

Is Your Mentoring or Orientation Program Working? Employer Strategies for Successful Orientation and Mentoring

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Presenter Conflict

No Conflict

- The views expressed in these slides and the today's discussion are mine
- My views may not be the same as the views of my company's clients or my colleagues
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Objectives

- Identify the importance of orientation and mentoring programs to employee and organization success.
- Identify goals and objectives of orientation and mentoring.
- Identify models for orientation programs and strategies for implementing successful mentoring programs.



Transition from Student to Clinician

- Felt “abandoned”
- “Canoeing in the fog”
- “Being on a high speed roller coaster”
- “Continuously juggling balls”
- “Given keys and a ‘good luck’”



Transition from Student to Clinician

- Supervisors and colleagues want grads to “hit the ground running”
- Competent at the level of a new health care professional
- Ability to practice independently without a supervisor

Thrasher et al, 2015

- Think (erroneously?)
 - “On the day of graduation, he/she is transformed from a student to a practitioner”



New Graduate Needs During Clinical Practice

- High levels of support from senior practitioners
 - Find that the real-world is less than supportive
- Mentoring
 - Respected
 - Trustworthy
 - Relevant
- Learning in Clinical Practice
 - Mentoring
 - Prefer to learn from an experienced clinician



Banks et al., 2011



How to Ease Transition?

- AT Programs
 - Provide hands-on, meaningful contact with patients
 - Emphasize interpersonal skills and communication
 - Provide self-directed learning to prepare for independent practice
 - Address early work practices
 - Address reflective practice
 - Require internships and residencies



How to Ease Transition?

- Colleagues
 - Assume an active role of teacher – patience
 - Serve as a mentor
 - Share personal experiences and model stress and coping strategies
 - Offer support and reassurance that stress is “normal” at the beginning of the transition
 - Meet as a group



How to Ease Transition?

- New Grad
 - Discuss problems adjusting to work or new role
 - During the interview ask if there is support and/or supervision
 - Ask for support and supervision



How to Ease Transition?

- Organization
 - Transition Programs
 - Orientation Programs
 - Supervision
 - Providing a structured mentoring experience
 - Staff development programs
 - Recognize new grad learning needs and initiate individualized goals
 - Develop objectives and learning plans to facilitate entry to the organization



What is the Reality in AT?

- AT Employers Hiring Criteria
 - Personal characteristics
 - Education experience
 - Professional work experience
 - Work-related experience



Kahanov & Andrews, 2001



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What is the Reality in AT?

- Employer perceptions of academic preparation of entry-level ATs in the clinical setting
 - 90% felt EL ATs were prepared academically and clinically
 - 60% felt EL ATs were unprepared in aspects of the job that could only be learned on the job
 - EL AT competency highest in Risk Management and Immediate Care
 - Employers were satisfied with AT skills and knowledge but wished interpersonal skills were better

Massie, Strang, & Ward 2009



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What is the Reality in AT?

- Employer and employee opinions of deficiencies in new AT grads
 - Interpersonal communication
 - Decision making and Independence
 - Initiative
 - Confidence and Humility
 - Administrative Skills

Carr & Volberding, 2011



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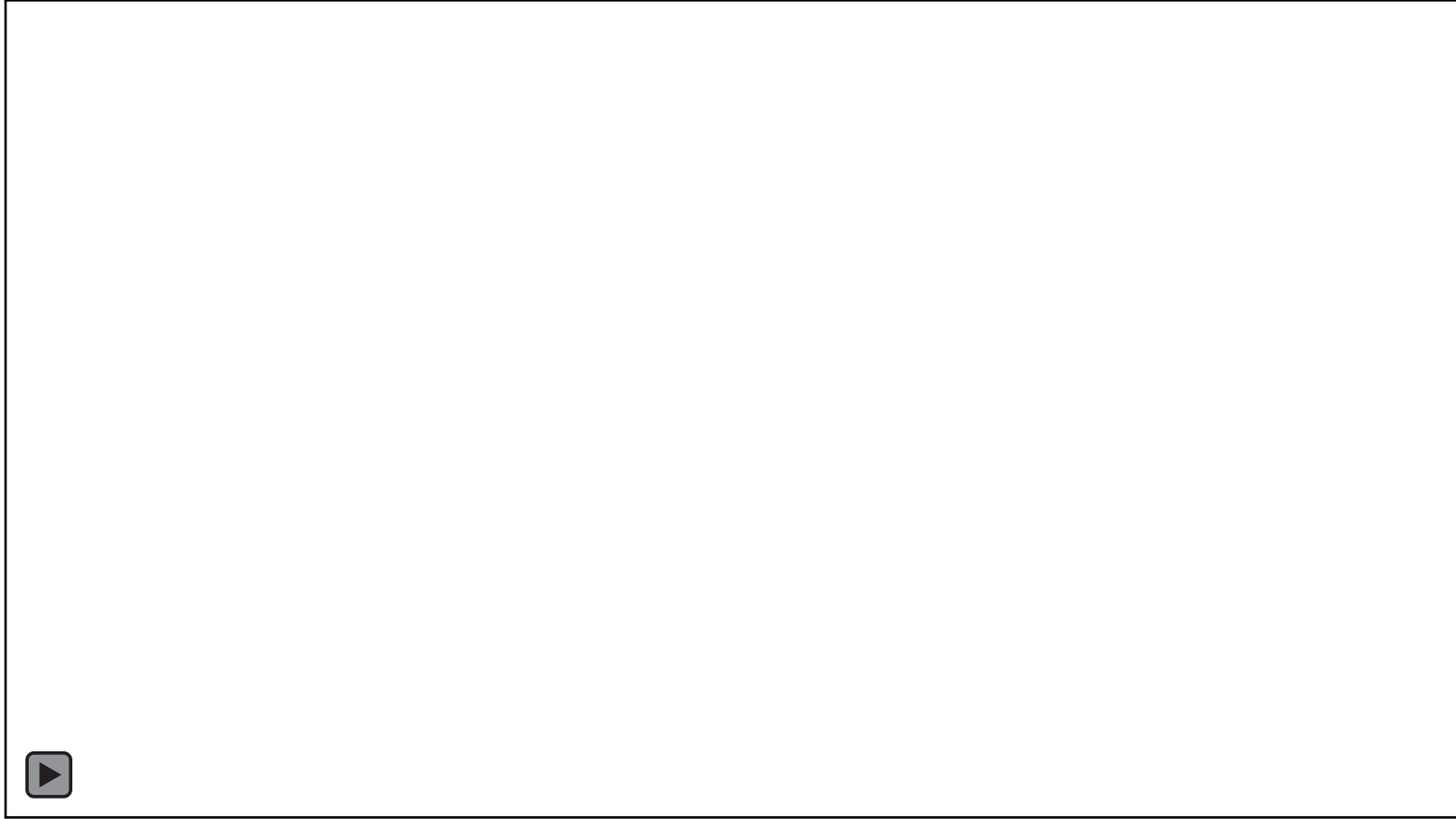
What is the Reality? New AT Perspective

- Formal orientation experience
 - Division I and Division II college settings
 - Met staff, tours, policies and procedures
- Informal orientation experience
 - Secondary schools, Division III, Junior College settings
 - Immediately immersed in AT role after brief meetings
 - Learned information as they gained experience

