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Mentoring the Mentor: A Mentor Training Program

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Submitted as Partial Fulfillment for the Doctor of Nursing Practice Degree

Regis University

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Abstract

Mentorship has played an important role in nursing and nursing education for decades. However, there have yet to be any standard qualifications or training programs for those who mentor others. Poor mentorship increases faculty turnover, stress, and poor student outcomes. A quality improvement initiative was implemented in the Associate Degree Nursing Program using an evidence-based approach. Using a pre-post survey design with convenience sampling, five (N=5) nursing faculty met the qualifications to participate in the mentor training program. The Mentor Efficacy (MES) survey, which consisted of 30 questions, was administered to measure the participants' feelings of self-efficacy in the mentoring process. A paired t-test was done to compare and identify differences between the pre and post-test scores for the MES. The analysis did not indicate a statistical difference in the mean pre and post-test scores. However, statistical differences were noted when objectives for individual mentoring modules were compared. Objectives included overall self-efficacy, evaluation of mentees' performances, promotion of professional growth, and responsibilities of new educators. Limitations of the study included sample size, limited project duration, and the survey structure used. The findings of this project support future focus on mentor qualifications and needs for training and improving outcomes for faculty and students, ultimately creating a positive impact on nursing education.

Keywords: DNP Project, Training, Nursing Education

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Executive Summary

Problem

Mentor training programs are recognized as a vital component of nursing education, providing mentors with the skills and knowledge necessary to support mentees in their transition to academia. Well-trained mentors guide and support mentees, foster their skills, promote professional growth, and establish trusting relationships. The identified problem involves assigning mentors to new nurse educators without formal training. This leads to the perpetuation of poor mentoring practices. These poor practices impact student outcomes and faculty satisfaction and exacerbate faculty shortages in nursing schools, thereby contributing to the nursing shortage.

Purpose

This QI initiative examines the impact of implementing a mentor training program on self-efficacy within the participating institutions' associate degree nursing program faculty.

Goal

The primary goal of this project was to evaluate the impact of providing a mentor training program on mentor self-efficacy. The long-term goal is to incorporate the mentor training program into the practices and policies of senior nursing faculty before mentoring new nurse educators.

Objective

The primary objective is to assess the difference in mentor self-efficacy before and after implementing a mentor training program. A formalized training program will enhance mentors' perceptions of preparedness and efficacy in mentoring new nursing faculty.

Plan

This quality improvement (QI) project used a convenience sample of 5 senior nursing faculty at a small community college in Texas. The plan used a pre-post survey design. Participants completed the pre-interventional survey and then completed the mentor training program. After completing the mentor training program, the participants took the post-interventional survey. Descriptive and inferential statistics were used to analyze the data using Microsoft Excel.

Outcomes

Results concluded that participants' mentoring self-efficacy increased considering the modules presented within the mentor training program when questions were aligned with module objectives. However, the overall mentoring self-efficacy showed no statistical significance.

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Mentoring the Mentor: A Mentor Training Program

The transition from bedside nursing to academia does not require a degree in nursing education. This often leaves nurse educators needing formal training on educational policies and practices. Current literature recommends providing new nurse educators an orientation via the mentorship process. Mentoring has been shown to reduce turnover and increase success among new faculty members (Rogers et al., 2020). However, when new faculty are mentored by improperly trained senior faculty, it leads to an environment of “this is the way it has always been done” (Crider, 2022). The lack of training for mentors causes a continuous loop of counterproductivity, leading to decreased job satisfaction and lower student performance.

Problem Recognition and Definition

Project Purpose

This QI initiative aims to examine the impact of implementing a mentor training program on self-efficacy among the participating institutions’ associate degree nursing program faculty.

Problem Statement

Assigning mentors to new nurse educators is part of the orientation process for new hires. This mentor is responsible for training the new nurse educator on skills, knowledge, and application of best practices. However, there needs to be a formal process to ensure the assigned mentor has the skills and attributes necessary to train new nurse educators successfully. The lasting effects of poor mentorship extend beyond the initial mentorship interaction as new nurse educators become mentors themselves (McBride et al., 2019). The incorrect acquisition of new skills and knowledge then gets passed to future generations of nurse educators, causing a continuous loop of poor practices. These poor practices lead to poor student outcomes and decreased faculty satisfaction (Rogers et al., 2020). Decreased faculty satisfaction leads to

increased faculty turnover. Faculty shortages are the number one reason why nursing schools do not accept all qualified applicants (Nursing Shortage, 2022). This decreases the number of nurses entering the workforce, further complicating the nursing shortage.

PICOT Question

This project focuses on creating a mentor training program to increase performance readiness among faculty mentors. The PICOT question is written as follows:

Population (P) -Senior nursing faculty with at least five years of experience teaching in the Associate Degree Nursing Program.

Intervention (I)- Mentor training program

Comparison (C)- Pre/Post Mentoring Efficacy Survey Scores

Outcome (O) – Perceptions of self-efficacy

Timeframe (T)- Within eight weeks

Project Significance, Scope, and Rationale

There are two DNP essentials associated with this project. DNP Essential II, “Organizational and Systems Leadership for Quality Improvement and Systems Thinking,” applies as this project is a quality improvement project that will determine if a mentoring program will increase the self-efficacy of nurse educator mentors. The DNP impacts policies and procedures to improve the practice of others (Zaccagnini & Pechacek, 2021). The second DNP essential associated with this project is essential VII, “Advanced Nursing Practice”. This essential focus on advancing nursing practice includes the mentorship of others (Zaccagnini & Pechacek, 2021). The passage of knowledge is vital to improving clinical and educational practices.

This organization-sensitive project will be implemented in the participating institution's Associate Degree Nursing (ADN) Program. The Nursing program has experienced a one hundred percent faculty turnover rate over the past year. This turnover has led many new nurse educators to be hired into the program. Some of these educators had previous experience; others did not. The participating institution's ADN program has an orientation process that includes the guidance of mentors. However, there is no formalized process to train these assigned mentors and no qualifications for assigning mentors. Currently, the program director assigns the new nurse educator mentor. Once this mentor is assigned, it is assumed that the mentor guiding the new nurse knows the expectation and is mentoring the new nurse educator into practice using policies, procedures, and current evidence-based practice. This project will provide a structured orientation process for all mentors, mentoring new faculty educators.

Theoretical Foundation

The use of theoretical frameworks provides a basis on which to form evidence-based projects. Three theories were explored as a basis for this DNP project: modeling and role modeling theory, social cognitive career theory, and Lewin's change theory.

