatter, M. (2007). Mentoring: Theory and practice. *Preparedness to Practice Project*. Retrieved from http://www.faculty.londondeanery.ac.uk/e-learning/explore-further/e-learning/feedback/files/Mentoring_Theory_and_Practice.pdf

Role of a Peer Mentor

What is a peer mentor?

A peer mentor serves as a resource—a helping hand, a sounding board, a referral service, providing both personal and professional support for students in the early stages of an undergraduate program. A good mentor will be familiar with the college of health handbook, rules, expectations and procedures, and, in the event the mentor cannot answer a specific question, be able to direct peers to those more knowledgeable. Although peer mentors are not expected to be equipped to deal with psychological crises, disputes with advisors, and other personal or degree-related issues beyond their training and expertise, they should be familiar with the people and services available to students who face these issues.

This handbook is designed to help peer mentors meet the needs of students in their department and navigate particular procedures specific to the peer mentoring program.

Specific aspects of the peer mentoring role:

COMMITMENT

Students who wish to become peer mentors are asked to commit to participation in a mentor training program that will be offered once per year in the winter semester. Ideally, peer mentors would commit for the entire academic year, gaining experience in their first semester and passing on that experience to new mentors in the second.

AVAILABILITY

Peer mentors are encouraged to be available in multiple ways, including offering students an email address and at least one phone number. The boundaries for home or cell phone calls can be set by each individual mentor. (For example, someone with young children may not want to be called late in the evening.) Basically, peer mentors will be asked to be accessible during reasonable hours. Some type of correspondence is required weekly; either by e-mail or in person. A minimum of a once a month face-to-face meeting is strongly recommended as class schedules permit.

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

Peer Mentoring Do's and Don'ts

Do

- Arrange to meet your mentees in a group following your initial introduction meeting (introduction meeting may be a visit to the class and presenting about yourself and the program, why you are there, etc.).
- Indicate openness to being a mentor. Be accessible to the mentee.
- Maintain clear, distinct boundaries with the mentee. Set clear expectations.
- Treat the mentee professionally and in an ethical fashion. Be thoughtful and sensitive about the mentee's feelings and time.
- Send an email to your mentees at least once a week.
- Ask about their experience to date of living and studying.
- Identify students who may be having difficulty.

Don't

- Turn into a counselor - if necessary refer them to the Student Affairs Department or the appropriate support within the college.
- Guarantee outcomes like "this will happen" or "you'll be fine".
- Be overbearing, your mentee is the decision maker, you are the guide.
- Take on more mentees than is realistically manageable.
- Impose your own ideas, values or solutions.
- Encourage dependency or over commit yourself time wise.
- Overstep the boundaries of your role by giving guidance or advice.
- Gossip about the mentee.
- Make personal requests of the mentee.

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

FAQ by Mentors

1. **How should I initiate contact with students, and how often?** If you are matched with a specific student or group of students, email or phone to ask when and if they would like to meet. At the first meeting you can discuss how often they would like to meet with you. You may suggest once a month, twice a semester, etc. We encourage all peer mentors to check in with their students at least once a month.

2. **What type of advice should I be prepared to give to students?** Students tend to ask how long it usually takes students in your department to complete a degree, what steps are necessary to complete a degree, things you have learned along the way towards completing your degree (perhaps things you might have done differently), how to deal with advisors, etc. You may also be asked about the more personal side of the college experience, like how to manage stress, cope with doubts about staying in school, balance relationships with work, live on a college student budget, etc.

3. **What do I do if the person I'm mentoring says that they think they might quit school?** Ask why! If it is something you have been through before talk about your experience. Find out if it is actually the program, the field of study, or the profession that they dislike, or if they are having emotional difficulty. In the latter case, a referral to counseling services may be the most appropriate response you can make.

4. **What should I do if I find that I may not be the best mentor for an assigned mentee?** If you feel as if you just don't click with a student, discuss the situation with your supervisor. Hopefully, you will get some idea as to who might better serve the student. You can then introduce the student to this other mentor and explain why the other mentor might be a great person to consult about a particular issue. It is probably best not to drop the student officially but just to let the transfer process happen as naturally as possible.

5. **What type of support network is available if I find that I am being asked questions for which I don't have ready answers? Also, what should I do if a time-sensitive problem comes up that I find I just don't have the time to deal with at the moment?** If you find yourself confronted with issues beyond your time demands or expertise, whether personal or professional, there are people you can go to. Your supervisor is the first step! They will then make sure you are being directed appropriately. For issues of a more personal nature, such as depression and anxiety, the Counseling service is a great resource.

6. **For how long will I be expected to mentor?** This will undoubtedly vary among the students in which you are assigned and choose. You might stick with some students for their entire university career, while others might not ask for mentoring advice after their first year; other students may connect with other mentors as their needs and interests change. The minimum commitment we ask for is for a semester during which you might be involved with different students at different times. Ideally, each mentor would commit for at least two years so they can remain a resource for new peer mentors.

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

FAQ by Mentees

1. **What types of assistance should mentors be able to provide?** One of the great things about peer mentors is that they have had experience being in your program. This means that they can give advice on coursework, research projects, important degree milestones and their timelines, professional protocol, etc. They know what it's like to deal with the confusion, uncertainty, and stress of college. They are there to listen to you with friendly and sympathetic ears!

2. **How much is too much to ask of a mentor, in terms of time devoted to me?** The best way to answer this question is to think about how you would feel in their place. Mentors have volunteered to serve as resources for their peers. Whenever you have a concern, it is fine to ask their advice, because that is why they are there. You may want to work out a somewhat regular meeting schedule that is convenient for both of you where you can share your questions. These meetings can be over lunch, coffee, or just in the library or nursing laboratory. If you feel a mentor is hard to interrupt, try email, which can be answered when time permits and can be followed up in person at a mutually convenient time.

3. **Should I seek help from another mentor if I don't think an assigned mentor is best able to help me?** It is certainly fine to build connections with other mentors; this is exactly what the peer mentor program is for! It is likely that, as you progress in your program, you will meet new people, your interests will change, etc. This may mean that you find other students or mentors that you go to more often for advice, and there is no problem with that. You might just mention to your mentor that you've met others with whom you have some common ground, so that your mentor won't worry about you.

4. **What can a peer mentor offer beyond any other college students I interact with (in my lab, classes, etc.)?** A peer mentor by no means replaces these other students you know and from whom you get advice. A peer mentor is just one more person in your support network during your college career. Having a peer mentor to talk to who is not involved with your advisor or your classroom can be beneficial in obtaining an outside, confidential perspective. For instance, there may be times when you don't feel comfortable talking to someone in your class about problems you could be having with your professor. In addition, peer mentors are trained to be "experts" in university and department policies and resources, which may be valuable to you at several milestones in your college career. They can also refer you to the right office or person on campus when an issue is beyond their expertise.

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

Session II Learning Styles

Left Brain vs. Right Brain

Objective:

1. Discern participant's neurological preference and how this impacts one's learning.

2. Provide relevant and applicable tips to maximize the classroom experience regardless of style.

3. Glean a better understanding of our students and how our style affects their learning.

Bonus: Have some Fun!

Assessment Activity

Answer A

Answer B

1. Are you usually running late for class or other appointments?
a. No
b. Yes

2. When taking a test do you prefer that questions be
a. Objective (true/false, multiple choice, matching)
b. Subjective (discussion or essay questions)

3. When making decisions
a. You carefully weight each option
b. You go with your gut feeling – what I feel is right?

4. When relating an event to a friend
a. You tell many details before telling the conclusion
b. You go straight to the main point and then fill in details

5. Do you have a place for everything and everything in a place?
a. Yes
b. No

6. When faced with a major change in life, you are
a. Terrified
b. Excited

7. Your work style is like this
a. You concentrate on one task at a time until it is complete
b. You usually juggle several things at once

8. Can you tell approximately how much time has passed without a watch?
a. Yes
b. No

9. Which is easier for you to understand?
a. Geometry
b. Algebra

10. It is easier for you to remember people's names or to remember people's faces?
a. Names
b. Faces

11. When learning a new piece of equipment
a. Carefully read instruction manual before beginning
b. You jump in and wing it. (Manual is last resort)

12. When someone is speaking, do you respond to
a. What is being said (words)
b. How it is being said (tone, volume, emotion)

13. When speaking do you use few or many gestures?
a. Few (very seldom use hands when you talk)
b. Many (couldn't talk with hands tied)

14. What is your desk, work area, etc. like?
a. Neat and organized
b. Cluttered with stuff I might need

15. When asked your opinion, you
a. Think before you speak
b. Immediately say what's on your mind (foot in mouth)

16. Do you do your best thinking sitting at your desk or walking around or lying down?
a. Sitting
b. Walking around or lying down

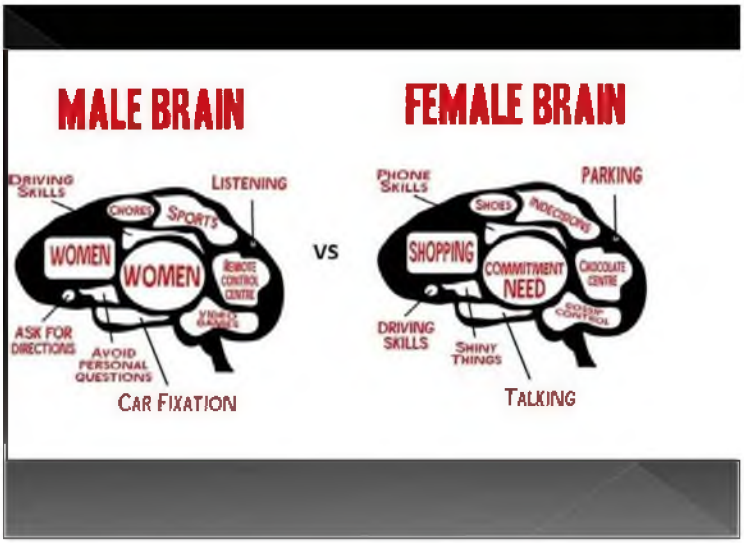
17. When reading a magazine do you?
a. Start at page one and read in sequential order
b. Jump in wherever looks more interesting

18. When you're shopping and see something you want to buy
a. You save up until you have the money
b. You charge it

19. If you were hanging a picture on a wall, you would
b. carefully measure to be sure it is centered and straight.
a. put it where it looks right and move it if necessary.