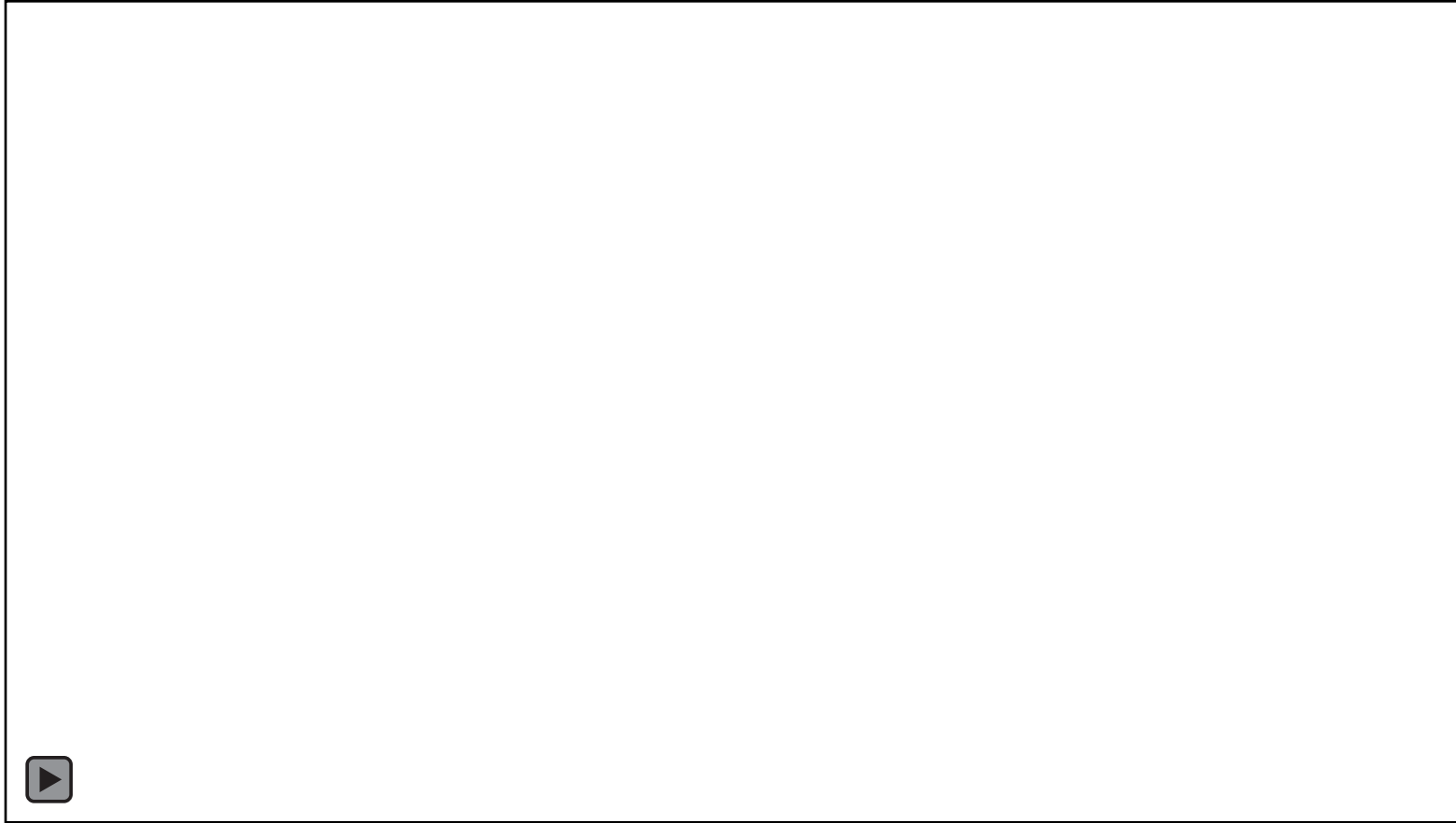
Walker et al, 2016; Pitney 2010



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What is the Reality in AT?

Supervisor Perspective

- Formal and Informal Orientation
 - Formal
 - 2 days to 2 weeks prior to patient care
 - Expectations
 - Informal
 - Supplementing formal orientation
 - Immediate role immersion

- Professional Development
 - Formal Mentoring
 - Planned meetings
 - Informal Mentoring
 - Unplanned interactions with a staff member who was not a formal mentor

Thrasher et al, 2015



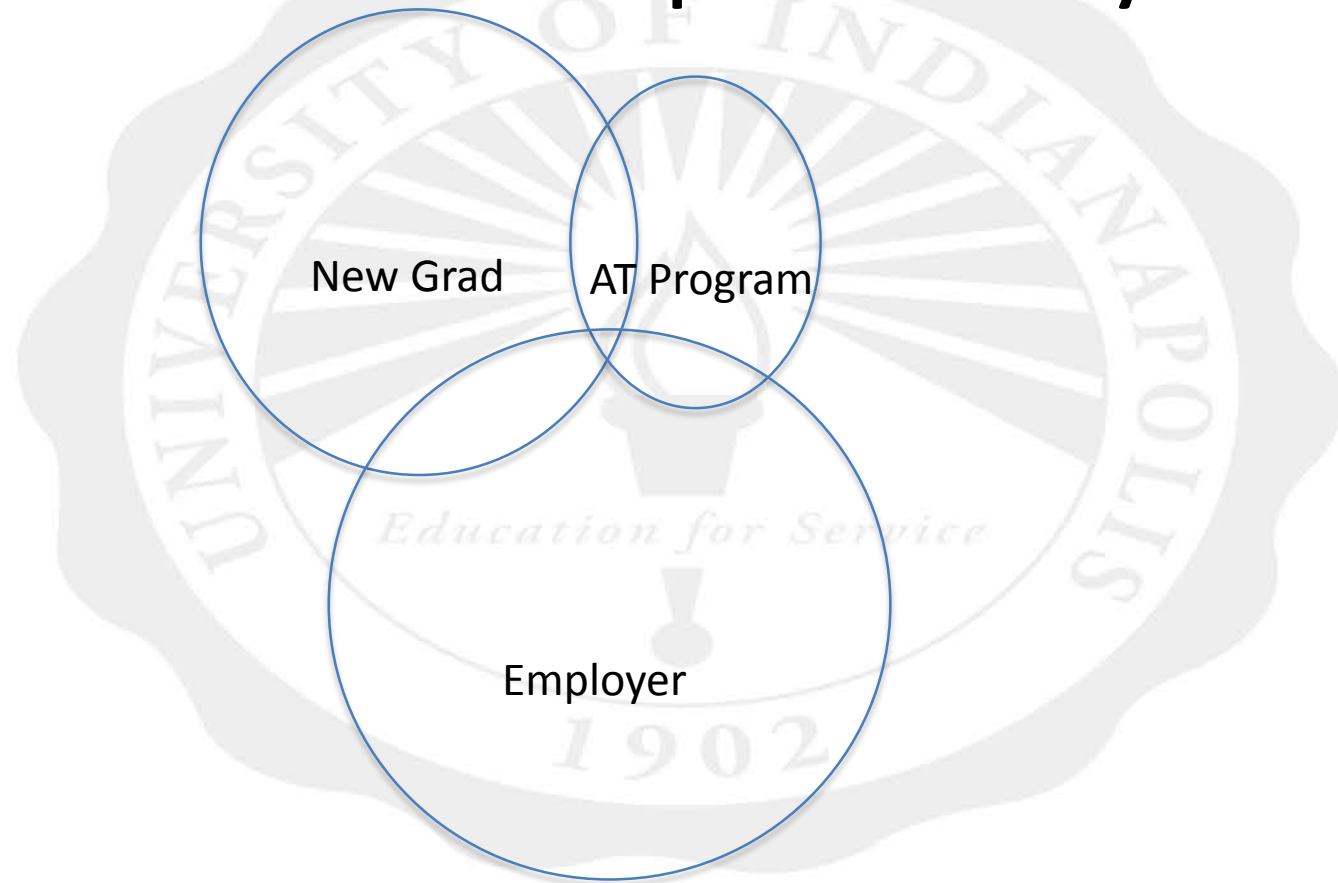
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Transition Strategy

- Comprehensive, Interactive, and Meaningful Orientation Program
- Formal Mentoring Program



Whose Responsibility?