Modeling and Role Modeling Theory

Helen Erickson's Modeling and Role modeling theory emphasizes understanding individual perspectives in providing holistic care (Erickson et al., 1983). Senior nursing faculty act as positive role models by exhibiting best practices and demonstrating caring and compassionate attitudes toward new novice nurse educators. Providing holistic care means the mentor understands each novice nurse educator's background, strengths, and aspirations to tailor, guide, and support the mentoring process for their specific needs (Erickson et al., 1983). The mentor understands that internal and external forces drive the mentoring process. External forces

are mitigated through providing support, training, understanding of policies and procedures, and providing socialization in nursing academia. The mentee must evaluate internal stressors such as motivation and emotional intelligence. Erickson's theory also encourages growth and development by providing constructive feedback and opportunities for continuing education to enhance the educator role. Increasing self-efficacy is another key aspect of mentoring, as mentors recognize and affirm the achievements of their mentees while instilling confidence in their educator roles.

Social Cognitive Career Theory

Social Cognitive Career Theory (SCCT) is a derivative of Bandura's social cognitive theory but was influenced by domains within psychology and cognitive sciences (Brown et al., 2002). SCCT focuses on the environment in which a person works, the climate's success, and self-efficacy. There are three main ideas or concepts to this theory. The first idea is that the employee's self-beliefs play an essential role in their learning to transition within their career. They must feel like they are learning through hearing or observation and through doing and experimenting. Employees must also think that they are being successful in their accomplishments. The second area is outcome expectations. This refers to the feeling of having or accomplishing positive outcomes for certain behaviors. Goals are the third area within the SCCT, linked to how much the employee wants to succeed in their career. They portray certain behaviors that lead them toward achieving their goals. The theoretical proposition of SCCT is that the environment we put a person in and the things we expose them to affect how they view themselves and their situation, which plays a role in how they see themselves. Therefore, this DNP project evaluates the Mentor's self-efficacy in transitioning from Instructor to Mentor. The

learner must feel like they are achieving goals and meeting expectations to be successful. The mentoring self-efficacy survey evaluates these beliefs.

Lewin's Change Theory

Lewin's change theory has been used throughout nursing to implement new evidence-based practices at the bedside (Manchester et al., 2014). Lewin's theory of change moves through three phases: unfreezing, moving, and refreezing. The concepts can stall the process at any stage. The restraining and driving forces must work together to move through the three stages; otherwise, equilibrium is achieved, and change does not occur (Burnes, 2020). This DNP project uses Lewin's theory of change to highlight the driving and restraining forces that could propel or restrain progress.

The first step is the unfreezing process. In this stage, the need for change is identified. This stage has already occurred within the organization. The driving force behind this change is a one hundred percent faculty turnover rate within the last year. This has highlighted the need to produce quality, well-trained nursing faculty with a strong mentoring component. Leadership's dissatisfaction with the status quo is also a driving force.

The second step is the stage of moving. This is where change occurs. The implementation of this DNP project is the driving force for this change. Implementing the mentor training program will give the organization the foundation to improve faculty turnover, satisfaction, and student outcomes.

The last step is refreezing. This phase occurs as the new mentor training program becomes the new norm and is implemented with all faculty members before being assigned new faculty mentors. As this process becomes the standard within the program, the effects of

qualified, well-trained mentors will be noticed. However, the process does not stop here. The process is cyclical as new changes are needed and implemented.

Review of Literature

Database Search Details

The literature search was completed using Google Scholar, CINAHL, and ERIC databases. Keywords used during this search included mentoring, orientation, nurse faculty, faculty orientation, nurse mentor, educator, academia, and transition to practice. The initial search using the critical term nurse mentor yielded approximately 185,000 results. The results were further filtered by the year, with articles from 2018-2022 as inclusion criteria. This further narrowed the results to 18,700 articles. After this criterion was implemented, the search was further narrowed by selecting the "review articles" option, which brought the total number of articles down to 2,560. Only results with access to the full article were considered from this criterion. After a review of the abstracts, 30 articles were determined to have the required elements. A level of evidence table (Table 1) was created to organize the articles. There is one systematic review, two randomized trials, two case-control studies, eighteen literature reviews, six qualitative or descriptive studies, and one opinion piece.

Systematic Review Themes

The literature search yielded five major themes. These themes included the need for the mentoring process types and methods, elements of the mentoring process, the mentor's attributes, and the mentee's characteristics. While these were the main themes recognized, minor themes were addressed, such as platforms for virtual mentoring, sociocultural aspects of the mentorship process, and preferences on mentorship relationships (Banerjee-Batist et al., 2019).

Need for Mentorship

The need for the mentoring process was identified in several articles. A need for a formalized mentoring process (Dahlke et al., 2021; Wenner et al., 2020) to increase the retention of faculty (Brook et al., 2019; Boamah et al., 2021; Crider, 2022) and increase job satisfaction was identified (Burgess et al., 2018; McPherson & Candela, 2019). The mentoring process also reduces role conflict, ambiguity, and stress (Boamah et al., 2021). In addition, the mentoring process leads to improved working processes and organizational performance (Basten & Haamann, 2018). Most facilities have some orientation for new instructors, including a mentorship component. However, they are poorly organized, with very little follow-through to ensure mentors and mentees get what they need. Identifying the need for an organized and formalized process and how it can improve the facilities' retention rates and improved job satisfaction would increase buy-in for administration.

Implementation Methods

Methods used to implement the mentoring process were also identified for both mentors and mentees. For example, methods such as e-courses (Clement & Welch, 2018; Liu, 2019; Phillips et al., 2018; Tinoco-Giraldo et al., 2020;), face-to-face, and hybrid (Ross & Dunker, 2019) approaches were identified. Other methods included using a mentorship team (McBride et al., 2019) instead of a singular mentor/mentee relationship. Different delivery methods allow more flexibility when mentors and mentees cannot meet. Using a learning management system also provides for a structured orientation process, allowing accessible resources to remain available throughout the orientation process. Using a learning management system also ensures that the mentor follows the minimum standards for educators while allowing mentees to receive similar experiences since they would be accessing the same resources.

Mentor Qualifications

Another aspect of the project includes the qualifications of the mentor. Pham et al. (2019) identified that the mentor/mentee attitude was important in the willingness to mentor/ be mentored. Those with positive attitudes had positive outcomes (Somers et al., 2018) assessed the motivational factors in nursing retention. Intrinsic factors were the most important in the motivation for nursing retention along with the introduction to the nursing profession received. Mentors pass their knowledge on to their mentees. However, if the mentor is not adequately trained, they pass on inaccurate information or encourage "the way it has always been done." Ensuring that the mentors are qualified themselves provides that the mentee is getting the best, most up-to-date information. Also, if the mentor is unwilling to be part of the mentorship process, they are less likely to provide a positive experience to the mentee.