Rationale

Our dominant preference guides the way we teach our courses. An understanding of our own "neurological style" and a better understanding of learning styles enhances the quality of instruction (Madrazo & Motz, 2005)



Dominance

Left Brain Processing	Right Brain Processing
Linear	Holistic
Sequential	Random
Logical	Intuitive

Dominance cont.

Left Brain Processing	Right Brain Processing
Symbolic	Concrete
Verbal	Nonverbal
Reality-Based	Fantasy-Oriented

Left Dominance
Student and Teacher

- Generally prefer lecture and discussion
- Follow a sequence, outline, and adheres to time schedules
- Prefer a more quiet and structured class
- Appreciate organization and specific directions
- Respect a thorough and detailed syllabus

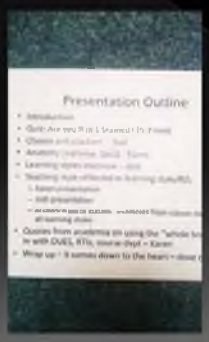
Right Dominance
Student and Teacher

- Generally prefer hands on activities
- See the whole picture and provide more visuals
- Not as structured or time conscious
- Creative and intuitive
- Perform at higher level if emotionally involved

Theoretical Foundation

Educators bode well in applying multiple strategies for oral and written communication. The best teaching strategies cater to the various learning styles and diversity of learners (Tileston 2000).

Our Teaching Style is reflective of Our Own Learning Style



Left Brain Teaching Style

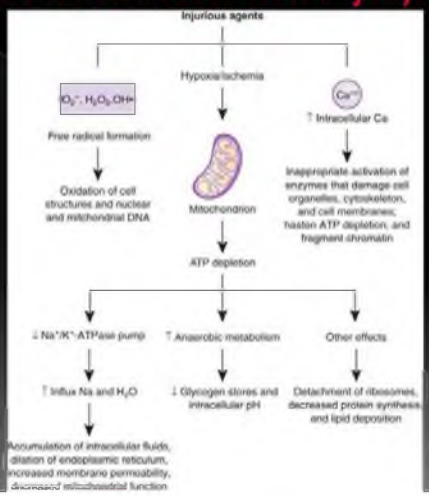
Luckily, it has improved from this…
http://www.youtube.com/watch?v=ss2hULhXf04

Photograph: Joseph Rafferty/Getty Images

Objectives

- Describe cell changes that occur with atrophy, hypertrophy, hyperplasia, metaplasia, and dysplasia, and state general conditions under which these changes occur.
- Compare the pathogenesis and effects of dystrophic and metastatic calcifications.
- Describe the three major mechanisms whereby most injurious agents exert their effects.
- Differentiate cell death associated with apoptosis and necrosis.

Mechanisms of Cell Injury Fig 2-6



1. Hypoxia leads to ATP depletion

- Decreased tissue oxygen → Interrupts aerobic metabolism
- Causes
  - Respiratory disease
  - **Ischemia**
  - **Anemia**

Activity 1: Arrange concepts to form a flow chart of how damage is caused by ATP depletion.

Right Brain Teaching Style

Scavenger Hunt

Communication/Research Group Exercise

1. List your group member's names and email addresses.
2. List all of the Davenport University locations.
3. What are your group member's majors?
4. The library offers tutoring in what subjects?
5. Where is my office?
6. What is the name of the current President of DU?
7. What sports does DU currently compete in?
8. How much does a bottle of coke cost in the café downstairs?

10. Name all the sections of the Career Investigative Assignment.

11. In what year did Davenport begin?

12. At what point in your career here at DU can you take classes online?

13. Where is the financial aid office located?

14. In APA style… cite the Mindset book as a reference.

15. Get a signature from someone working in the library_____

16. Get a signature from someone working in the bookstore_____

17. Get a signature from someone at the front desk_____

18. Get a signature from someone working at the student center____

19. Does each member of your group deserve full credit for this assignment_____

Then Left Brain Helped Right Brain

2 are Better than 1

How Right Brain Improved with Left Brain Help

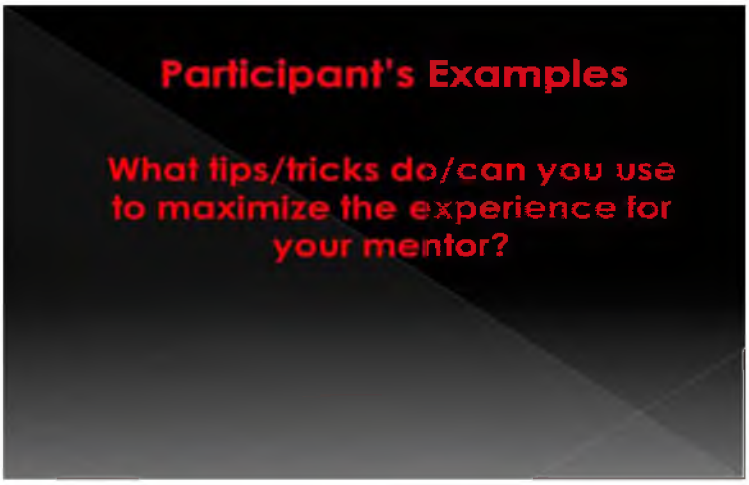
READING EXERCISE UTILIZING CAMPUS RESOURCES
INFORMATIONAL RETRIEVAL OPPORTUNITY

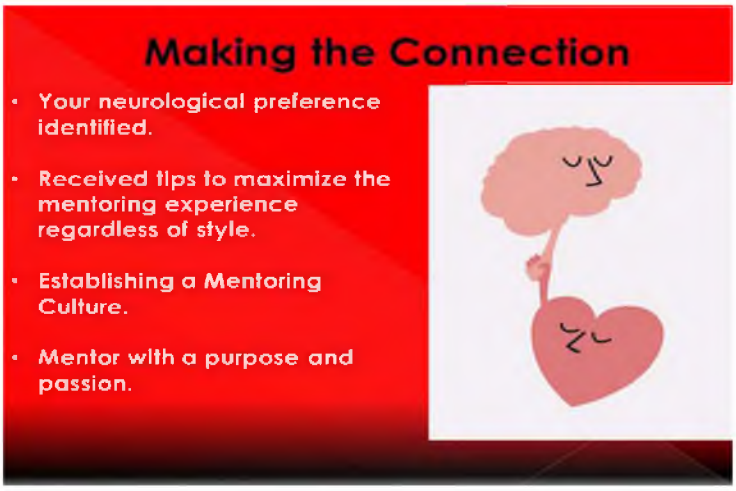
Description—This activity is designed to help you develop an appreciation of the college as a unique, stimulating, and enjoyable resource. It is similar to a scavenger hunt. The class will be divided into teams of three that have a set of questions or directives to answer. Prizes will be awarded to those who complete it correctly and most quickly. ***This group project is worth 40 points.***

Goals and objectives—Learn about a variety of college resources and build teamwork and communication skills.

Procedures—Team members are chosen randomly. You will have an opportunity to see how well you can work with others to accomplish a goal. Of course, those who do not do their own part of the work will jeopardize the team's chances of winning. This is a group effort requiring cooperation. You may decide to divide some activities; others require responses from each member of the team. There are a variety of ways to secure the necessary items of information, so creativity is encouraged.

Rules:
1. Each item must be responded to accurately and completely in order for your team to be considered for a prize. Errors in information will result in invalidation.
2. All items must be completed for your team to qualify for a prize.
3. Withholding materials or taking materials out of the library to make them unavailable to others will result in your team's disqualification.
4. The grand prize will be awarded to the group emailing to Dr. J the first accurately completed material. All decisions of the judge (me) will be final.





Reference

Midwestern Faculty. (August, 2012). Left vs right brain. Presented at *Teacher Learning Institute*. City, State.

What Is Your Learning Style?

Here are some questions you can ask yourself to help determine the learning style you prefer. The questions are organized by which modality (kinesthetic, visual and auditory) a person prefers for different learning tasks: taking in and organizing new information, decision making and remembering and creating.

Questions to determine the taking in and organizing preference:

1. I learn new information best by:

k ( ) Participating in an activity myself after a short explanation.
v ( ) Reading or looking at a diagram or demonstration.
a ( ) Listening to a lecture or spoken instructions.

2. When I am inactive but need to stay alert, I:

k ( ) Find ways to move.
v ( ) Stare, watch something, or doodle.
a ( ) Listen to sounds around me, hum, or talk to myself.

3. I have these qualities:

k ( ) Interact best by moving, doing, physical contact and hand-on activity.
v ( ) Connect with others through eye contact and need visual order.
a ( ) Interact easily by talking and like lectures and discussion.

4. The kind of language I most commonly use is:

k ( ) How do you feel about this, I can't grasp that, that is comfortable to me.
v ( ) Look at it this way, I just can't see the point, that is crystal clear to me.
a ( ) Can I tell you how I think about that, do you hear me, thought sounds right to me.

5. My emotions are apparent to others by:

k ( ) Muscular state and movement.
v ( ) Facial expression.
a ( ) Voice tone.

Questions to determine the decision making or sorting preference:

1. As part of my sorting process, I:

k ( ) Use my hands to find words.
v ( ) Use writing, drawing, or visual images to find words and feelings.
a ( ) Recall information through words such as a quote or the line of a song that fits the situation.

2. If I am trying to make a decision, it helps me to:

k ( ) Do something physical like go for a walk.
v ( ) Write, draw or look at nature.
a ( ) Speak to someone or listen to something.

3. I can do these things at the same time:

k ( ) Move or touch something and also feel emotions deeply.
v ( ) See things externally and also have inner visual images.
a ( ) Listen to external sounds and to own thoughts, listen to radio and read.

4. For me intimacy involves:

k ( ) Talking with feelings and fantasies or having total silence and eye contact.
v ( ) Seeing and being seen, especially deeply receiving someone with own eyes.
a ( ) Hearing and being heard, speaking slower to become more personal.

Questions to determine the remembering and creating preference:

1. It takes longer for me to access:

k ( ) Physical sensations.
v ( ) Visual images.
a ( ) Words and sounds.

2. A characteristic I have is:

k ( ) Disliking most physical competition and being able to sit still a long time.
v ( ) Becoming overwhelmed by visual detail ad disliking eye contact.
a ( ) Spacing out from lots of spoken words and navigating through questions.

3. Another quality I have is that I:

k ( ) Am relatively unaware of bodily sensations.
v ( ) Get lost in visual material.
a ( ) Get lost in conversation or listening to a lecture.