A Few Facts

- Turnover rates for first year nurses is 60%.
- Estimated to cost \$50,000 to recruit and train one new nurse.
- Turnover of nurses skews:
 - Level of experience
 - Level of knowledge
 - Critical thinking abilities

Adams et al, 2014



Turnover

- Typically nurses leave after 1 year of employment due to:
 - Poor training
 - Lack of support systems
 - Stress of working situation



Park et al, 2010



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A Few Questions

- What skills does a new graduate need to be successful?
 - How do you know the graduate has these skills?
- What skills are graduates confident and/or competent to perform?
 - How do you know what a graduate is confident to perform?
- What skills do graduates need remediation?



Things That Make You Go Hmm

- Nursing transition to patient care
 - Knowledge and skill assessment
 - Graduated approach to patient care
 - Assigned to a preceptor
- Athletic Training
 - Knowledge and skill assessment?
 - Graduated approach to patient care?
 - Assigned to a preceptor/skilled clinician?



Purpose of Orientation Programs

- Improve retention
- Improve job satisfaction
- Decrease stress
- Acquire skills
- Build confidence
- Function safely, efficiently, competently



Baxter, 2010; Floyd et al, 2005; Loiseau, 2003



Effective Orientation

- Promotes effective role transition
- Increases confidence
- Develops skills and team-building
- Develops better clinical decision making, safer patient care, and greater productivity
- Reduces turn-over

Baxter et al, 2010; Hunsburger et al, 2013; Park et al, 2010



Types of Orientation Programs

- Internship/Residency
- Structured/Extended Orientation
- Mentorship/Preceptorship
- Simulation-Based
- Formal
- Informal



Edwards et al, 2015 ;Park et al, 2010; Walker et al, 2016



Internship/Residency

- Bridge the gap between academic preparation and clinical practice
- Typically 6 months to 1 year
- Provide classroom and clinical support
- Found to increase
 - Competency, Knowledge, Confidence, Job Satisfaction, Retention
- Found to decrease
 - Stress/Anxiety, Turnover

Edwards et al, 2015



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Structured/Extended Orientation

- Typically 1 week to 5 months
- Provide classroom and clinical support
- Found to increase:
 - Confidence, Competence, Retention



Edwards et al, 2015; Park et al, 2010



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Mentorship/Preceptorship

- Qualified staff are trained and allocated to support and work alongside new staff
- Regularly scheduled meetings with a preceptor and mentor
- Found to Increase:
 - Competence, Confidence, Retention
- Found to Decrease
 - Stress/Anxiety

Edwards et al, 2015



Simulation Based

- Exposure to patient scenarios, case studies, high fidelity simulators
- Provides an opportunity to develop knowledge and skills
- Found to Increase:
 - Confidence, Competence, Knowledge, Retention

Edwards et al, 2015



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Formal

- 1 day to 1 week
- Structured
 - Meet staff
 - Tours
 - Reviewed Policies and Procedures
 - Communicated expectations for day to day activities
 - Referrals, EAPS, Protocols, etc...

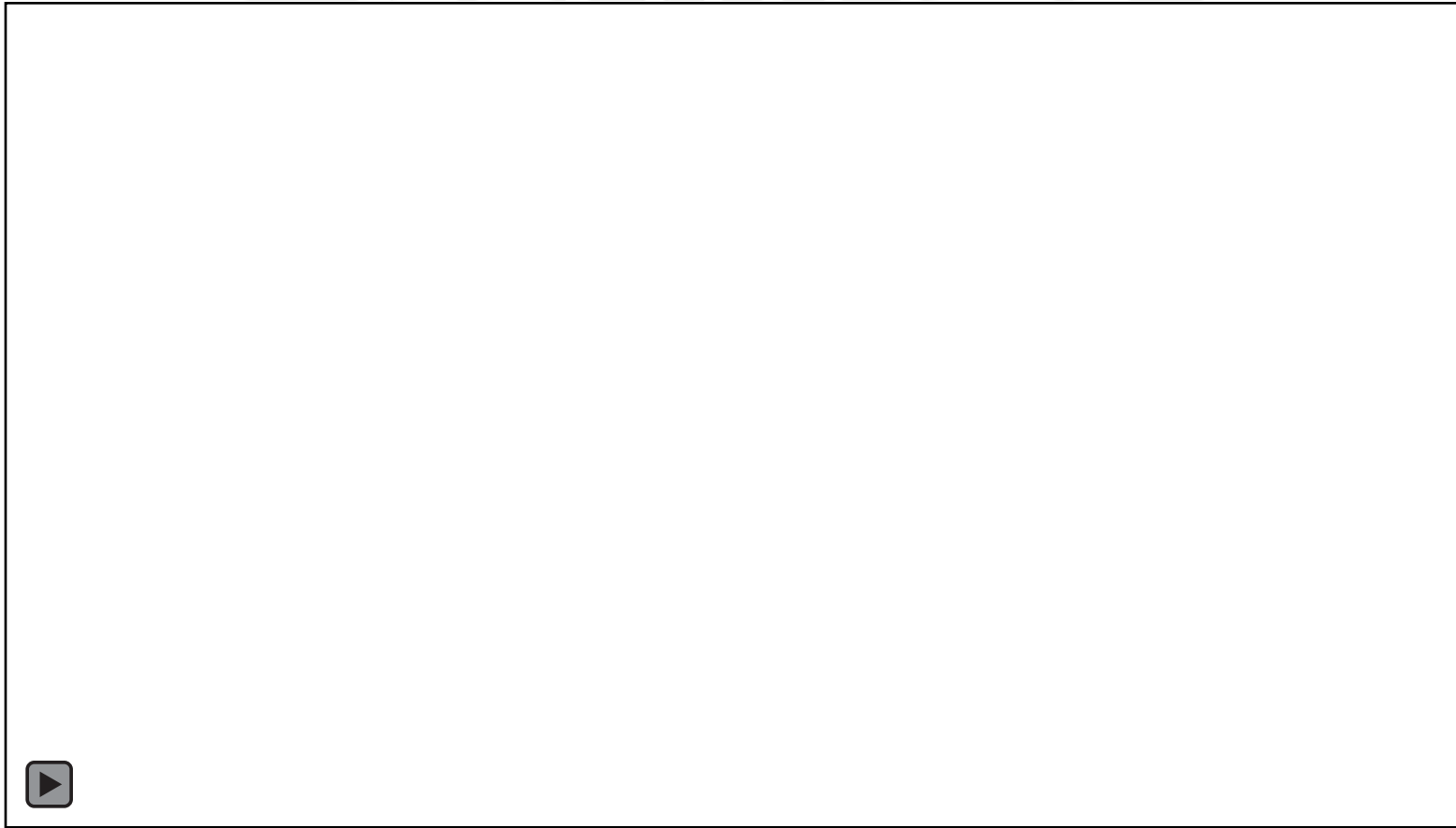


Walker et al, 2016



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Expectations Identified at Orientation