Mentorship Process

Some aspects of the mentoring process were essential to the success of the mentorship. Effective feedback was the arching theme throughout the literature research (Fritz, 2018). A need for a pedagogical approach was also identified (Crider, 2022; Owens, 2018). A mentorship process based on pedagogical practices ensures that the mentee gets evidence-based orientation. The need for sufficient time for skill acquisition with specific goals and objectives set for the mentee and clear communication of both (Joswiak, 2018; Mullen & Klimaitis, 2019). Mentors should be given enough time to spend with their mentees to ensure objectives are met. Mentors who are too busy themselves to provide a proper orientation leave the mentee to figure things out on their own. Mentors should be formally trained with proven competence in educational practices (Ellis & Nguyen, 2019; Farzi et al., 2018; Ross & Dunker, 2019). Onboarding programs must include faculty development (Hundey et al., 2020; Rogers et al., 2020) that

provides for program curriculum, expectations, and the faculty's role in the orientation process (McPherson, 2019). Finally, policies and procedures need to be in place for the success of a mentoring relationship (Kutsyuruba et al., 2019). Providing guidelines and procedures about the mentorship process provides structure to orientation. Having policies on the qualifications for mentors, what is required during mentorship, and compensation or load release for mentors reduces ambiguity in the mentorship process.

Attributes and Characteristics

Mentor and mentee attributes were identified as crucial to the mentorship process. Mentors must be willing to take on the role to be effective (Pham, et al., 2019). Mentors must be enthusiastic, generous, motivated, patient, honest, and responsive, with excellent active listening skills (Burgess et al., 2018; Law et al., 2020). Mentees must be intrinsically motivated (Pham et al., 2019; Santos & Backes, 2019) and willing to learn (Santos & Backes, 2019; Taylor & Black, 2018). Personality attributes include professional competence, emotional intelligence, the ability to take the initiative, and professional identity (Ellis & Nguyen, 2019; Kutsyuruba et al., 2019). Some attributes were shared by both the mentee and the mentor, such as trust, respect, empathy (Mullen & Klimaitis, 2019), and open communication (Ellis & Nguyen, 2019). The mentor and mentee must be intentionally matched with personality traits to decrease the risk of personality conflicts during the mentorship process to increase the success of the mentorship process. The mentor must be trustworthy and responsive to build the mentorship relationship. The mentee must also be willing to learn and have the emotional intelligence to receive constructive criticism. If these attributes are not correctly aligned, the mentorship relationship will suffer, making the process more difficult.

Evaluation of Literature

The literature evaluates many aspects of the mentor/mentee relationship. However, little research has been identified on the need for the mentor to be officially trained before the mentoring process. Therefore, further research is needed to evaluate the requirements before mentoring. Standards for mentors should be identified before the mentoring process. They should include attributes such as willingness to mentor, reliability, proven excellence in the field, and the ability to relate theory to practice. Other personal attributes include good communication skills, trustworthiness, honesty, and willingness to give feedback. Faculty should be able to dedicate the time needed to orient mentees and may need load release or compensation for being a mentor. These attitudes and attributes provide a foundation for choosing qualified mentors. Therefore, this project's qualifications include mentors who are willing to mentor new faculty and have positive faculty and student evaluations.

Once the faculty member has been identified and meets qualifications, they can begin the mentor training program. Mentorship programs can be administered in a variety of ways. Online programs have rapidly become more prominent since COVID-19. This DNP project will use the blackboard learning management system to achieve flexibility within the project to ensure its feasibility. Maintaining the training modules within the blackboard platform also ensures the project's sustainability as it can be implemented as many times as needed and on an ongoing basis.

Table 1**Scope of Evidence Table**

Level of Evidence	Number of Articles	Authors and Dates
I Systematic Review or Metanalysis	1	(Taylor & Black, 2018)
II Randomized, Controlled Trial	2	(Pham et al., 2019) (Phillips et al., 2018)
III Controlled Trial without Randomization		
IV Case-control or Cohort Study	2	(Santos & Backes, 2019) (Somers et al., 2018)
V Systematic Review of Qualitative or Descriptive Studies	18	(Basten & Haamann, 2018) (Banerjee-Batist et al., 2019) (Boamah et al., 2021) (Brook et al., 2019) (Burgss et al., 2018) (Clement & Welch, 2018) (Crider, 2022) (Dahlke et al., 2021) (Ellis & Nguen, 2019) (Fritz, 2018) (Hundey et al., 2020) (Kutsyuruba et al., 2019) (Law et al., 2020) (McPherson, 2019) (Mullen & Klimaitis, 2019) (Rogers et al., 2020) (Ross & Dunker, 2019) (Tinoco-Giraldo et al., 2020)
VI Qualitative or Descriptive Study	6	(Liu, 2019) (Farzi et al., 2018) (Joswiak, 2018) (McBride et al., 2019) (Owens, 2018) (Wenner et al., 2020)
VII Opinion or Consensus	1	(McPherson & Candela, 2019)

Project Plan and Objectives

Market Risk Analysis

A SWOT analysis was conducted to determine the project's strengths, weaknesses, opportunities, and threats, as shown in Table 2.

Table 2**SWOT Analysis**

Strengths <ul style="list-style-type: none"> • Administrative support • Established a learning management system 	Weaknesses <ul style="list-style-type: none"> • Heavy workload • Mentor availability • Resistance to change • Change in student enrollment • Change in funding • Change in administration • Change in technology
Opportunities <ul style="list-style-type: none"> • Increase trained faculty in the regional workforce • Decrease faculty shortage • Decrease nursing shortage in the region 	Threats <ul style="list-style-type: none"> • Nursing professional image • Economic downturn affecting the ability to invest in faculty • Regional availability of nursing faculty

Strengths

The participating institution has strong administrative support for the mentor training program. The administration acknowledges the benefits the training program can provide the faculty and students. They are dedicated to mitigating threats that are within their ability. There is an established electronic learning management system to maintain the training program that faculty mentors can easily access. This makes it easier for mentors to train at their own pace when most convenient.