4. If I am listening to someone on the phone, I would be most distracted by:

k ( ) Someone putting their hand on my arm or massaging my shoulders.
v ( ) Someone giving me something they want me to read.
a ( ) someone asking me a question or playing loud music.

Reference

UC Santa Cruz Educational Partnership Center. (2011*). Peer mentor program curriculum*. Retrieved from http://ucscepc.org/UserFiles/File/Peer%20Mentor%20Curriculum%20%20UCSC%20Educational%20Partnership%20Center.pdf

Learning Style Strategies

Doing well in school involves receiving and organizing large amounts of new information, making decisions about how to use that information in school projects and exams and creating original papers or speeches with that information. Now that you know your primary learning style, there are some tips on how to accomplish these tasks in each modality.

Tips for receiving new information:

A – Listen to tapes or lectures if possible, tape yourself as you read aloud from books, discuss new information with others

K – Move your body while listening to or reading new material (doodle, play with clay, take notes, etc.), rewrite or verbalize new ideas you read or hear by using experiential language and personal examples as soon as possible

V – Read new material before hearing a lecture or discussing it, make notes, diagrams, outlines, etc. as you listen to or read new information, read in a neat environment without visual clutter.

Tips for making decisions about how to use new information

A – Discuss your ideas for projects with others, listen to relaxing music or nature sound while deciding what you want to write or speak about.

K – Go for a walk while deciding what you want to write or speak about, move your hands as you consider options for projects.

V – Write down all your ideas for projects, focus on a painting or beautiful scenery while deciding what you want to write or speak about.

Tips for creating original projects with new information

A – Ask yourself questions and write the answers to them; write or make your project in a very quiet place or while listening to instrumental music.

K – Move to different places around the room as you write or make your project; allow yourself lots of uninterrupted time for writing or making your project.

V – Write or make your project in place of visual beauty without clutter; let your eyes look all around and then write or make your project.

Reference

UC Santa Cruz Educational Partnership Center. (2011*). Peer mentor program curriculum*. Retrieved from http://ucsc-epc.org/UserFiles/File/Peer%20Mentor%20Curriculum%20-%20UCSC%20Educational%20Partnership%20Center.pdf

Session III

Listening Styles

LISTEN

When I ask you to listen to me and you start giving
Advice you have not done what I asked.

When I ask you to listen to me and you begin to tell me why
I shouldn't feel that way; you are trampling on my feelings.

When I ask you to listen to me, and you feel you have to do something
to solve my problems you have filed me, strange as that may seem.

LISTEN!! All I ask is that you listen, not talk or do – just hear me.
Advice is cheap: 60 cents will get you both Dear Abby and Billy Graham
in the same newspaper. And I can do for myself: I'm not helpless; maybe
Discouraged and faltering, but not helpless.

When you do something for me that I can and need to do for myself,
You contribute to my fear and weakness.

But, when you accept as a simple fact that I do feel, no matter how irrational,
Then I quit trying to convince you and get about the business of
Understanding what's behind the irrational feeling.
And when that's clear the answers are obvious and I don't need
Advice. Irrational feelings make sense when you understand
What's behind them.

Perhaps that's why prayer works, sometimes, for some people,
Because God listens and waits His turn.

So, please listen and just hear me. And if you want to talk,
Wait a minute for your turn, and then I'll listen to you.

-Anonymous

Reference

Canadian Mental Health Association. (2005). Peer support training manual. Retrieved from: http://www.schizophrenia.com/pdfs/psmanual.pdf

Active Listening

Active Listening

- Listening is one of the most important skills you can have.
- How well you listen has a major impact on your job effectiveness.
- Major impact on the quality of your relationships with others.

Why We Listen:

- We listen to obtain information.
- We listen to understand.
- We listen for enjoyment.
- We listen to learn.

Introduction to activity

Activity (A)

Activity (B)

Are We Good Listeners?

- *Sadly most of us are not.*
- Research suggests that we remember between 25 percent and 50 percent of what we hear.
- So....when you talk to your boss, colleagues, students or friends for 10 minutes, they pay attention to less than 5 minutes of the conversation.

You Personally...

- Turn it around and it reveals that when you are receiving directions or being presented with information, you aren't hearing the whole message either.
- If you are really hearing only 25-50 percent, are you "catching them most important stuff?

We Can All Benefit From Improving Our Listening Skills

- By becoming a better listener, you will improve your productivity, as well as your ability to influence, persuade and negotiate.
- You may also avoid conflict and misunderstandings.
- All of these are necessary for workplace success!

Becoming An Active Listener

- Make a conscious effort to hear not only the words that another person is saying but, more importantly, try to understand the complete message being sent.
- In order to do this you must pay attention to the other person very carefully.
- Don't become distracted, form counter arguments that you'll make when the other person stops speaking, get bored and lose focus

5 Key Elements to Help Solidify That *You Hear the Other Person, AND That the Other Person Knows you Are Actually Hearing what They Say.*

1. Pay Attention

- Give the speaker your undivided attention, and acknowledge the message. Non-verbal communication "speaks" loudly.
- Look at the speaker directly.
- Put aside distracting thoughts.
- Don't mentally prepare a rebuttal
- Avoid being distracted by environmental factors.
- "Listen" to the speaker's body language.
- Refrain from side conversations when listening in a group setting

2. Show That You're Listening

- Use your own body *language and gestures to convey your attention.*
- Nod occasionally.
- Smile and use other facial expressions.
- Note your posture and make sure it is open and inviting.
- Encourage the speaker to continue with small verbal comments like yes, and uh huh.

3. Provide Feedback

- Our personal filters, assumptions, judgments, and beliefs can distort what we hear.
- Paraphrasing. "What I'm hearing is." and "Sounds like you are saying."
- Ask questions to clarify certain points. "What do you mean when you say." "Is this what you mean?"
- Summarize the speaker's comments periodically.

4. Defer Judgment

- Interrupting is a waste of time. It frustrates the speaker and limits full understanding of the message.
- Allow the speaker to finish.
- Don't interrupt with counter arguments.

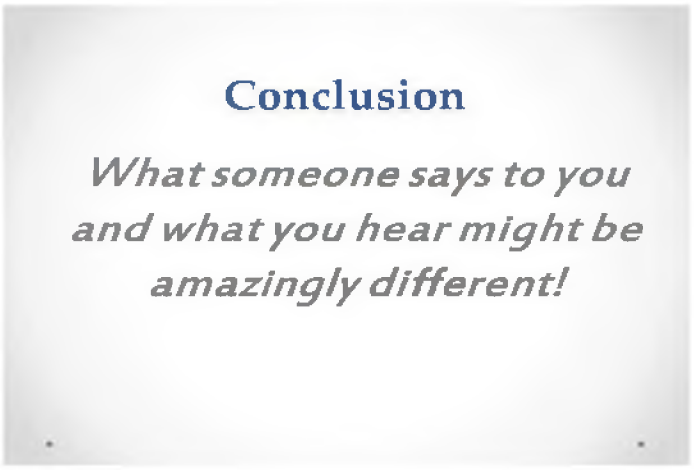
5. Respond Appropriately

- Active listening is a model for respect and understanding. You are gaining information and perspective.
- Be candid, open, and honest in your response.
- Assert your opinions respectfully.
- Treat the other person as he or she would want to be treated.

Key Points

- *It takes a lot of concentration and determination to be an active listener.*
- *Old habits are hard to break, and if your listening habits are as bad as many people's are, then there's a lot of habit-breaking to do!*

- *Be deliberate with your listening and remind yourself frequently that your goal is to truly hear what the other person is saying.*
- *Set aside all other thoughts and behaviors and concentrate on the message.*
- *Ask questions, reflect, and paraphrase to ensure you understand the message.*



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Midwestern Faculty. (September,2012). Active listening. Presented at Tutor Training for Midwestern University tutors. City, State.

International and Training Center for HIV. (2012). Basics of clinical mentoring. Retrieved from: http://www.go2itech.org/HTML/CM08/toolkit/training/print/PH/CM_PH.pdf

Building a Relationship with a Mentee

Building an effective relationship of mutual understanding and trust with the mentee is a critical component of effective mentoring. Mentors can establish rapport with their mentees by using effective interpersonal communication skills, actively building trust, and maintaining confidentiality. This document contains information and advice to help mentors build rapport and create positive relationships with mentees so that both parties can achieve the greatest benefit from the mentoring experience.

Interpersonal Communication

Interpersonal communication is a person-to-person, two-way, verbal and nonverbal sharing of information between two or more persons. In the context of clinical mentoring, good communication helps to develop a positive working relationship between the mentor and mentee by helping the mentee to better understand directions and feedback from the mentor, feel respected and understood, and be motivated to learn from the mentor. Mentees learn best from mentors who are sincere, approachable, and nonjudgmental. These qualities are communicated primarily by facial expressions, and, to a limited extent, by words. People often remember more about *how* a subject is communicated than the speaker's knowledge of the subject.

There are two types of communication: verbal and nonverbal. Verbal communication is the communication that occurs through spoken words. Nonverbal communication is when communication occurs through unspoken mediums, such as gestures, posture, facial expressions, silence, and eye contact. It is important for mentors to remember that they are communicating to mentees when they are speaking *and* when they are not speaking. In fact, up to 93% of human communication is nonverbal.[1] This includes body language, which tells those with whom we are communicating a great deal about what we are thinking and feeling. Examples of positive or open body language include:

- Eye contact (depending on the culture).
- Open or relaxed posture.
- Nodding or other affirmation.

- Pleasant facial expressions.

Examples of negative or closed body language include crossed arms, averted eyes, and pointing fingers. The mentor needs to be aware of what he or she is communicating nonverbally as well as what the mentee is communicating nonverbally.

Verbal communication is a component of most mentoring activities, which include one-on-one sessions (where the patient may or may not be present), meetings between a team of mentors and a team of mentees, email or phone conferences, or training sessions between mentors and mentees. When mentoring; effective communication involves more than just providing information or giving advice. It requires asking questions, listening carefully, trying to understand a mentee's concerns or needs, demonstrating a caring attitude, remaining open-minded, and helping to solve problems. There are many communication skills that mentors can utilize to effectively communicate with mentees, including the following:

- Active listening: Be sure to really listen to what a mentee is saying. Often, instead of truly listening to what the mentee is saying, the mentor is thinking about his/her response, what to say next, or something else entirely. It is important to quiet these thoughts and remain fully engaged in the task of listening.

- Attending: Listen while observing, and communicate attentiveness. This can include verbal follow-up (saying "yes," or "I see") or nonverbal cues (making eye contact and nodding the head).