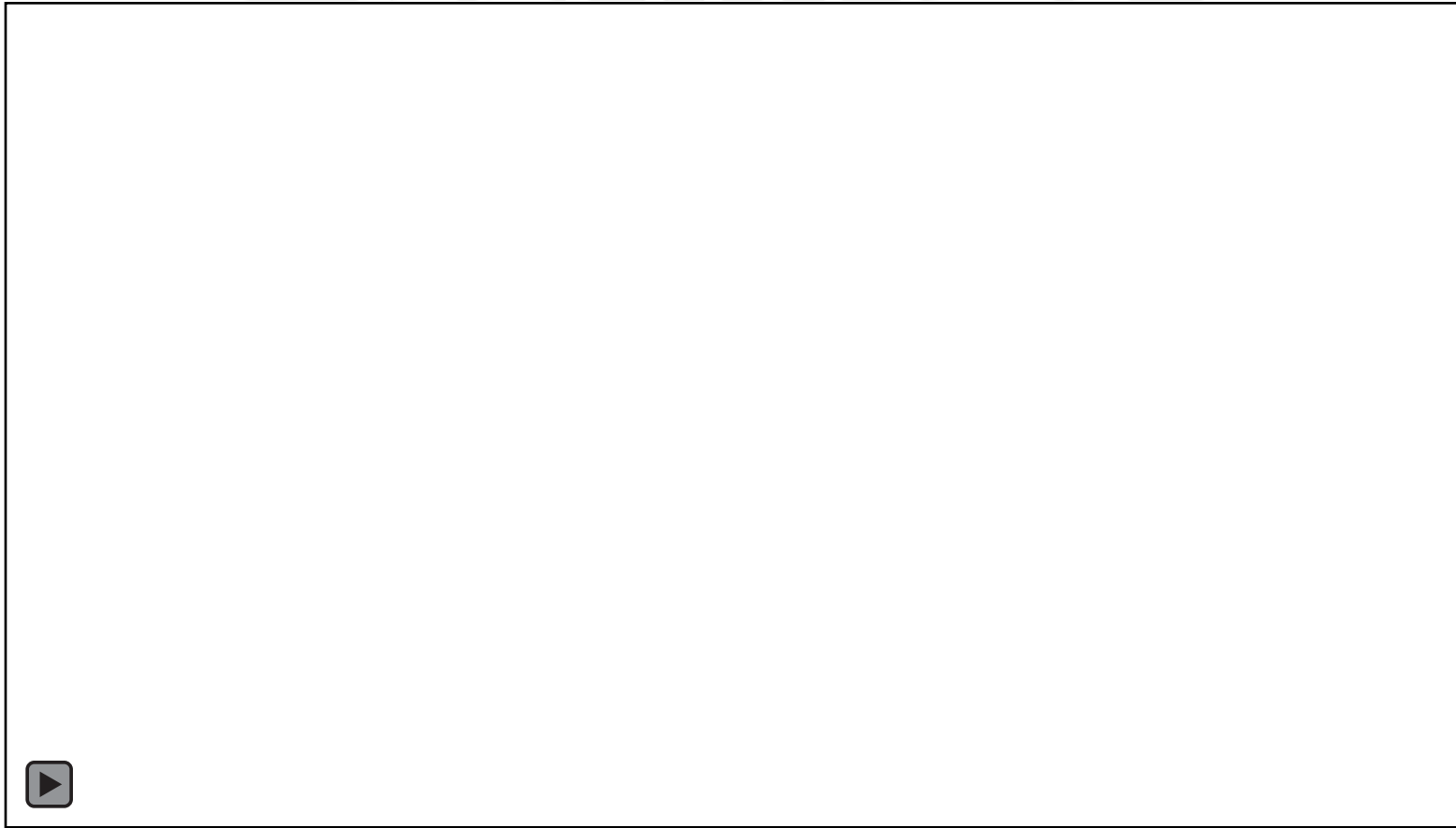
Informal

- Immediate immersion into role
- Brief meetings with supervisors
- Tours

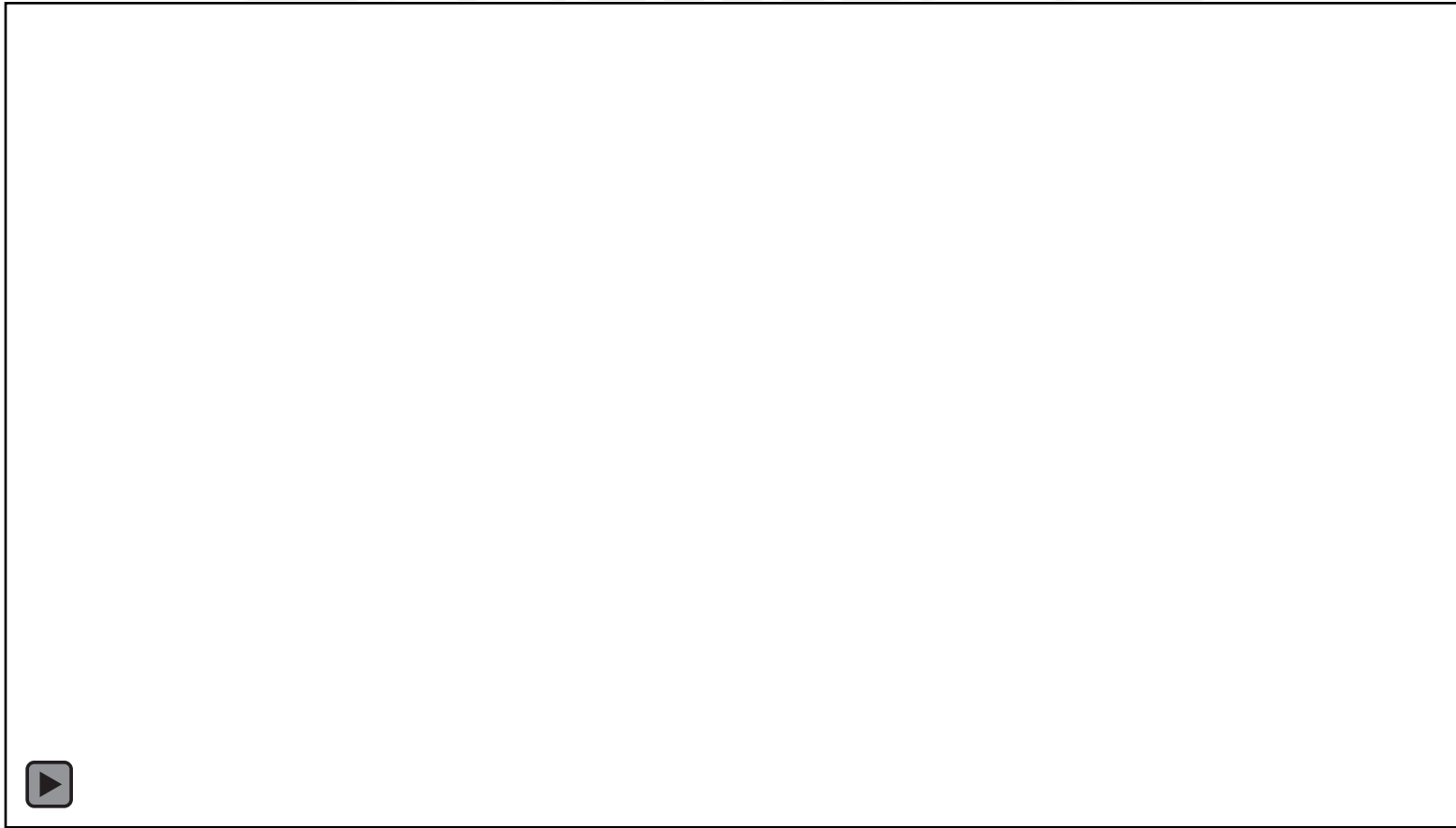
Walker et al, 2016



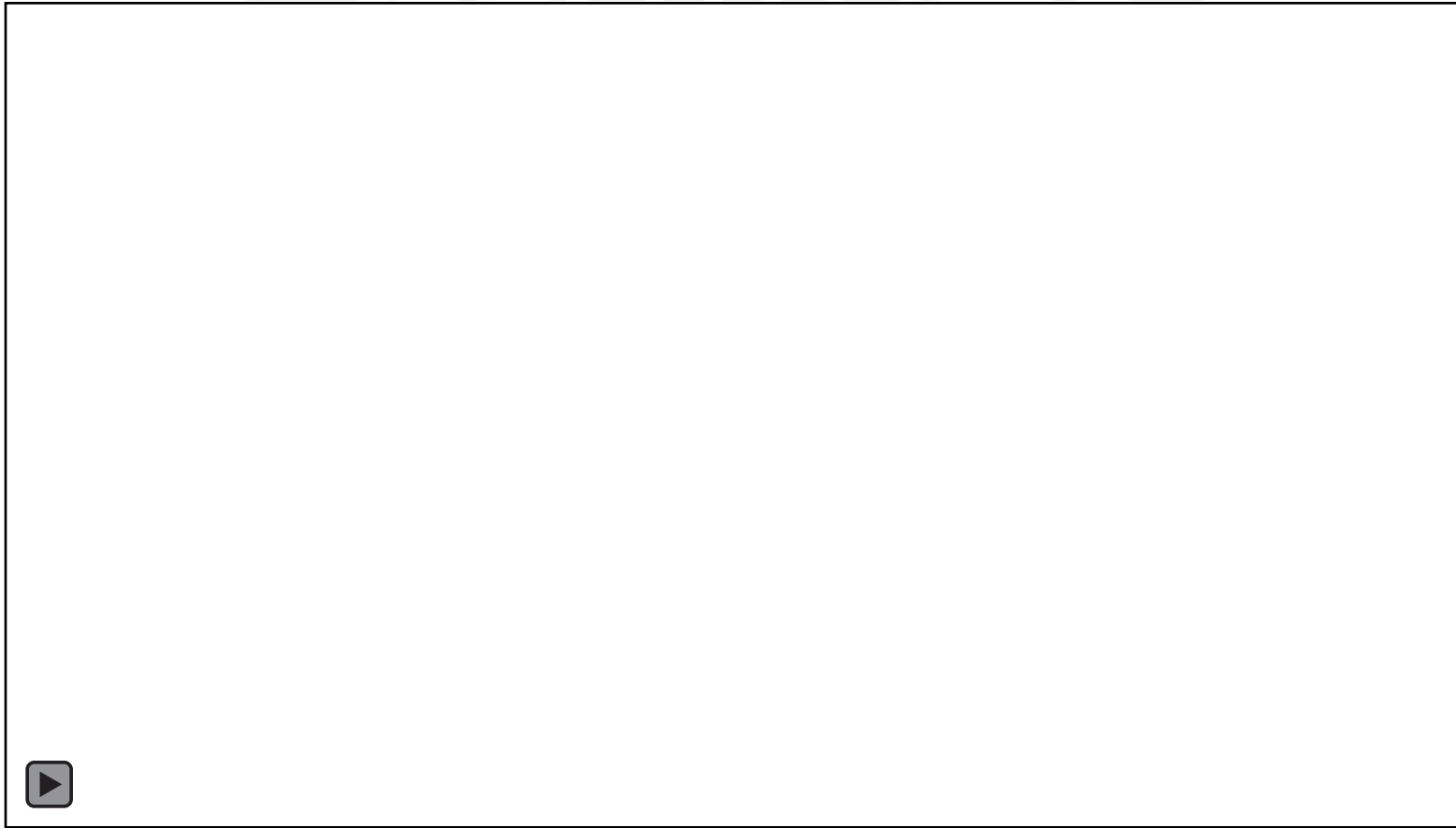
Informal Orientation Secondary School