Weaknesses

The faculty currently mentor new nursing faculty in addition to their other duties. These duties include an assigned workload of 15-20 contact hours, committee duties, curriculum revision and design, student outreach and advising, and continuous communication with clinical and community partners. The number of duties and responsibilities may impede the faculty mentor from completing the training program. The nursing program has experienced a 100

percent faculty turnover rate over the past year. This has created a limited number of experienced and qualified faculty to mentor new nurse educators. Five faculty members currently meet the qualifications to be a mentor. These faculty members must also be willing to mentor new nurse educators. The heavy workload may discourage these mentors from participating in these extra activities. Since there is no standardized way to mentor new nurse educators, faculty who have been mentoring may resist changing how they practice. Other weaknesses of this training program are vastly related to the change in the funding model. A decrease in student enrollment or change in federal funding can reduce available funds needed to provide load release for faculty mentors. Administrative support is necessary to complete this project. A change in administration that does not see the value in the mentoring project will decrease the success and implementation of the project. Lastly, a technology change is a potential threat. Since the project will be housed within Blackboard, a change or deletion of the platform would be detrimental to the project.

Opportunities

Providing a mentor training program could potentially increase the number of trained faculty within the region as knowledge and skills are shared. Increasing knowledge, skills, and support would decrease the regional faculty shortage by keeping faculty within their current positions. There would be more nursing faculty to fill vacancies within the region. The number one reason nursing schools do not accept all qualified applicants is insufficient faculty to teach the required classes and clinical rotations. By providing adequate nursing faculty, nursing schools could accept more students. Studies have also shown that well-trained educators produce better student outcomes which could increase the number of nursing students or new graduate nurses, thus reducing the nursing shortage.

Threats

Threats to this project include the negative image placed on nursing and nursing academia. We are seeing more lawsuits in nursing and academia that may deter some nurses from entering into academic settings. The region's economic status affects enrollment and the ability of the facilities to invest in their faculty members. And the regional availability of nursing faculty

Driving and Restraining forces

The driving force behind this DNP project stems from the one hundred percent faculty turnover that has occurred within the past year. This increased turnover rate has led to new faculty members being hired. These faculty members do not have experience in education and, therefore, need to be trained in pedagogical practices and policies. One portion of the onboarding process is providing each new faculty member with a mentor. However, these mentors must be trained themselves. The participating institution has no formalized standard orientation or training process for assigned mentors.

Restraining forces for this project include competing responsibilities and a lack of time dedicated to the mentor training program. Faculty members must complete all standard duties while mentoring new faculty members. No policy allows for load relief or extra time to fulfill mentorship duties. Because of the added work required to meet this training program, the limited number of faculty willing to participate in this project may be limited. The only benefit to completing the mentor training program is an intrinsic need to improve one's practices.

Need, Resources, and Sustainability

The need for this DNP project is well-defined in the literature. Formalized mentoring programs have been proven to reduce faculty turnover, increase employee satisfaction, and

increase student success (Rogers et al., 2020). Resources needed to implement this project include faculty load relief to complete the training program. Faculty will need approximately 2 hours weekly for eight weeks to complete this training program. This project will also require a dedicated blackboard shell with Instructional Technology (IT) support available for faculty working through the training program. Administrative support is the largest resource needed for the sustainability of this project. The buy-in from faculty and administration is needed to allow the training program to continue. The faculty must embrace the changes situated within the training program to see the desired outcome. The project will need a continued leader to maintain current data and practices housed within the training modules. As research continues, educational practices, policies, and procedures must change. The training program must continuously revise these changes to ensure the most current and up-to-date information is relayed.

Feasibility, Risk, and Unintended Consequences

This project is designed to ensure its feasibility. The mentor training program is housed within the blackboard learning management system, allowing the trainees to work through the modules asynchronously as time allows and at their own pace. The risk associated with this project lies more toward those who do not complete the training modules. The unintended consequence associated with this project includes added stress to a full workload as the trainee works through the training program. The evaluation of own practices compared to those in the literature states are desirable may cause unintended stress on the faculty members completing the training program.

Stakeholders and Project Team

Stakeholders include those who have an interest in or are affected by the project. Faculty completing the mentor training program are stakeholders because the project directly affects

them as the project aims to increase mentoring self-efficacy. The students will also be stakeholders because they will benefit from the effects of positive mentoring seen in new nursing faculty members. Those involved in developing the DNP project are stakeholders such as DNP faculty, support staff, DNP Director, Regis institutional review board, the participating institution IRB, DNP project chair, and DNP clinical mentor.

The project team consists of those who provided support in direct relation to the project. The DNP student is the leader responsible for the project's day-to-day activities. The DNP chair provides leadership and guidance to the DNP student in project implementation. The DNP clinical mentor provides feedback and guidance in implementing the project at the organizational level. The DNP faculty and staff have provided support and guidance in the literature review, theory application, and project development. The Regis University and the participating College IRB ensure that the project is carried out ethically. All project team members are essential to the project's success.

Cost-Benefit Analysis

The cost associated with this training program is primarily founded within the time needed for completion. Faculty will need approximately 2 hours weekly for eight weeks to complete the training modules. In addition, faculty will need approximately 1 hour to complete the pre- and post-training mentor efficacy surveys. The participating institution has an established contract with the learning management system to provide a platform for the training program; therefore, there are no additional costs associated with this request. The IT department and administrative support are also needed to implement the project. The DNP program provides the DNP student's time needed to implement the project and provide for data analysis.

The benefit of completing the mentor training program is multifactorial. The first benefit is associated with a decrease in faculty turnover. There are associated costs with onboarding new nursing faculty, which can be mitigated with the faculty mentoring program, as mentoring has been shown to reduce faculty turnover. The number one reason cited for nursing programs in the reduction of student admissions is the lack of qualified and trained faculty to teach these students. A mentor training program increases faculty retention and thus can increase student enrollment.

Mission/Vision/Goals

The mission of this DNP project is to provide a formalized mentoring program for faculty before being assigned to mentor new nurse educators. The vision is to increase the mentor's self-efficacy, thus increasing faculty satisfaction with the mentor/mentee process. The project goal is to evaluate the effect of providing a mentor training program on self-efficacy using the mentor efficacy survey.

Outcomes/Objectives

The primary objective of this project is to determine the difference in self-efficacy before and after implementing a mentor training program. The expected outcome is that a formalized mentor training program will improve or increase mentors' perceptions of being prepared (self-efficacy) to mentor new nursing faculty.

Logic Model

A visual representation of the logic model is provided in Appendix A. The logic model provides an outline for the project's development, implementation, and evaluation. The logic model addresses the problem, input, constraints, activities, output, outcomes, and impact. The mentoring program's success depends on robust administrative support to ease faculty workloads

and address barriers like time constraints and conflicting schedules. A fully staffed program with experienced mentors and willing mentees and a system to track progress and information is crucial. Challenges for mentors include balancing mentoring and regular duties, requiring additional faculty support and a pool of qualified mentors. Activities should focus on formal mentor training, comprehensive onboarding, clear policies, and effective feedback mechanisms. The program aims to involve at least five senior faculty members from the associate degree nursing program, targeting improved mentorship quality through training and support, with long term goals of reducing faculty turnover and enhancing student success. This effort is pivotal given the nationwide nursing shortage, where an increase in well-trained nursing faculty could help address enrollment and faculty shortages, ultimately improving nursing education outcomes.