- Reflective listening: Verbally reflect back what the mentee has just said. This helps the mentor to check whether or not he/she understands the mentee, and helps the mentee feel understood as a health care worker. Examples:
    - "So it seems that you're overwhelmed with your workload."
    - "It seems that you are concerned about starting this patient on antiretroviral drugs [ARVs] at the moment because of his family situation."

- Paraphrasing: Determine the basic message of the mentee's previous statement and rephrase it in your own words to check for understanding. Examples:
    - "You're interested in developing a system for better tracing defaulters."
    - "It sounds like you're concerned about conducting a complete physical exam because of the number of patients waiting in the queue."

- Summarizing: Select main points from a conversation and bring them together in a complete statement. This helps to ensure that the message is received correctly. For example, "Let me tell you what I heard, so I can be sure that I understand you. You said that the main thing bothering the patient today is a headache that won't go away and is worse at night. Is that right?"

- Asking open-ended questions: Ask mentees questions that cannot be answered with a simple "yes" or "no." Open-ended questions encourage a full, meaningful answer using the mentee's own knowledge and feelings, whereas closed-ended questions encourage a short or single-word answer. Examples:

Close-ended question: "You didn't think this patient should be started on ARVs today?"
Open-ended question: "What factors led you to your decision not to start the patient on ARVs today?"

Close-ended question: "Did you understand what we discussed today?"
Open-ended question: "Can you summarize what we discussed today?"

- Probing: Identify a subject or topic that needs further discussion or clarification and use open-ended questions to examine the situation in greater depth. For example, "I heard you say you are overwhelmed; please tell me more about that."

- Self-disclosure: Share appropriate personal feelings, attitudes, opinions, and experiences to increase the intimacy of communication. For example, "I can relate to your difficult situation, I have experienced something similar and recall being very frustrated. Hopefully I can assist you to figure out how to move forward."

- Interpreting: Add to the mentee's ideas to present alternate ways of looking at circumstances. When using this technique, it is important to check back in with the mentee and be sure you are interpreting correctly before assigning additional meaning to their words. For example, "So you are saying that when your patients stop taking ARVs it is usually because they feel better? That is likely one reason, but have you also considered the long wait time at the clinic to refill ARVs?"

- Confrontation: Use questions or statements to encourage mentees to face difficult issues without accusing, judging, or devaluing them. This can include gently pointing out contradictions in mentees' behavior or statements, as well as guiding mentees to face an issue that is being avoided. Example:

"It's great that you are so committed to helping your patients adhere to their ARVs. However, I'm confused about the lack of information your patients receive about the side effects of their medications. Understanding side effects is the key to successful adherence."

A number of attitudes and/or behaviors can serve as barriers to communication—these can be verbal or nonverbal. Verbal barriers to communication that should be avoided include the following:

- Moralizing: Making judgments about a mentees' behavior, including calling it "right" or "wrong," or telling them what they "should" or "should not" do.
- Arguing: Disagreeing with instead of encouraging the mentee.
- Preaching: Telling the mentee what to do in a self-righteous way.
- Storytelling: Relating long-winded personal narratives that are not relevant or helpful to the mentee.
- Blocking communication: Speaking without listening to the mentee's responses, using an aggressive voice, showing impatience, showing annoyance when interrupted, or having an authoritative manner. These behaviors often lead to the mentee feeling down, humiliated, scared, and insecure. As a result, the mentee may remain passive and refrain from asking questions, or distrust the mentor and disregard his/her recommendations.
- Talking too much: Talking so much that the mentee does not have time to express him or herself. As a mentor, it is important not to dominate the interaction.

Examples of nonverbal barriers to communication include shuffling papers, not looking directly at the mentee when he/she is speaking, and allowing interruptions or distractions. These barriers may have consequences for both the mentor and the mentee. They may lead to a lack of information shared, fewer questions being asked by the mentee, difficulty in understanding problems, uncomfortable situations, and a lack of motivation on the part of the mentee.

Establishing Trust

Establishing trust is an essential component in building rapport with a mentee. Trust is the trait of believing in the honesty and reliability of others. Some mentees may be nervous about working with a mentor. To put them at ease, create a trusting relationship by empathizing with their challenges, sharing knowledge without being patronizing, and remaining nonjudgmental. Along with the other communication skills listed above, establishing a trusting dynamic is essential for a productive and positive mentor/mentee relationship.

The following list provides some ideas for how the mentor can build trust with the mentee:

- Share appropriate personal experiences from a time when they were mentored.
- Acknowledge mentee strengths and accomplishments from the outset of the mentoring process.
- Encourage questions of any type, and tell the mentee that there is no such thing as a bad question.
- Take time to learn culturally appropriate ways of greeting and addressing peers.
- When appropriate, consider how local medicine and knowledge can be incorporated into the mentoring experience.
- Acknowledge the mentee's existing knowledge, and incorporate new knowledge into existing knowledge.
- Ask for and be open to receiving feedback from mentees; apply constructive feedback to improve mentoring skills.
- Eat a meal with the mentee to get to know him/her in a non-work setting.

Maintaining Confidentiality

Maintaining confidentiality is a critical component of the mentor-mentee relationship. In such relationships, confidentiality refers to the mentor's duty to maintain the trust, and respect the privacy of the mentee. Without appropriate confidentiality, mentors will find that it is very difficult, if not impossible, to establish trust and build rapport with their mentees. Note that at the beginning of the mentoring relationship, it is very important for the mentor to explain to the mentee any circumstances in which confidentiality may be broken. Such circumstances include when a patient's life is in danger, or if the mentee is engaging in illegal activity.

To maintain confidentiality with their mentees, mentors need to be sensitive to when and where to have conversations with and provide feedback to their mentees. Some mentees may feel shame if they are corrected in front of their supervisors, peers, or patients, so make efforts to offer feedback in a private setting whenever possible. In many clinic settings this can be difficult, so the mentor should become familiar with locations within the clinic that offer more privacy as well as times when there are fewer people present in the clinic. Additionally, the mentor should refrain from sharing details of mentor-mentee conversations with the mentee's peers or superiors at later times.

Confidentiality is especially important when the mentor-mentee pairing does not match traditional cultural hierarchies. For example, ensuring confidentiality is especially critical when the mentor and mentee are not of the same gender, the mentor is younger than the mentee, the mentor is a nurse and the mentee is a physician, the mentor is of a different ethnic group than the mentee, or the mentor is not the same ethnicity as the mentee. In these situations, mentoring can still be a positive learning experience for both parties. Establishing a relationship in which confidentiality is a top priority can help alleviate any tensions associated with such differences between the mentor and mentee.

Conclusion

Using effective interpersonal communication skills, establishing trust, and maintaining confidentiality are key components of building a strong, effective relationship with mentees. Good mentors take care to utilize effective communication skills from the beginning of the mentoring experience to ensure their mentees' comfort; they also make trust and confidentiality the foundation of their mentor-mentee relationships. By practicing these approaches, mentors will build rapport with mentees and both parties will gain from the clinical mentoring experience.

Reference

Lipton, L, Wellman, B. & Humbard, C. (2003). Mentoring matters: A practical guide to learning-focused relationships. Sherman, CT. MiraVia, LLC.

Making Feedback Work

Definitions of Feedback

- The return of information about the result of a process or activity; an evaluative response: the teacher *asked the students for feedback on the new curriculum.*
- The communication of responses and reactions to proposals and changes or to the findings of performance appraisals with the aim of enabling improvements to be made.
- Comments in the form of opinions about and reactions to something, intended to provide useful information for future decisions and development
- The act or practice of returning reactions to or information about a processor product, in order to evaluate or modify that process or product.

Purpose of Feedback

- Examine attitudes, skills, and knowledge.
- Provide an opportunity to improve performance.
- Initiate and improve communication.

Basic Principles of Giving Feedback

- Ask permission or identify that you are giving feedback. Examples:
  - "I'd like to give you some feedback on that follow-up patient visit. Is that OK?"
  - "I'd like to provide some feedback on what I observed during my visit today."

- Give feedback in a “feedback sandwich”.
- Start with a positive observation (“it was good that you”).
- Constructive critical observation or suggestion about how to improve.
- Second positive observation, summary statement.
- Describe what you observed and be specific. State facts, not opinions, interpretations, or judgments.
- Use the first person: “I think”, “I saw”, “I noticed”.
- Don’t be judgmental or use labels. Avoid words like “lazy”, “careless”, or “forgetful.
- Don’t exaggerate. Avoid terms such as “you always” or “you never”.
- When making suggestions for improvement, use statements like “you may want to consider”.
- Feedback should address what a person did, not your interpretation of his or her motivation or reason for it. Example that includes interpretation:
  - “You skipped several sections of the counseling script. I know you want to finish because it’s almost lunch time, but”.

A Scaffold for Crafting Paraphrases

Acknowledge and Clarify

- So, you’re feeling_____.
- You’re noticing that _____.
- In other words _____.
- Hmmmm, you’re suggesting that _____.

Summarize and Organize

- So, there seem to be two key issues here _____ and _____.
- On the one hand, there is _____and on the other hand, there is _____.
- For you then, several themes are emerging; _____.
- It seems you're considering a sequence or hierarchy here: _____.

Reference

Lipton, L, Wellman, B. & Humbard, C. (2003). Mentoring matters: A practical guide to learning-focused relationships. Sherman, CT. MiraVia, LLC.

Session IV

Becoming What Your Mentee Needs

Becoming What Your Mentee Needs

Trees are an interesting illustration of relationships, because they often help each other – especially the Redwoods of Northern California. The Redwoods' root systems become intertwined over the years, so when one tree has access to nutrients or sunshine or water, it can share those essential ingredients with the other trees that may not have access to those life sustaining elements.

This is the natural function of a mentor – sharing what you have had access to in your life. Your job is NOT to fill the "cup" of someone else; meaning, you are not responsible for meeting every need they have as a young person. Your job is simply to take what is in your "cup" and pour it into theirs.

Discuss: What is the greatest value you have to offer to your mentee?

Discuss: What student(s) would most benefit from your strengths and insight?

Discuss: How do you plan to gain permission to talk about your mentee's areas of needs?

DIFFERENT KINDS OF MENTORS

Often, we possess stereotypes about what a true "mentor" looks like. We picture some wise, old guru who has nuggets of wisdom spilling out in every conversation. This prevents some potential mentors from ever starting. We're afraid we won't measure up. I believe we must scrap those stereotypes.