What Was Wanted From Orientation



What Was Wanted from Orientation



Best Practices

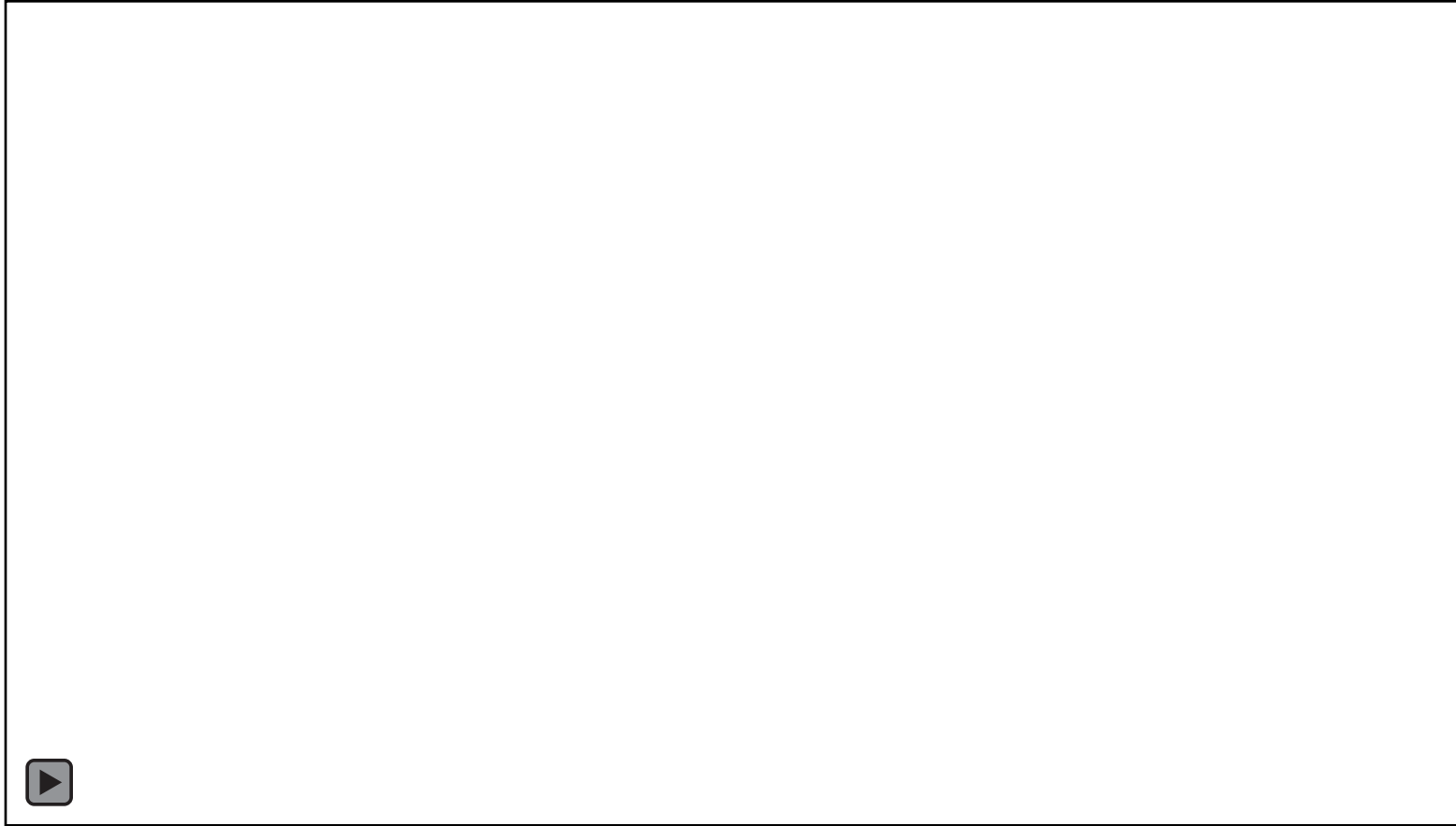
- Practical skill development
- Preceptors and mentors receive formal training
- Formal support for new graduate first 6-9 months
- Provide opportunities to connect with peers