Population and Sampling Parameters

The participating institution consists of ten full-time nursing faculty and twelve adjunct faculty. Five full-time and adjunct faculty members meet the minimum qualification of five years of teaching experience. The five faculty members also meet the minimum qualifications of having satisfactory student and performance evaluations. Using an alpha level of 0.05 and a power of 0.8, a sample size of 5 produces a power level of 20 percent. To achieve the desired power level of 80 percent, the sample size would need to be a minimum of 20 participants, which is greater than the number of faculty at the participating institution with qualifying factors. The sample used in this project is purposive and includes all qualified faculty. Therefore, the power of 20 percent is not a concern.

Project Setting

The setting for this QI project was situated within the Associate Degree Nursing Program at a community college in Texas. The community college is accredited by the Southern

Association of Colleges and Schools Commission on Colleges (SACSCOC). The nursing program is accredited by the Accreditation Commission for Education in Nursing (ACEN). The nursing program employs seven full-time faculty and five part-time faculty. The department includes two nursing pathways: the traditional nursing program and the licensed vocational nursing to registered nurse (LVN-RN) transition program.

QI Project Study Design and Variables

To evaluate the impact of the mentor training program, this DNP student gathered quantitative data from the faculty members involved. Surveys were administered before and after program completion, while demographic information was collected during initial enrollment.

Description of Educational Intervention

The training occurred via an online learning management system, Blackboard. Modules within the blackboard system according to the objectives of the program. Each participant was given access to the blackboard course and worked through each module to be completed within an 8-week format. The online platform allowed each participant to work at their own pace. This DNP student was available to answer any questions about the modules and to ensure the information within the modules was accessible.

Description of Intervention and Treatment Protocol and Data Collection

Intervention

The training program included multiple aspects needed to be a successful mentor. The first module outlined the necessary criteria for faculty wishing to become mentors. These qualifications included five years of teaching experience, positive evaluations from both faculty and students, a willingness to guide and support others, a comprehensive understanding of nursing education competencies, proficiency in organizational policies and procedures, a strong

commitment to the organization and nursing education, effective communication abilities, and successful completion of the designated training program. Additionally, mentors must possess attributes such as emotional intelligence, respectfulness, patience, honesty, and a motivation to help others.

The second module included mentor and mentee responsibilities. Mentors play a pivotal role in guiding and supporting their mentees through various responsibilities. These encompass providing guidance and support, sharing knowledge and expertise, acting as a sounding board for mentees to reflect on their experiences, challenging mentees to expand their horizons, serving as role models for desired behaviors, and maintaining availability to mentees as needed.

Conversely, mentees are tasked with being open and honest about their goals, challenges, and experiences, actively engaging in the learning process, taking initiative in their relationship with their mentor, showing respect for their mentor's time and expertise, expressing gratitude for guidance received, and setting clear goals for their development.

The third module includes skills that each mentor should possess. Effective communication is one of the most important skills a mentor can have. Active listening is one aspect of communicating. Providing constructive feedback is another crucial skill, requiring timely, specific, respectful, and supportive communication. Conflict resolution skills are vital for navigating the difficulties in the classroom, involving active listening, respectful communication, problem-solving, setting boundaries, and seeking assistance if necessary. Additionally, mentors must be able to evaluate teaching and clinical skills, utilizing techniques such as direct observation, feedback collection, self-assessment, review of documentation, and consideration of professional development and clinical outcomes.

The fourth module includes several topics for the mentor to review with the mentee. These topics include specific policies and procedures unique to the nursing program. These include the use of standardized exams, encompassing their nature, standards, and analysis methods; procedures for signing up for clinical rotations, including relevant expectations and protocols; clarifications regarding beginning and end-of-semester expectations for both mentors and mentees; and guidelines for reporting on at-risk students, ensuring appropriate support and interventions are provided.

Intervention Process and Data Collection

The following protocol was carried out for this QI initiative:

1. The mentor training modules were created using evidence-based practices collected during the systematic review of evidence during the summer and fall semesters 2023.
2. Granted site approval from the Director of Nursing Programs and the participating institution's institutional review board (IRB) during the summer of 2023.
3. The project was introduced during a staff meeting, and participants were recruited during a staff meeting during the summer of 2023.
4. The pre-test intervention survey was given at the beginning of Fall 2023.
Demographic data was also collected at this time.
5. The mentor training program was implemented throughout the fall 2023 semester.
Instructors worked through the modules at their own pace.
6. The post-test intervention survey was given at the end of the 2023 fall semester.
7. Data analysis was completed during the 2024 spring semester.

Protection of Human Subjects

There was no risk associated with the completion of the mentor training program. Participants could have experienced slight discomfort upon examining their self-efficacy of mentoring. Recognizing the positives and negatives of their current mentoring beliefs could cause an uncomfortable self-awareness and self-reflection. The participating institution has free counseling services on campus for students and faculty. It also provides three free virtual counseling visits per year if needed. However, the faculty did not disclose any uneasiness or discomfort throughout the mentor training program. This DNP student is the assistant director of the nursing program in which the project was completed. However, none of the participants are a direct report to the assistant director. The project was completed within the associate degree nursing program, and the assistant director is responsible for the vocational nursing program and the nursing assistant program. Therefore, the participants are not considered a vulnerable population. Participation in the mentor training program and completing the pre and post-intervention surveys were voluntary. Each participant was educated that discontinuing the program at any time is optional.

The DNP student provided an information sheet during the program's introduction (see appendix F) and was available for questions throughout the project. Data collected was kept confidential by de-identifying the pre- and post-survey results and assigning a number to each participant. Surveys were given on paper with only the participant's confidential numbers on it. No identifiers were collected on pre- and post-intervention surveys. The DNP student completed the Collaborative Institutional Training Initiative (CITI) for Social Behavioral Research before initiating the project. The participating institution recognized this project as a QI initiative and

was exempt from needing IRB approval. However, the participating institutions IRB provided a letter agreeing to participation in the mentor training program.