Years ago, Bobby Clinton and Paul Stanley wrote about different kinds of mentors in their book called Connecting. They suggest there may not be one, single type of mentor that suits everyone.

1. It will reveal to you what you are best suited to become for a student.

2. It will reveal to you what you most need at different stages of your life.

Different Kinds of Mentors

1. _____ The mentor who provides personal and career direction, accountability, and insight for maturation.

2. _____ The mentor who is on-call when important decisions must be made; they meet at forks in the road.

3. _____ The mentor who offers motivation and skills needed to meet a task or a challenge.

4. _____ The mentor who gives wisdom, understanding, and knowledge on a given subject.

5. _____ The mentor furnished the "big picture perspective; they give the 35,000 foot fly over to life.

6. _____ The mentor who connects the mentee with resources; a personal network, a book, or an article.

7. _____ The mentor who exemplifies a model life or career; they incarnate the principles in their lifestyles.

REFLECT and RESPOND

1. Which one or two of the kinds of mentors above do you most naturally practice?

2. What does this tell you about the sort of student you should pursue?

The Inductive vs Deductive Approach

In order to be most relevant to your mentee, I suggest you become very flexible in your style and learn to READ the mentee before you LEAD them.

- Don't be too rigid or too fluid in your approach to the meetings.
- Always balance the importance of both relationship and results.
- Like an airline pilot, have a flight plan-but be ready for lots of adjustments on the journey.

Two Approaches to Mentoring

1. _____ This approach begins with questions, not answers. It starts where the mentee is living and moves to the big picture over time. This style moves from specific to general.

2. _____ This approach begins with the total picture. It begins with the "answer" and the major message the mentee must learn. This style moves from general to specific.

- Mentors are much more able to be relevant when they choose an inductive approach to the relationship.

- Start with their questions rather than your answers. This prevents you from answering questions that no one is asking.

- Remember: mentees learn on a "need to know" basis.

Be the SALT

If we are to be effective at INDUCTIVE MENTORING, I suggest we follow the following course of action. In your meetings, move through these four stages that spell the work, SALT:

S = _____

Begin with whatever is current. Say anything, but take initiative to get the conversational ball rolling.

ANALOGY: You're a Host.

A = _____

Then, move to some questions you may have prepared before the meeting or that have just come up.

ANALOGY: You're a Doctor.

L - _____

Next, work to be an active listener.

ANALOGY: You're a Counselor.

T- _____

Finally build from whatever they've said and move toward a life principle or lesson they can learn.

ANALOGY: You're a Tour Guide.

THREE CATEGORIES OF QUESTIONS

1. _____

Examples:

- Did you make any progress this week on your goals?
- What was the highlight of your week? What did you learn?
- How did you use your strengths this week on your studies?

2. _____

Examples:

- What obstacles did you encounter regarding your goals?
- What was the biggest challenge preventing your from reaching your goals?
- Do you see any patterns regarding the problems you are facing?

3. _____

Examples:

- What are your goals for this next week, based on your status?
- What do you believe is the wisest course of action?
- How can I help you?

Great Conversation Categories for Mentees

As you ponder how to best approach a student and get them talking about their progress, try the following categories in your conversations. Have them bring the following lists to the next meeting:

1. A list of upcoming DECISIONS they must make.
2. A list of potential PROBLEMS they might face.
3. A list of future PLANS they could implement.
4. A list of PROGRESS POINTS they can celebrate.
5. A list of ROADBLOCKS with which they are struggling.
6. A list of CREATIVE IDEAS they would like to explore.

Setting up the Meeting:

In preparation for your meetings, I suggest you begin with the following steps:

1. You call to schedule the first two meetings.
    - This communicates that you really want to meet and you are not too busy to mentor.

2. Ask your mentee to show initiative by calling you for the third meeting.
    - By now, your mentee should demonstrate initiative and plan the meeting.

3. Schedule the meetings in a safe and comfortable environment.
    - If you know you'll be discussing some vulnerable or fragile issues, find a safe place to talk.

4. Be yourself. Be authentic.
    - Your most natural conversations and added value will come from you being real.

5. Determine how long and how frequent your meetings will be.
    - Decide up front the length of each meeting, how often you'll meet, and how many weeks/months you'll meet.

6. Review and clarify expectations regularly.
    - The best way to stay on track is through consistent evaluation of your expectations.

REFLECT and RESPOND

1. Do you normally approach conversations and subjects deductively or inductively?

A **deductive** argument is one in which it is impossible for the premises to be true but the conclusion is false.

An **inductive** argument is one in which the premises are supposed to support the conclusion in such a way if the premises are true it is impossible that the conclusion would be false.

2. What is one insight you should begin practicing as you approach your mentee?

Reference

Lifelines. (2012). *Becoming the life-giving mentor your students need.* With permission of author. Retrieved from www.growingleaders.com

Blank Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
7-8am					
8-9am					
9-10am					
10-11am					
11-12pm					
12-1pm					
1-2pm					
2-3pm					
3-4pm					
4-5pm					
5-6pm					
6-7pm					
7-8pm					
8-9pm					
9-10pm					
10-11pm					
11-12am					

Review first meeting: Date: _____

Organization	**Always**	**Usually**	**Sometimes**	**Never**
• Use planner/organizer	_____	_____	_____	_____
• Record syllabus dates in planner (test, quizzes, papers)	_____	_____	_____	_____
• Make written "To Do: lists	_____	_____	_____	_____
• Have notebook/notebook section for each class	_____	_____	_____	_____
• Keep handouts in their **Appropriate Folders**	_____	_____	_____	_____
• Have a reference list of instructor's office hours	_____	_____	_____	_____
Time Management				
• Prioritize work/social activities	_____	_____	_____	_____
• Begin assignments the day they're given	_____	_____	_____	_____
• Turn in assignments on time	_____	_____	_____	_____
Study Habits				
• Stays awake in class	_____	_____	_____	_____
• Take notes in class	_____	_____	_____	_____
• Participates in class	_____	_____	_____	_____
• Uses breaks between classes to study	_____	_____	_____	_____
• Sets specific goals for study for study sessions	_____	_____	_____	_____
• Corrects errors on tests, quizzes and homework?	_____	_____	_____	_____
Attitude				
• Are you self-confident?	_____	_____	_____	_____
• Are you interested in your courses?	_____	_____	_____	_____
• Committed to DU?	_____	_____	_____	_____
• Commitment to college education?	_____	_____	_____	_____
• Willingness to use resource (Instructors, advisors, classmates)?	_____	_____	_____	_____

Study Skills

- Concentration _____ _____ _____ _____
- Memorization _____ _____ _____ _____
- Review notes _____ _____ _____ _____
- Comprehend what you read _____ _____ _____ _____
- Prepare for tests _____ _____ _____ _____

Resources

- Able to locate COHP _____ _____ _____ _____
- Policies COHP _____ _____ _____ _____
- Library resources _____ _____ _____ _____
- Counseling resources _____ _____ _____ _____
- Other Campus resources _____ _____ _____ _____

Personal Issues (Check areas of concern): ____boyfriend/girlfriend, ____burnout, _____career, ____extracurricular, ____activities, _____family, _____finances, _____health, _____homesickness, ____roommate, other: _____

Learning in college is difficult for me when: _____

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

A Work Plan for Achieving Learning Goals

You will need a work plan to get the relationship moving. Develop a strategy to achieve each of the goals and objectives.

1. Identifying the learning goals and success criteria. You will need to check out assumptions and that they meet all SMART goal criteria.

2. Lay out the objectives. These will describe how to achieve the goals. Objectives must be specific and measurable with visible results.

3. Identify the learning tasks. These are the specific steps that need to be taken to meet the objectives.

4. List potential resources. These can be both human and material.

5. Set a target date. People are more likely to make progress if they have a deadline to work toward.

Reference

Zachary, L.J. (2012). The mentor's guide: Facilitating effective learning relationships. San Francisco, CA: Wiley & Sons, Inc.

Mentoring Work Plan

Learning Goal(s):

Success Criteria:

Objectives	Learning Tasks	Resources	Target Date

Reference

Zachary, L.J. (2012). The mentor's guide: facilitating effective learning relationships. San Francisco, CA: Wiley & Sons, Inc.

Importance of Confidentiality

There must be a mutual understanding between the peer mentor and student that conversations are protected between the two of them. A bond of trust is formed when a student comes to share something with you. It is important that you give them your attention and ensure them, if possible, that what they tell you is kept in confidence.

Information shared between a mentor and student cannot always be confidential. In some specific instances, maintaining that bond of trust means that you need to share information with others. If a student discusses with you a situation that could result in self-harm or harm to others, it is your responsibility to report that information immediately to the appropriate persons (see list below).

If the student has a condition that is beyond your ability to assist with (serious neurosis, alcohol, drug problems or depression), it is in the student's best interest that you share that information as well.

People you can share information with:

- The coordinator peer mentor program
- Relevant professional staff
- Those who would already have access to confidential information without your assistance

People you cannot share information with:

- Parents
- Significant others
- Friends
- Roommates
- Classmates

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

Common Issues for Students

Many students have similar adjustment challenges when they come to college. While everyone transitions differently to the new environment, there are some situations that are relatively common. Below are some issues you may encounter.

When assisting students with these issues, be sure that you utilize the resources available to you. Sometimes the most important pieces of information you can provide are the names/locations of others who are trained to assist students with these concerns.

Talk with your mentoring lead faculty about addressing issues such as these as well as other concerns you may encounter.

Personal challenges:

- Moving to a new environment.
- Leaving family.
- Living with a roommate.
- Meeting new people.
- Making personal decisions every day.
- Conforming to behaviors that conflict with personal beliefs.

Intellectual/Academic challenges:

- Speaking up in class.
- Communicating with professors.
- Managing course demands and schedules.
- Developing semester course schedules.
- Seeking academic assistance when problems arise.
- Balancing academics and social life.

Physical challenges:

- Coping with weight gain/loss.
- Competing athletically.
- Forming positive health habits and breaking problem habits.
- Becoming self-reliant in managing health/stress.
- Finding lifetime hobbies and activities.

Interpersonal challenges:

- Connecting with a new friendship group.
- Starting and managing romantic relationships.
- Learning how to show emotions in appropriate ways.
- Managing conflict situations.

Career/Lifestyle challenges:

- Deciding on participation in internships and other work experiences.
- Making decisions related to future issues (marriage, income needs, etc.).