Rush, 2013

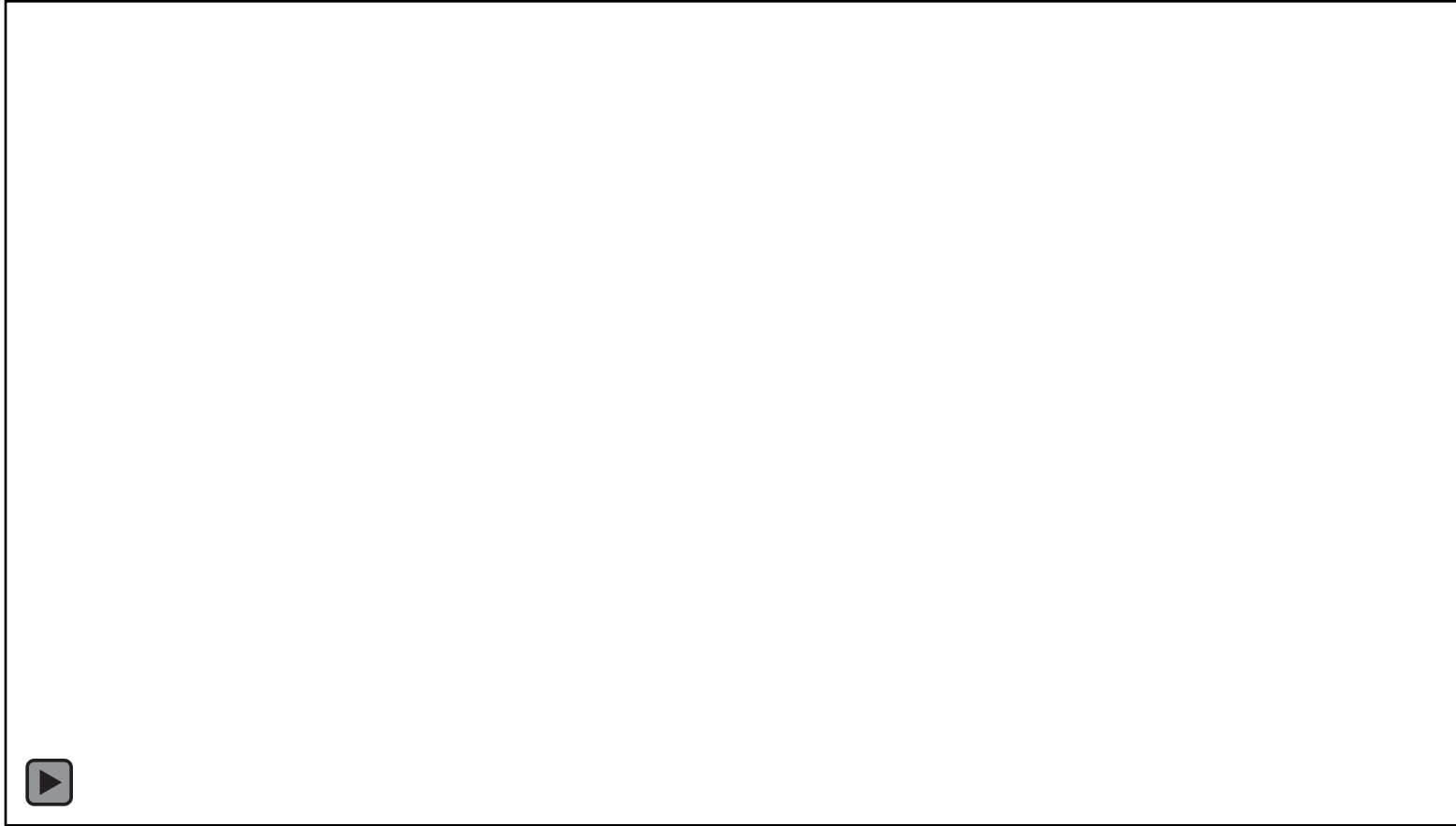


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Connecting With Peers



Connecting With Peers



Orientation Structure

- Didactic/Classroom Knowledge
- Competency/Skill Assessment
 - Simulations
 - Case Studies/Scenarios
 - Competency Skill Exams
- Patient Care
 - Graduated approach to the number of patients assigned
 - Work directly with a trained preceptor
- Mentoring

Baxter, 2010; Cefarratti et al, 2013; Loiseau, 2003; Rush, 2013



Roles in Orientation

- Preceptor/Skilled Clinician
 - Orient to requirements of the setting
 - Facilitate socialization
 - Teach technical skills
 - Challenge/promote critical thinking
 - Supervision and assessment

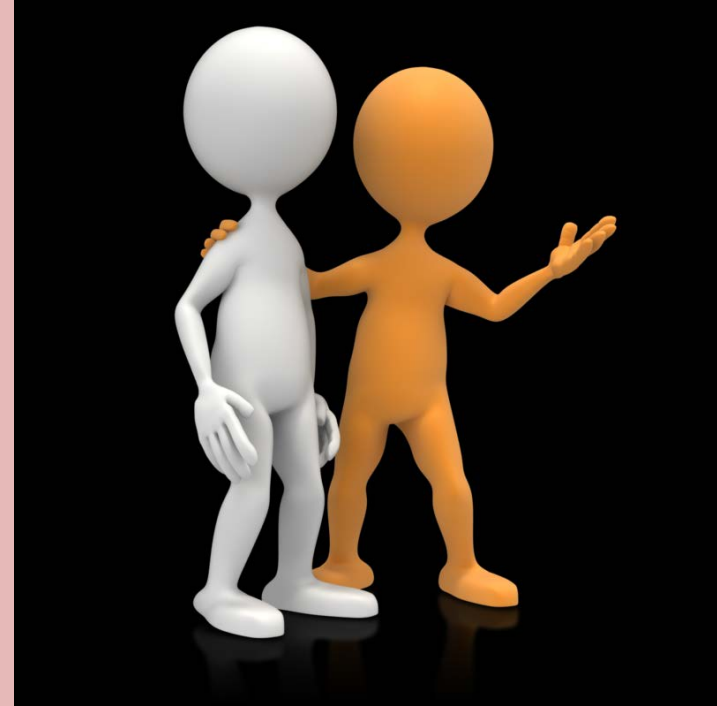
Baxter, 2010; Hunsberger et al, 2013



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Roles in Orientation

- Mentor
 - Informal support
 - Facilitate professional growth
 - Role modeling and guidance