Reliability and Validity of MSES

The reliability and validity of the Mentoring Self-Efficacy Survey have been researched with larger sample sizes, and in a study done by Ferro et al. (2013), a sample size of 249 participants yielded an "acceptable reliability" ($\alpha=0.81$) and "convergent validity" ($r=0.28$, $p<0.001$) of the MSES (p.1). Reliability refers to the ability to measure the same way every time (Rose & Johnson, 2020). Reliability issues occur with inconsistencies in the measuring tools. To counteract this effect, the researcher will ensure that the faculty members filling out the tool comprehends the questions and understands how to use the Likert scale. Validity refers to the ability of the tool to adequately measure the research objectives (Rose & Johnson, 2020). To ensure the validity of the mentorship self-efficacy survey, the researcher will align the research objectives with the questions presented in the survey.

Data Analysis

The data was collected from the pre-and post-intervention surveys. The results from the Likert scale were coded using 5 for strongly agree, 4 for agree, 3 for neutral, 2 for disagree, and 1 for strongly disagree. The aggregate data for the pre and post-intervention survey was run using a paired t-test. Multiple questions were identified and isolated according to the objectives and modules within the training program. A paired t-test was run on each of the questions. Demographic data was compiled and placed on a frequency table using ranges for age and years of teaching experience.

Project Findings and Results

Five (N=5) faculty members participated and returned pre- and post-intervention surveys, which yielded a 100 percent participation rate. Table 3 outlines the demographic data collected for all participants. Faculty ages ranged from 41 years of age to 75 years of age. Most participants (4) were female, and one was male. Ethnicity included 4 white participants and 1 Hispanic participant. Educational degrees (ED) held by the participants included 3 in administration and 2 in nursing education. Years of teaching experience (YTE) ranged from 5 to 9 years. Three participants had previous mentoring experience (PME), and two had no mentoring experience. Of the five participants, one had a teaching load of 10 credit hours, One had a 15 credit hour teaching load, one had a 16 credit hour teaching load, and two had an 18 credit hour teaching load.

Table 3

Demographic Data

AGE	GENDER				Ethnicity					ED				YTE	PME		Workload (credit hours)			
Range in years	Male	Female	Nonbinary	Other	White	Black	Hispanic	Asian	Other	Education	Administration	Advanced	Other	Range in years	Yes	No	0-5	6-10	11-15	Over 15
41-75	1	4	0	0	4	0	1	0	0	2	3	0	0	5-9	3	2	0	1	2	2
Legend: ED=Educational Degree YTE= Previous Teaching Experience PME= Previous Mentoring Experience																				

Objective 1

The first objective is to determine the overall effectiveness of the mentor training program. A paired sample t-test compared the pre-and post-intervention survey aggregate scores

(Table 4). The results indicated no statistical difference in the pre and post-interventional survey results with a p-value greater than .05 ($t=0.26174$, $p=0.836937$). The mean score for the pre-intervention survey was 3.46, and the mean score for the post-intervention survey was 3.43. Although this result was not statistically significant, multiple questions were isolated to determine if the specific objectives of the mentor training program held statistical significance.

Table 4

Aggregate t-test

<i>t-test: Paired</i>	<i>Aggregate pretest</i>	<i>Aggregate posttest</i>
Mean	3.46	3.433333333
Variance	0.934630872	0.945190157
Observations	150	150
Pearson Correlation	-	
Hypothesized Mean Difference	0	
Df	149	
t Stat	0.206173876	
P(T<=t) one-tail	0.418468271	
t Critical one-tail	1.655144534	
P(T<=t) two-tail	0.836936541	
t Critical two-tail	1.976013178	

Objective 2

The second objective is to determine the significance of each of the training modules. Four questions were isolated from the mentoring efficacy survey to determine this. A paired t-test was performed on each of the questions.

Questions 9 and 16

Questions number 9 and 16 speak to objectives found within the skills modules. Question number 9 stated, “I wonder if I have the necessary skills to be an effective mentor.” The t-test results (Table 5) were statistically significant with a p-value less than 0.5 ($t=5.09902$, $p=0.006987$). The pre-interventional survey mean was 4.6 compared to the post-interventional

survey mean of 2. This suggests that there was an improvement in self-efficacy in the necessary skills needed to be a mentor.

Table 5

Paired t-test for question 9

	<i>Pre-test</i>	<i>Post-test</i>
Mean	4.6	2
Variance	0.3	0.5
Observations	5	5
Pearson Correlation	-0.6455	
Hypothesized Mean Difference	0	
df	4	
t Stat	5.09902	
P(T<=t) one-tail	0.003494	
t Critical one-tail	2.131847	
P(T<=t) two-tail	0.006987	
t Critical two-tail	2.776445	

Question number 16 stated, “When beginning teachers talk with me, I use good listening skills.” Paired t-test results were not statistically significant with a p-value more than 0.5 ($t=-1$, $p=0.373901$). The periinterventional survey mean was 4, and the post-interventional survey mean was 4.2, which was not statistically significant. These results could be due to the mentors already having good listening skills before taking the mentor training program.

Table 6**Paired t-test for Question 16**

	<i>Pre-test</i>	<i>Post-test</i>
Mean	4	4.2
Variance	0	0.2
Observations	5	5
Pearson Correlation	1	
Hypothesized Mean Difference	0	
df	4	
t Stat	-1	
P(T<=t) one-tail	0.18695	
t Critical one-tail	2.131847	
P(T<=t) two-tail	0.373901	
t Critical two-tail	2.776445	

Question 2

Question 2 states, “I have problems facilitating my beginning teachers' understanding of their responsibilities as new teachers.” This question relates to the module referencing mentor and mentee responsibilities. Paired t-test results (table 7) were significant, with a p-value less than 0.5 ($t=2.131847$, $p=0.000844$). The pre-interventional survey mean was 3.8, and the post-interventional survey mean was 2. This suggests that faculty had fewer problems helping new teachers understand their responsibilities.

Table 7**Paired t-test for question 2**

	<i>Pre-test</i>	<i>Post-test</i>
Mean	3.8	2
Variance	0.2	0
Observations	5	5
Pearson Correlation		
Hypothesized Mean Difference	0	
df	4	
t Stat	9	
P(T<=t) one-tail	0.000421916	
t Critical one-tail	2.131846786	
P(T<=t) two-tail	0.000843833	
t Critical two-tail	2.776445105	

Questions 18 and 20

Questions 18 and 20 relate to the skills module providing feedback. Question 18 states, “I don't know how to use assessments to facilitate beginning teachers' own reflection for growth”. Paired t-test results (table 8) were significant, with a p-value less than 0.5 ($t=3.67423$, $p=0.021312$). The pre-interventional survey mean was 4.2, and the post-interventional survey mean was 2.4. This suggests an improvement in the mentor's ability to use assessments to facilitate mentees' self-reflection for growth.