Issues You May Assist With as a Mentor:

Be sure to know and use the resources on campus that will help you assist your students. Never be afraid to refer a student to someone else – there are many people on campus who are trained to assist students with just these issues listed below!

Academic:

- Scheduling/registering for classes.
- Changing majors.
- Grading policies/procedures.
- Interacting with instructors.
- What to do about missed classes or late assignments.

Course-related:

- Questions about classes and what instructors to take, upcoming projects, class work, writing essays, and what to expect from instructors.

Studying-related:

- How to study.
- Time management issues.
- Test taking.
- Resources to utilize.

Personal/General:

- Career questions.
- Finding internships/work experience.
- Finding the right major.
- Roommate conflicts.
- Weekend activities.

Troubleshooting Problems/Issues:

There will be times when students will come to you soliciting assistance for a number of issues. The following are just a few to be considered to give you some assistance with specific actions you can take when these issues arise.

Roommate Issues:

Before saying anything else, ask the student if they've discussed their problems/issues with their roommate. This is where the communication needs to be. If they haven't, encourage them to do so and get back to you if there is no resolution. If they have talked with their roommate and still need additional assistance to address the issue(s), be sure to use trained staff as resources such as the Resident Assistant or Residence Hall Coordinators for on-campus students, or Student Affairs personnel for off-campus students.

Academic Issues:

If a student is having academic problems, feel free to talk to them about what they're going through and assist them in seeking assistance. They can request help from the Tutoring Center located in the Library on campus or an academic advisor.

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

Campus Resources

Academic Advising
Phone number:_____

Billing
Phone number: _____
Refunds: _____
Third Party Billing: _____
Payments, Payment Plans, and E-Bills:_____
Book Vouchers: _____

Athletics
Phone number: _____
Email: _____
Follow Midwestern University Athletics on Twitter @____Athletics
http://www.facebook.com/????Athletics

Bookstore
Main Website: _____
Voucher Website: _____
Bookstore: (800) _____

Library
Library Service Desk
Phone Number: _____
Email: main_library@ ?????.edu
Library hours and services:
http://www.midwesternuniveristy.edu/Library/library-information

Career Services
Phone Number: _____
Email: _____

Dining Services
Phone Number: _____
Email: midwesterndining@ midwesternuniversity.edu
More information about dining meals/blocks and hours of operations can be found at:
http://www.midwesternuniversity.edu/dining
For more information regarding dining dollars: http://MUposit.midwestern university.edu

Experiential Learning
Email: study.abroad@midwesternuniversity.edu
_____, Director
Email: @midwesternuniversity.edu
Phone Number: _____

Financial Aid
Toll-free number: _____
Main Number: _____
Fax: _____
Email: financialaid@midwesternuniversity.edu

Housing and Residence Life
Phone Number: _____
Website: www.midwesternuniversity.edu/housing-and-residence-life
Email: housing@midwesternuniversity.edu

IT Support Services
Phone Number: _____(from any university phone)
Blackboard Tech Support by phone: _____ available 24/7
Website: http://supportsuite.midwesternuniversity.edu

Security Services
Office Phone: _____
Security Cell Phone: _____
Security Services is open 24 hours a day, 365 days a year

Student Affairs
Email: student.affairs@midwesternuniversity.edu
Website: www.midwesternuniversity.edu/student-affairs

Disability Services
Phone: _____, Student Access Manager
Email: student.affairs@midwesternuniversity.edu or
_____@midwesternuniversit.edu
Website: http://www.midwesternuniversity.edu/student-affairs/disability-services

PASS
Phone: _____
Email: pass@midwesternuniversity.edu or check us out on facebook

Counseling Services
Phone: _____
Email: counseling@midwestern university.edu

Student Employment
Questions concerning how to apply and where to find positions can be directed to Student.Employment@midwesternuniversity.edu

Student Health Insurance
Contact Name: _____
Midwestern University Students

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

Session V

Overcoming Obstacles

Overcoming Obstacles

Do you remember the 4x400 meter men's relay at the 1988 Summer Olympic Games, held in Seoul, Korea? What a haunting reminder for us as mentors. The U.S. team was favored to win the gold medal but it was lost-not because the athletes didn't have the speed or skill, but because they botched the handoff.

In the same way, a generation of Baby Boomers will soon be retiring and handing off the leadership of their campuses. Future success rests partially on the hand-off of this leadership responsibility.

- What causes a leader to fail at handing of leadership responsibility?

- What disables the next generation from taking the "baton" of leadership from the mentor?

Four Common Obstacles

The following are four of the most common challenges mentors face as they invest in mentees:

1. Unmet _____.

2. Inability to Keep _____.

3. Diversions and _____.

4. Failure to Reach _____.

These four obstacles arise in almost every mentoring relationship. They are normal. Your success in overcoming them will be based on your ability to initiate and confront them in a health way.

Overcoming the Obstacles:

Possible solutions for these common challenges might include:

1. Build a fence at the top of the cliff, not a hospital at the bottom. Take preventative measures.

Discuss how you can preclude problems.

2. As you launch into the relationship, begin with two meetings to discuss expectations.

Discuss how you might introduce conversation on expectations.

3. Plan for both of you to bring three goals you'd like to reach at the second meeting.

Discuss what goals or expectations you (the mentor) might bring to this meeting.

4. Consistently remind your mentee of those goals and objectives.

Discuss how you can creatively bring up the goals each time you meet.

5. When failure occurs, confront and clarify the best steps to correct your path.

Discuss how you can graciously confront deviation.

Reflect and Respond:

- What challenges have you faced when you have mentored or have been mentored by people in the past?

- What action steps have you learned to take when facing challenges like these?

Reference

Lifelines. (2012). *Becoming the life-giving mentor your students need.* With permission author. Retrieved from www.growing leaders.com

Challenges You May Encounter

There is no "standard" method to use to address the challenges you may encounter. Be sure to talk with your supervisor(s) about challenges that you're facing in your peer mentor role. Other peer mentors may also be helpful to you as you address different issues. There are many resources available to assist you. Be sure to use them!

Motivating/Encouraging:

- Getting students excited about school/activities.
- Students not wanting to participate in planned activities.
- Trying to make everyone happy.
- Dealing with apathy.
- Students not meeting expectations.

Role Perceptions:

- Being viewed as a teacher or parent.
- Not being viewed as a peer.
- Students wanting you to solve their problems.
- Not being seen as an authority figure.

Time Issues:

- Getting students to show up for meetings.
- Working with multiple schedules when trying to plan events.
- Finding time to build relationships.
- Balancing activities with mentoring.
- Having consistent contact with individuals.

Personal Issues:

- Giving advice without personal morals/values getting in the way.
- Dealing with roommate issues.
- Confrontation issues.
- Possible language barriers.

Programming/Activities:

- Program planning.
- Breaking the ice.
- Being inclusive.
- Getting everyone involved.

Addressing Questions:

- Not being able to answer certain questions.
- Not giving too much advice but empowering the student.
- Reaching out to those who need assistance but won't ask for it.

Reference

Student Support Services. (2012). Midwestern University handbook. City, State.

Session VI

Tying It All Together

Role Play Scenarios

This is the first time a mentor and a mentee are going to meet. All they know about each other is that they share an interest in the same hobby. In addition the mentor and mentee are studying the same major. The mentor and the mentee want to feel comfortable with each other.

1. **1st role play** – Intentionally do a poor job of conducting an initial meeting with a mentee.

   Discuss Observations:

   - Identify ways this meeting was going poorly.

   - Identify behaviors.

   - How is the mentor's behavior affecting the mentee's behavior?

2. **2nd role play** – Intentionally conduct a good job of having the first meeting go well.

   Discussion Observations:

   - Identify differences between the 1st role play and the 2nd role play.

   - What was different about the mentor's contribution?

   - Did you notice any effect on the behavior of the mentee?

The following sample mentor situations are intended to provide an opportunity to explore various ways to respond to their "fictitious" student mentee, incorporating the skills you have discussed during the mentoring training program.

1. Your student mentee never wants to end a phone conversation and you dread the amount of time you have to stay on the phone. How can you keep your phone calls brief and on track?

2. Your student mentee asks you a question, and you are confused about how to respond; you need time to think about the answer. What should you say?

3. Your student mentee is feeling anxious and nervous about doing well in their classes and have heard rumors about the difficulty of the courses. What can you suggest to help him/her overcome these feelings?

4. Your student mentee brings up an issue that was very painful for you in the past. You feel yourself becoming overwhelmed by your own emotional reactions. What should you do?

5. You meet with your mentee and realize that he/she is significantly behind in the knowledge that they should have at this point in the course. What do you do?

6. You meet with your mentee and recognize that he/she has many skills that you need to be developed as a mentor, what do you say? (i.e. mentee is well organized and you are not).

Reference

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Appendix G

Approval Lifelines

Marlene Berens<

Habitudes Series
3 messages

Marlene Berens< Thu, Feb 2, 2012 at 5:42 PM
To: elise@growingleaders.com

Good afternoon,

My name is Marlene Berens and I am a faculty member at I am completing my DNP program at Regis University in Colorado and I am required to complete a DNP project. For my project I am considering designing/implementing a peer mentor program and need to center in on one aspect and considering strongly designing an educational program for peer mentors. I have attended a conference in Florida this week and one of the Universities uses your series. Was wondering if that would be a possibility in the school that I teach to utilized the series and if I would have permission to use it for my DNP project.

Also alittle confused as to which books (or series to order). These are senior nursing students mentoring sophomore levels. What do you suggest? I also see that you have specifically a mentor series but it doesn't look like there are any powerpoint or pre and post testing? I'm thinking about building modules on the series and having discussion questions with pre and post testing to see if there is improvement. I see that the series 1-3 come with that? Can I use them and do I have permission for my project again. Who do I ask?

Thanks for all of your help. Looking forward to hearing from you soon.

Marlene Berens

Marlene Berens MSN, FNP-BC
Nursing Faculty

Phone

Elise Warner< Elise@growingleaders.com> Tue, Feb 7, 2012 at 12:25 PM
To: Marlene Berens

Dear Marlene,

Thank you for your email. You certainly may use any of our resources, we just ask that you cite them and it would be great if you provided a link to our website as well (www.growingleaders.com).

As far as specific resources that may be helpful, we offer several specific mentoring resources. One is lifeGIVING Mentors and another is the lifeLINES Mentoring DVD kit.
Habitudes are images that are used to form leadership habits and attitudes. The pre/post assessment is only available with our First Year Experience program and Athletic Habitudes DVD curriculum.