Roles in Orientation

- Organization
 - Support
 - Commitment
 - Adequate and appropriate orientation
 - Socialization

Baxter, 2010; Park et al, 2010



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Commitment of the Organization

- Administrative support systems
 - Program coordinator
 - Program facilitator
 - Site managers



Orientation Mistakes

- Overwhelm new graduate on the first day
- New hire to start when supervisor is away
- New hire starting when supervisor is working on a large project



Suggestions for Orientation

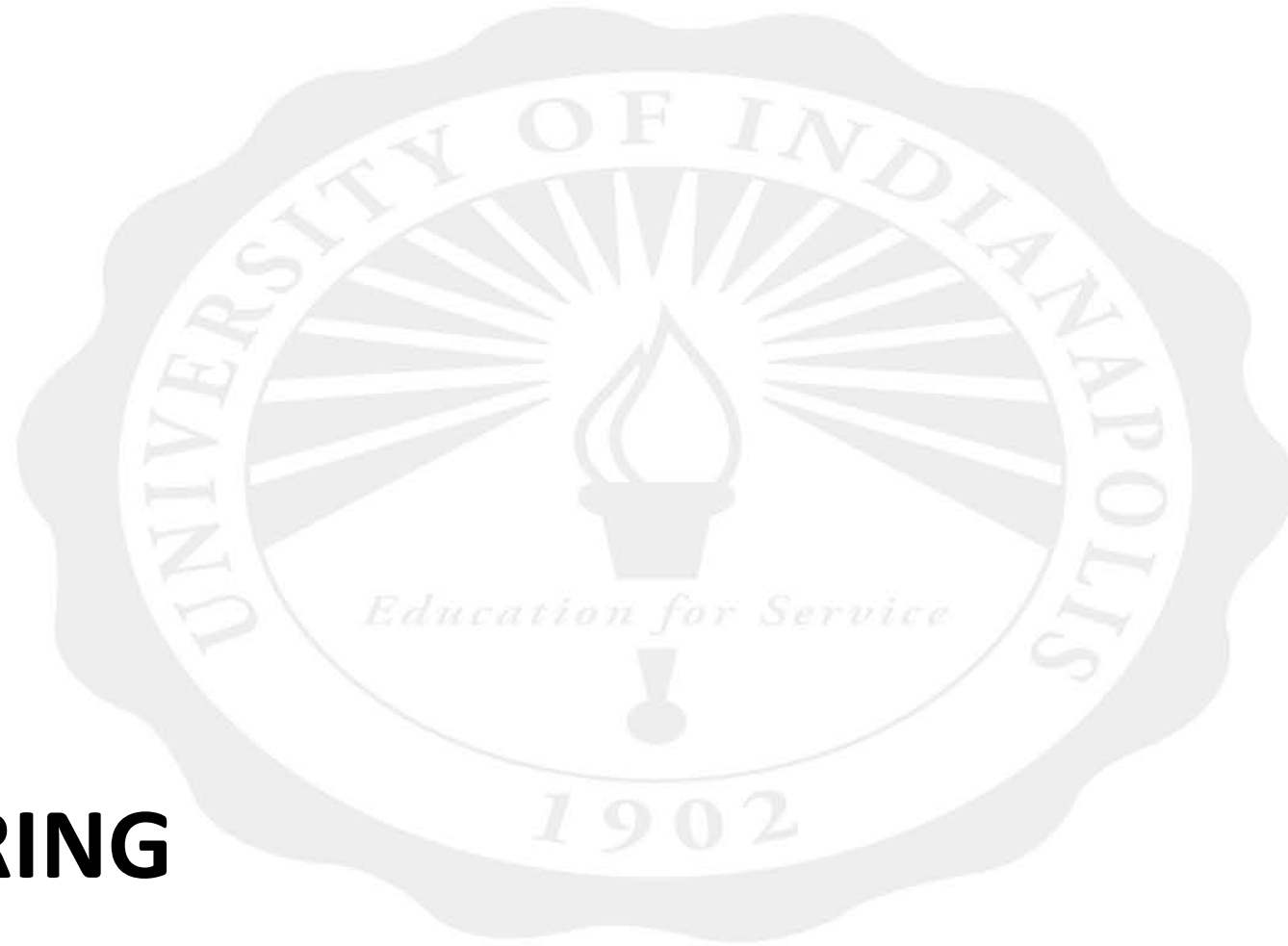
- Assess employees regarding what they need/want
- Planned, formal orientation
- Knowledge and skill learning and assessment
 - Classroom and skills practice
- Connect new AT with a preceptor or skilled clinician
 - Formal training



Suggestions for Orientation

- Connect new AT with peers
- Commitment from the organization to orientation
- Identify an orientation coordinator
- Meaningful, relevant, engaging, pertinent
- Evaluate the program





MENTORING



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What is Mentoring?

- Formal or informal relationship between two people outside of the mentee's chain of supervision
- Developmental relationship
- Relationship established for professional development, role socialization, and career advancement



US Office Personnel Management, 2008; Grater et al, 2010; Poronsky, 2012



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Why Is Mentoring Important?

- Increase staff retention
- Increase productivity
- Increase morale
- Integrate/transition to practice
- Increase job satisfaction
- Promote team-building
- Enhance professional skills



US Office of Personnel Management, 2008; Ferguson, 2011; Grater et al, 2010; Greene et al, 2002