Table 8**Paired t-test for question 18**

	<i>Pretest</i>	<i>Posttest</i>
Mean	4.2	2.4
Variance	0.2	0.8
Observations	5	5
Pearson Correlation	-0.25	
Hypothesized Mean Difference	0	
Df	4	
t Stat	3.674234614	
P(T<=t) one-tail	0.010655821	
t Critical one-tail	2.131846786	
P(T<=t) two-tail	0.021311641	
t Critical two-tail	2.776445105	

Question 20 states, “I am not very effective in monitoring my beginning teachers' professional growth”. Paired t-test results (table 9) were significant, with a p-value less than 0.5 ($t=3.086975$, $p=0.036682$). The pre-interventional survey mean was 4.2, and the post-interventional survey mean was 2.4. This suggests an improvement in the mentor's ability to monitor the mentee's professional growth.

Table 9**Paired t-test for question 20**

	<i>Pretest</i>	<i>Posttest</i>
Mean	4.2	2.4
Variance	0.7	0.8
Observations	5	5
Pearson Correlation	-0.13363	
Hypothesized Mean Difference	0	
Df	4	
t Stat	3.086975	
P(T<=t) one-tail	0.018341	
t Critical one-tail	2.131847	
P(T<=t) two-tail	0.036682	
t Critical two-tail	2.776445	

Limitations, Recommendations, and Implications for Change

This project's limitations include a small sample size of 5 (N=5) at a small community college in Texas. Another limitation is the survey used to collect results. The survey included questions that were both negative and positive. For this reason, these questions could have canceled each other out, resulting in the results not being statistically significant. Lastly, time constraints restricted the time participants had to practice newly acquired skills, which could be vital to building feelings of self-efficacy. Recommendations for change include using a larger sample group and rewording the questions to be all positive or negative. Another recommendation for change would be allowing more time to implement the project and allowing mentors to practice newly acquired skills as they work through the modules.

The findings of this project suggest that the objectives of the mentor training module could improve the mentors' self-efficacy. However, the overall application of the training program could not be proven significant.

Conclusion

Mentorship holds a crucial role in nursing and nursing education. However, the absence of standardized qualifications or mentoring training programs has led to challenges such as faculty turnover, increased stress, and suboptimal student outcomes. A quality improvement initiative was completed in the Associate Degree Nursing Program, utilizing an evidence-based approach. Five nursing faculty participated in a mentor training program, and their efficacy in mentoring was assessed using the Mentor Efficacy Survey (MES) before and after training. While there was no statistically significance difference in the overall MES scores, significant improvements were observed within the specific mentoring module objectives. These included enhancing overall self-efficacy, evaluating mentees' performances, fostering professional growth, and clarifying the

responsibilities of new educators. The study faced limitations such as a small sample size, short project duration, and constraints in survey structure. Nonetheless, the project's findings underscore the importance of addressing mentor qualifications and training needed to enhance outcomes for faculty and students. Future endeavors should prioritize refining mentorship practices to cultivate a more positive impact on nursing education.