Please let me know if you need any additional information.

Have a great day!

Appendix H

CITI Certification

CITI Collaborative Institutional Training Initiative

Human Research Curriculum Completion Report
Printed on 11/24/2012

Learner: Marlene Berens (username: mberens1)
Institution: Regis University
Contact Information Department: Nursing Education
Email: mberens@regis.edu
Social Behavioral Research Investigators and Key Personnel:

Stage 1. Basic Course Passed on 07/30/12 (Ref # 8345270)

Required Modules	Date Completed	
Introduction	07/25/12	no quiz
History and Ethical Principles - SBR	07/29/12	5/5 (100%)
The Regulations and The Social and Behavioral Sciences - SBR	07/29/12	5/5 (100%)
Assessing Risk in Social and Behavioral Sciences - SBR	07/30/12	5/5 (100%)
Informed Consent - SBR	07/30/12	5/5 (100%)
Privacy and Confidentiality - SBR	07/30/12	5/5 (100%)
Regis University	07/30/12	no quiz

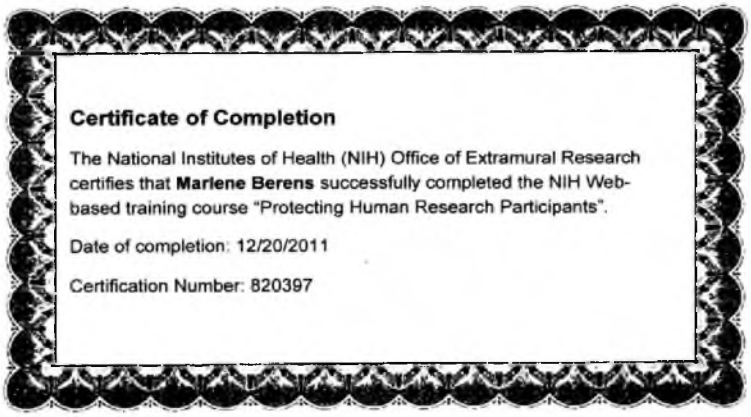
For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Course Coordinator

Return

Appendix I

NIH Certification



Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Marlene Berens** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 12/20/2011

Certification Number: 820397

Appendix J

Approval Department Chair

DAVENPORT UNIVERSITY

November 20, 2012

Dr. Lonnie Decker
Chancellor of the Institutional Review Board
Davenport University

Dear Dr. Decker,

We have reviewed the IRB submission from Marlene Berens. She has provided us with a plan for implementing her project. We agree to grant her permission to conduct the Capstone Project: Mentor Training Program.

Amy Stahley, MSN, R.N.
Department Chair of Nursing
Davenport University

Appendix K

Approval IRB

DAVENPORT UNIVERSITY

federal rules and regulations that apply to this study, particularly as they apply to research work conducted in countries other than the United States.

Signature of Principal Investigator/Researcher Marina Berea / 11-01-12
Date

Approval Signature – Faculty Research Supervisor (for students): **N/A**

/
Date

IRB Certification Signature Lynn Delzer / 11-28-2012

The above named research project is certified for compliance with Davenport University's requirements for the protection of human research participants with the following conditions:

1. *Research must be conducted according to the research project that was certified by the IRB.*
2. *Any changes to the research project, such as procedures, consent or assent forms, addition of participants, or study design must be reported to and certified by the IRB.*
3. *Any adverse events or reactions must be reported to the IRB immediately.*
4. *The research project is certified for the specific time period noted in this application; any collection of data from human participants after this time period is in violation of IRB policy.*
5. *When the study is complete, the investigator must complete a Completion of Research form.*
6. *Any future correspondence should be through the principal investigator/faculty research supervisor and include the assigned IRB research project number and the project title.*

****

NOTES:

- *Attach the appropriate documents and submit the entire application materials under the cover of a completed Application Checklist to the CRP or Dissertation Chairperson.*
- *Do not proceed with any research work with participants until IRB Certification is obtained.*
- *If any change occurs in the procedure, sample size, research focus, or other element of the project impacts participants, the IRB must be notified in writing with the Amendment to Original IRB Certification (HSR -4) form.*
- *Please allow 30 days after receipt of a complete application for processing.*
- DO NOT COLLECT DATA PRIOR TO RECEIVING IRB CERTIFICATION

Appendix L

Approval Regis University IRB

REGIS UNIVERSITY

Academic Affairs
Academic Grants

3333 Regis Boulevard, H-4
Denver, Colorado 80221-1099

303-458-4206
303-964-3647 FAX
www.regis.edu

IRB – REGIS UNIVERSITY

January 13, 2013

Marlene Berens

RE: IRB #: 13-004

Dear Ms. Berens:

Your application to the Regis IRB for your project "Mentor Training Program" was approved as an exempt study on January 11, 2013. This study was approved under exempt category 45CFR46.101.b(2).

The designation of "exempt," means no further IRB review of this project, as it is currently designed, is needed.

If changes are made in the research plan that significantly alter the involvement of human subjects from that which was approved in the named application, the new research plan must be resubmitted to the Regis IRB for approval.

Sincerely,

Patsy McGuire Cullen

Patsy McGuire Cullen, PhD, CPNP
Chair, Institutional Review Board
Associate Professor and Director
Department of Accelerated Nursing
Loretto Heights School of Nursing
Rueckert-Hartman College for Health Professions
Regis University

Appendix M

Author Approval of Author to Use MES Tool

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Education
Science, Mathematics and Technology Education

December 10, 12

To Whom It May Concern:

Marlene Berens has permission to use the Mentor Efficacy Scale.

Sincerely,

Iris M. Riggs

909.537.5290 • fax: 909.537.7522
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

Appendix N

Mentor Self-Efficacy Pre- and Post-Test Scores

Student	Q2	Q3	Q5	Q6	Q7	Q8	Q9	Q11	Q12	Q13	Q14	Q15	Q16	Q18	Q20	Q22	Q23	Q24
O521	4	4	3	3	4	4	3	4	5	5	5	3	5	3	4	4	4	4
	4	5	5	5	5	5	5	5	5	5	5	4	5	4	4	4	4	5
O522	4	3	2	4	4	3	3	3	3	3	4	3	4	3	3	4	4	4
	4	5	4	4	4	5	4	4	4	4	5	4	4	4	4	5	4	4
O814	4	4	3	2	4	4	4	4	4	4	4	4	5	3	2	3	3	4
	4	4	5	4	4	4	4	5	5	4	5	4	4	4	3	4	4	4
O862	3	4	4	4	4	3	3	3	4	3	4	4	4	3	4	4	4	3
	4	4	5	4	4	4	5	4	4	4	4	5	5	5	5	5	4	5
1145	3	4	2	3	3	3	3	4	3	3	4	3	3	3	3	4	3	2
	4	4	5	5	4	4	4	4	4	4	4	4	4	4	4	4	5	4
1303	4	3	3	4	3	3	4	2	4	4	4	**4**	4	3	4	4	4	4
	4	5	5	4	4	4	4	4	5	4	5	3	4	4	5	5	4	4
1416	4	5	4	4	5	4	3	4	5	4	4	4	4	2	4	4	4	2
	5	5	5	5	5	5	5	5	5	5	5	5	5	4	5	4	5	4
1433	3	3	4	4	3	4	4	4	4	3	4	3	4	3	3	4	3	4
	4	4	4	4	5	5	5	5	5	4	5	5	5	4	4	4	5	4
1491	3	2	2	4	4	3	3	3	4	3	4	4	4	3	3	3	4	3
	4	4	4	5	4	5	5	4	5	4	5	4	5	4	4	4	5	4
2185	3	4	4	4	4	3	3	4	4	4	4	3	4	3	3	4	4	3
	4	4	4	5	4	4	4	4	5	4	5	4	5	4	4	4	4	4
2444	3	4	4	3	4	4	3	4	4	4	3	3	4	4	4	3	4	3
	4	5	5	5	5	5	4	5	5	5	5	5	5	5	5	5	5	4
2612	4	3	2	4	3	4	3	4	4	3	4	3	3	3	3	3	2	4
	4	4	4	4	4	4	5	4	4	5	4	5	5	4	4	4	5	5
2811	2	3	2	3	4	4	4	4	4	3	3	2	4	3	4	3	3	3
	4	4	5	4	5	4	5	5	5	5	4	4	5	4	4	4	4	4
2821	3	3	4	4	4	4	4	4	3	4	4	3	4	3	3	3	4	4
	4	4	4	5	4	4	4	4	4	5	4	4	4	4	4	4	5	4
3173	4	4	4	5	3	4	3	4	5	4	5	4	5	3	3	4	4	3
	4	4	5	5	4	4	4	5	5	5	5	4	5	4	4	5	5	4
3985	3	4	4	3	4	3	3	4	4	4	4	3	**5**	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3
5282	3	4	3	4	4	3	4	4	4	3	4	4	**5**	4	4	**5**	4	4
	3	4	5	4	4	4	4	5	4	4	4	4	4	4	4	4	4	4
6715	4	4	4	4	3	3	3	3	3	4	4	4	4	4	4	4	3	4
	5	5	5	5	4	5	5	5	5	4	5	5	4	4	5	4	4	4
6977	4	3	4	3	4	4	4	4	4	3	4	3	4	4	4	4	5	4
	4	4	5	4	4	4	4	5	5	5	5	4	5	4	4	4	5	4

7100	4	4	3	4	4	4	3	4	4	3	4	3	4	3	4	4	4	4
	4	4	4	5	4	4	5	4	4	4	4	4	5	4	4	4	4	5
7146	4	4	4	3	3	4	4	4	4	3	4	3	4	4	3	4	4	4
	4	4	4	5	4	4	4	5	4	4	4	4	4	4	4	4	5	4
9006	4	3	4	3	4	3	4	4	3	3	4	4	4	3	4	4	4	3
	4	5	4	5	5	4	5	4	4	4	5	4	5	4	4	5	5	4
9233	3	2	4	4	4	3	3	4	3	3	4	4	2	3	3	3	4	3
	4	4	5	4	5	4	4	4	4	4	5	4	4	4	4	4	5	4
9446	3	4	4	3	4	4	3	4	3	4	3	4	4	4	3	4	4	4
	4	5	4	4	4	5	5	4	4	5	4	4	4	4	5	5	5	4
9501	3	4	2	4	4	3	3	3	3	3	4	4	4	3	4	4	4	4
	4	4	4	4	5	5	4	4	4	4	4	4	4	5	4	4	4	4
9670	3	3	4	4	4	3	3	3	4	3	4	3	4	4	4	4	3	4
	5	4	5	5	5	5	4	5	5	5	5	4	5	4	5	5	5	5

Note: Shaded areas represent pre-test mentor self-efficacy results. Bolded numbers are pre-test scores higher then post-test scores.