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Appendix A

Logic Model



Appendix B

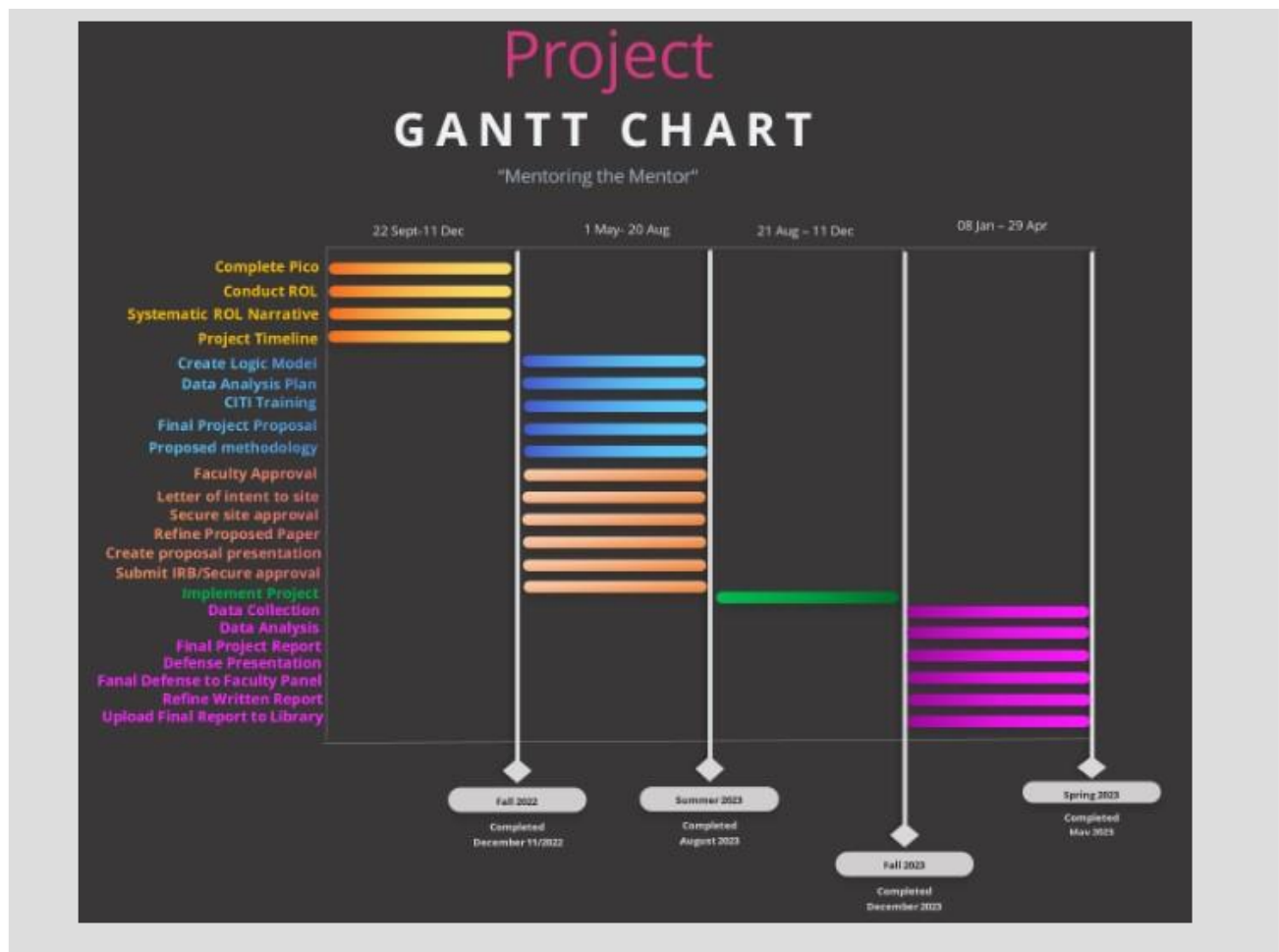
The Mentor Efficacy Survey

1.	If a new teacher is struggling, it is most often related to lack of effective mentoring.	SA	A	N	D	SD
2.	I have problems facilitating my beginning teachers' understanding of their responsibilities as new teachers.	SA	A	N	D	SD
3.	I can easily articulate the beliefs which underlie my teaching practices when I talk with beginning teachers.	SA	A	N	D	SD
4.	The inadequacy of a new teacher's instructional program can be improved through good mentoring.	SA	A	N	D	SD
5.	I'm not sure how to work with beginning teachers to identify a starting point for their professional growth.	SA	A	N	D	SD
6.	I can connect my beginning teachers with ample educational resources.	SA	A	N	D	SD
7.	When conferencing, I am able to promote the beginning teachers' own problem solving through good use of questioning.	SA	A	N	D	SD
8.	When my beginning teachers have district-related concerns, I am able to facilitate their understanding and problem solving.	SA	A	N	D	SD
9.	I wonder if I have the necessary skills to be an effective mentor.	SA	A	N	D	SD
10.	The inadequacy of a beginning teacher's management system can generally be addressed through good mentoring.	SA	A	N	D	SD
11.	I am able to use assessment to assist beginning teachers in observing their own professional growth.	SA	A	N	D	SD
12.	I can use my knowledge of the development nature of teaching in my support of beginning teachers.	SA	A	N	D	SD
13.	I am continually finding better ways to be a mentor to my beginning teachers.	SA	A	N	D	SD
14.	When conferencing with beginning teachers, I usually welcome their questions.	SA	A	N	D	SD
15.	When I observe a beginning teacher's lesson, I find it difficult to analyze what is happening.	SA	A	N	D	SD
16.	When beginning teachers talk with me, I use good listening skills.	SA	A	N	D	SD
17.	New teachers' instructional effectiveness is directly related to their mentors' coaching abilities.	SA	A	N	D	SD
18.	I don't know how to use assessments to facilitate beginning teachers own reflection for growth.	SA	A	N	D	SD
19.	Mentors are generally responsible for the professional growth of their new teachers.	SA	A	N	D	SD
20.	I am not very effective in monitoring my beginning teachers' professional growth.	SA	A	N	D	SD
21.	If a principal comments that the new teacher is well-acquainted with school policies and procedures, it would probably be due to the performance of the teacher's mentor.	SA	A	N	D	SD
22.	I struggle when I try to acknowledge the accomplishments of my beginning teachers.	SA	A	N	D	SD
23.	When conferencing with my beginning teachers, I can communicate how our consultations have promoted my own professional growth.	SA	A	N	D	SD
24.	I have difficulty managing my time so that I am available to my beginning teachers.	SA	A	N	D	SD
25.	When a beginning teacher does better than usual in lesson planning, it is often because the mentor exerted a little extra effort.	SA	A	N	D	SD
26.	Effective mentoring can help beginning teachers make developmental progress.	SA	A	N	D	SD
27.	A new teacher's understanding of school policy can be developed through good mentoring.	SA	A	N	D	SD
28.	Every new teacher can make incremental steps toward being a professional, given effective mentoring.	SA	A	N	D	SD
29.	If new teachers are unaware of their accomplishments, it maybe due to inadequate mentoring.	SA	A	N	D	SD
30.	Mentors haven't done their job if their assigned new teachers have little understanding of school procedures.	SA	A	N	D	SD

Riggs, May (1997).

Appendix C

Project Timeframe



Appendix D

Budget and Resources

Resource Item	Provided by Site	Anticipated Cost for DNP Project for PI	Cost to Replicate at Another Site
LMS Shell	Included in subscription	\$0	Cost of LMS of choice
Faculty	\$2000 x5		Stipend of choice
Time	2 hours per week		
Duration	8 weeks		
Total cost	\$10,000 already paid for current mentors	\$0	Determined by site

Appendix E

Training Program Contents

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Appendix F

Information Letter

Information Letter

QI Project: Mentoring the Mentor: A mentor training program

Dear Faculty,

I am Sheri Gillis, currently serving as the Assistant Director of the Nursing Program at [REDACTED] I am writing to inform you about an exciting opportunity to participate in a Quality Improvement (QI) Project as part of my Doctor of Nursing Practice (DNP) degree at Regis University in Denver, Colorado.

The focus of my project, titled "Mentoring the Mentor: A mentor training program," is to evaluate the impact of providing a comprehensive mentor training program on self-efficacy. The mentoring process has long been acknowledged for its significance in assigning faculty mentors, but the training of those mentors has not been clearly defined. To address this gap, I will conduct a study using a pre-post survey design and analyze the results with the Mentor Efficacy Survey.

I invite you to volunteer and participate in an eight-week mentor training program, which will be hosted on the Blackboard platform. The program is designed to be self-paced and asynchronous, allowing you to work through the modules at your convenience.

Participation in this QI study is entirely voluntary and will commence in August 2023. Full-time and part-time faculty members with a minimum of 5 years of teaching experience are eligible to participate by completing the following steps:

1. Fill out the online Pre-training Mentor Efficacy Survey.
2. Access the mentor training program and complete all the modules.
3. Fill out the online Post-training Mentor Efficacy Survey.

Please note that this QI project has obtained approval from the Regis University Institutional Review Board (IRB) and the Kilgore College IRB. There are minimal to no risks associated with participating in this project. The Director of Nursing fully supports engagement in mentor training activities and survey completion during the workday. Each survey consists of 30 questions and should take approximately 30 minutes to complete. You may discontinue the survey at any point. Rest assured that participation or non-participation in this QI project will not impact your employment status. The confidentiality and anonymity of all participants will be strictly maintained through the use of de-identified data in aggregate form.

By participating in this mentor training program, you stand to benefit from increased self-efficacy, job satisfaction, and retention efforts. Should you have any questions or concerns or require further clarification, please feel free to contact me at sgillis@regis.edu or [sgillis@\[REDACTED\].edu](mailto:sgillis@[REDACTED].edu) or by phone at 903-722-1935. Alternatively, contact Dr. Lora Caldwell, the Regis University Capstone Chair, at lcaldwell@regis.edu.

Thank you for considering this opportunity to contribute to this significant project. Your involvement will greatly contribute to the success of the mentor training program and the overall quality improvement efforts within our institution.

Sincerely,



Sheri Gillis MSN, RN
DNP Student