Appendix O

Mentoring Efficacy Pre and Post-Test Scores

Student	Q1	Q4	Q10	Q17	Q19	Q21	Q25	Q26	Q27	Q28	Q29	Q30
O521	3	4	4	4	3	4	3	3	3	3	3	3
	4	5	4	4	4	4	4	5	5	4	4	4
O522	4	3	3	3	3	3	3	3	3	3	3	3
	4	4	5	4	4	4	4	4	4	4	4	4
O814	3	3	3	3	4	3	4	3	3	3	4	3
	4	4	4	4	4	4	5	4	4	4	4	4
O862	3	3	3	3	3	3	3	3	4	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4
1145	3	3	3	3	3	3	4	3	3	3	3	4
	4	4	4	4	4	4	4	4	4	4	4	4
1303	3	3	3	3	3	3	4	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4
1416	3	3	3	3	3	3	3	3	3	4	3	3
	4	4	4	4	4	4	4	4	4	4	4	4
1433	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4
1491	3	3	3	3	3	3	3	3	3	3	3	4
	4	4	4	4	4	4	4	4	4	4	4	5
2185	3	3	3	3	3	3	3	3	3	4	3	3
	4	4	4	4	4	5	4	4	4	4	4	4
2444	3	4	3	3	3	4	3	3	3	3	3	3
	4	5	4	4	5	4	4	4	4	4	4	4
2612	3	3	3	3	3	3	4	3	4	3	3	3
	4	4	4	5	4	4	5	4	4	4	4	4
2811	4	3	3	3	3	3	3	4	3	3	3	3
	5	4	4	4	4	4	4	4	4	4	4	4
2821	3	3	3	3	3	3	4	3	3	3	3	3
	4	4	4	4	5	4	4	4	4	5	4	4
3173	3	3	3	3	3	3	3	3	3	4	3	3
	4	4	4	5	4	4	4	4	5	4	4	4
3985	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4
5282	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4
6715	3	3	3	4	3	3	4	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	5	4	5
6977	3	3	3	4	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	5	4	4	4	4

7100	3	3	3	3	3	3	3	3	3	3	4	3
	5	4	4	4	4	4	4	4	4	4	4	4
7146	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	5	4
9006	3	3	4	3	3	4	3	3	3	3	3	3
	4	4	4	4	4	5	4	4	4	4	4	4
9233	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4
9446	3	4	4	3	4	3	3	4	4	3	4	4
	5	5	4	4	4	4	5	4	4	4	5	4
9501	3	4	4	3	3	4	4	4	4	3	4	3
	4	4	5	4	4	4	4	5	5	5	4	4
9670	3	3	4	3	4	3	4	3	4	3	4	3
	4	4	5	4	4	5	5	4	4	5	4	5

Note: Shaded areas represent pre-test mentoring efficacy results.

Appendix P

Paired Samples T-Test for Mentor Self-Efficacy

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post_Q2 - Pre_Q2	.654	.629	.123	.400	.908	5.302	25	.000
Pair 2	Post_Q3 - Pre_Q3	.769	.765	.150	.460	1.078	5.130	25	.000
Pair 3	Post_Q5 - Pre_Q5	1.192	.939	.184	.813	1.572	6.475	25	.000
Pair 4	Post_Q6 - Pre_Q6	.885	.766	.150	.575	1.194	5.892	25	.000
Pair 5	Post_Q7 - Pre_Q7	.577	.578	.113	.344	.810	5.091	25	.000
Pair 6	Post_Q8 - Pre_Q8	.885	.711	.140	.597	1.172	6.340	25	.000
Pair 7	Post_Q9 - Pre_Q9	1.077	.744	.146	.776	1.378	7.379	25	.000
Pair 8	Post_Q11 - Pre_Q11	.769	.652	.128	.506	1.032	6.019	25	.000
Pair 9	Post_Q12 - Pre_Q12	.692	.549	.108	.471	.914	6.429	25	.000
Pair 10	Post_Q13 - Pre_Q13	.923	.628	.123	.670	1.177	7.500	25	.000
Pair 11	Post_Q14 - Pre_Q14	.615	.571	.112	.385	.846	5.494	25	.000
Pair 12	Post_Q15 - Pre_Q15	.769	.765	.150	.460	1.078	5.130	25	.000
Pair 13	Post_Q16 - Pre_Q16	.500	.812	.159	.172	.828	3.138	25	.004
Pair 14	Post_Q18 - Pre_Q18	.885	.588	.115	.647	1.122	7.667	25	.000
Pair 15	Post_Q20 - Pre_Q20	.769	.514	.101	.561	.977	7.625	25	.000
Pair 16	Post_Q22 - Pre_Q22	.577	.643	.126	.317	.837	4.573	25	.000
Pair 17	Post_Q23 - Pre_Q23	.846	.784	.154	.529	1.163	5.500	25	.000
Pair 18	Post_Q24 - Pre_Q24	.654	.689	.135	.375	.932	4.835	25	.000

Appendix Q

Paired Samples T-Test for Mentoring Efficacy

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post_Q1 - Pre_Q1	1.0385	.3442	.0675	.8994	1.1775	15.385	25	.000
Pair 2	Post_Q4 - Pre_Q4	.9615	.1961	.0385	.8823	1.0408	25.000	25	.000
Pair 3	Post_Q10 - Pre_Q10	.9615	.4455	.0874	.7816	1.1415	11.006	25	.000
Pair 4	Post_Q17 - Pre_Q17	1.0000	.4000	.0784	.8384	1.1616	12.748	25	.000
Pair 5	Post_Q19 - Pre_Q19	.9231	.4836	.0948	.7278	1.1184	9.733	25	.000
Pair 6	Post_Q21 - Pre_Q21	1.0000	.4000	.0784	.8384	1.1616	12.748	25	.000
Pair 7	Post_Q25 - Pre_Q25	.8462	.4641	.0910	.6587	1.0336	9.297	25	.000
Pair 8	Post_Q26 - Pre_Q26	.9615	.4455	.0874	.7816	1.1415	11.006	25	.000
Pair 9	Post_Q27 - Pre_Q27	.9231	.4836	.0948	.7278	1.1184	9.733	25	.000
Pair 10	Post_Q28 - Pre_Q28	1.0385	.5277	.1035	.8253	1.2516	10.034	25	.000
Pair 11	Post_Q29 - Pre_Q29	.8846	.4315	.0846	.7103	1.0589	10.455	25	.000
Pair 12	Post_Q30 - Pre_Q30	1.0000	.4000	.0784	.8384	1.1616	12.748	25	.000

Appendix R

Descriptive Analysis Mentor Self-Efficacy

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post_Q2,	4.08	26	.392	.077
	Pre_Q2	3.42	26	.578	.113
Pair 2	Post_Q3	4.31	26	.471	.092
	Pre_Q3	3.54	26	.706	.138
Pair 3	Post_Q5	4.54	26	.508	.100
	Pre_Q5	3.35	26	.846	.166
Pair 4	Post_Q6	4.50	26	.510	.100
	Pre_Q6	3.62	26	.637	.125
Pair 5	Post_Q7	4.35	26	.485	.095
	Pre_Q7	3.77	26	.514	.101
Pair 6	Post_Q8	4.38	26	.496	.097
	Pre_Q8	3.50	26	.510	.100
Pair 7	Post_Q9	4.42	26	.504	.099
	Pre_Q9	3.35	26	.485	.095
Pair 8	Post_Q11	4.46	26	.508	.100
	Pre_Q11	3.69	26	.549	.108
Pair 9	Post_Q12	4.50	26	.510	.100
	Pre_Q12	3.81	26	.634	.124
Pair 10	Post_Q13	4.38	26	.496	.097
	Pre_Q13	3.46	26	.582	.114
Pair 11	Post_Q14	4.58	26	.504	.099
	Pre_Q14	3.96	26	.445	.087
Pair 12	Post_Q15	4.19	26	.491	.096
	Pre_Q15	3.42	26	.578	.113
Pair 13	Post_Q16	4.54	26	.508	.100
	Pre_Q16	4.04	26	.662	.130
Pair 14	Post_Q18	4.12	26	.326	.064
	Pre_Q18	3.23	26	.514	.101
Pair 15	Post_Q20	4.23	26	.514	.101
	Pre_Q20	3.46	26	.582	.114
Pair 16	Post_Q22	4.31	26	.471	.092
	Pre_Q22	3.73	26	.533	.105
Pair 17	Post_Q23	4.54	26	.508	.100
	Pre_Q23	3.69	26	.618	.121
Pair 18	Post_Q24	4.15	26	.464	.091
	Pre_Q24	3.50	26	.648	.127

Appendix S

Descriptive Analysis Mentoring Efficacy

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post_Q1	4.115	26	.3258	.0639
	Pre_Q1	3.077	26	.2717	.0533
Pair 2	Post_Q4	4.115	26	.3258	.0639
	Pre_Q4	3.154	26	.3679	.0722
Pair 3	Post_Q10	4.154	26	.3679	.0722
	Pre_Q10	3.192	26	.4019	.0788
Pair 4	Post_Q17	4.077	26	.2717	.0533
	Pre_Q17	3.077	26	.2717	.0533
Pair 5	Post_Q19	4.077	26	.2717	.0533
	Pre_Q19	3.154	26	.3679	.0722
Pair 6	Post_Q21	4.115	26	.3258	.0639
	Pre_Q21	3.115	26	.3258	.0639
Pair 7	Post_Q25	4.154	26	.3679	.0722
	Pre_Q25	3.308	26	.4707	.0923
Pair 8	Post_Q26	4.115	26	.3258	.0639
	Pre_Q26	3.154	26	.3679	.0722
Pair 9	Post_Q27	4.115	26	.3258	.0639
	Pre_Q27	3.192	26	.4019	.0788
Pair 10	Post_Q28	4.154	26	.3679	.0722
	Pre_Q28	3.115	26	.3258	.0639
Pair 11	Post_Q29	4.077	26	.2717	.0533
	Pre_Q29	3.192	26	.4019	.0788
Pair 12	Post_Q30	4.115	26	.3258	.0639
	Pre_Q30	3.115	26	.3258	.0639