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Types of Mentoring

- Formal
- Informal
- Peer



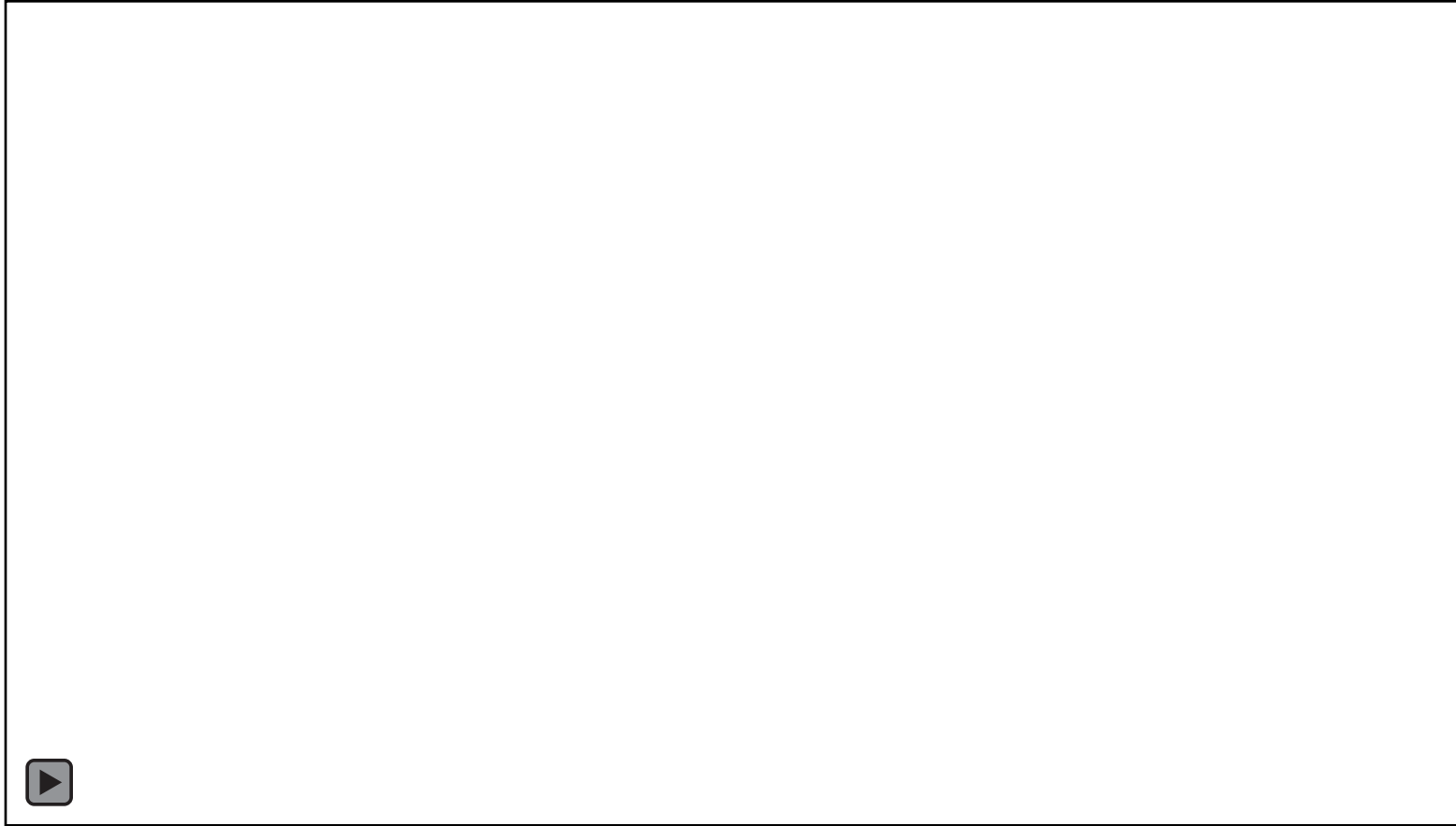
Formal Mentoring

- Structured program
- Clear and specific organizational goals
- Typically a pre-determined program duration
- Mentor/mentee assigned to each other

US Office of Personnel Management, 2008 ; Grater et al, 2010; Poronsky, 2012



Formal Mentor



Informal Mentoring

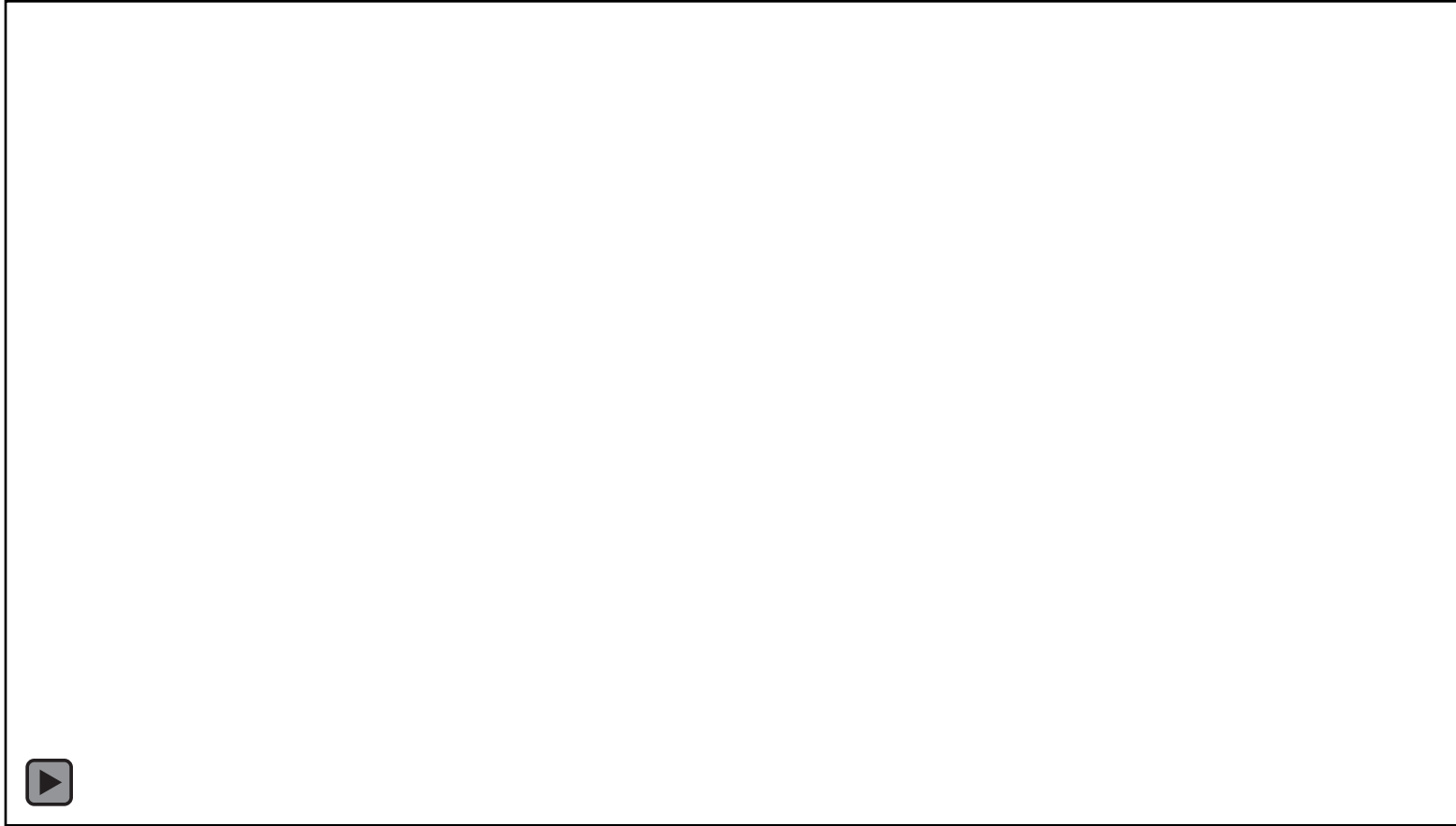
- Voluntary relationship that typically forms spontaneously or naturally
- Minimal to no structure
- May or may not have clear organization goals

US Office of Personnel Management, 2008; Grater et al, 2010; Poronsky, 2012



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Informal Mentor



Peer Mentoring

- Relationship between an individual who has a set of skills and an individual who wants to learn the skills
- Both individuals may be at the same organizational level



Furmisky et al, 2013



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Benefits for the Mentee

- Facilitates transition
- Development as a professional
- Develop new and/or different perspectives
- Assistance with ideas
- Broaden professional networking
- Increase confidence
- Increase autonomy



US Office of Personnel Management, 2008; Grater et al, 2010



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Benefits for the Mentor

- Personal and professional satisfaction
- Insight into new and different ideas
- Develop communication and interpersonal skills
- Enhance leadership skills

Grater et al, 2010



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Establishing a Mentoring Program

1. Clearly define the purpose of mentoring
2. Match mentors and mentees*
3. Solidify the mentoring relationship
4. Identify goals and objectives of mentoring
5. Train mentors and mentees regarding their roles
6. Organizational support
7. Measure outcomes of program



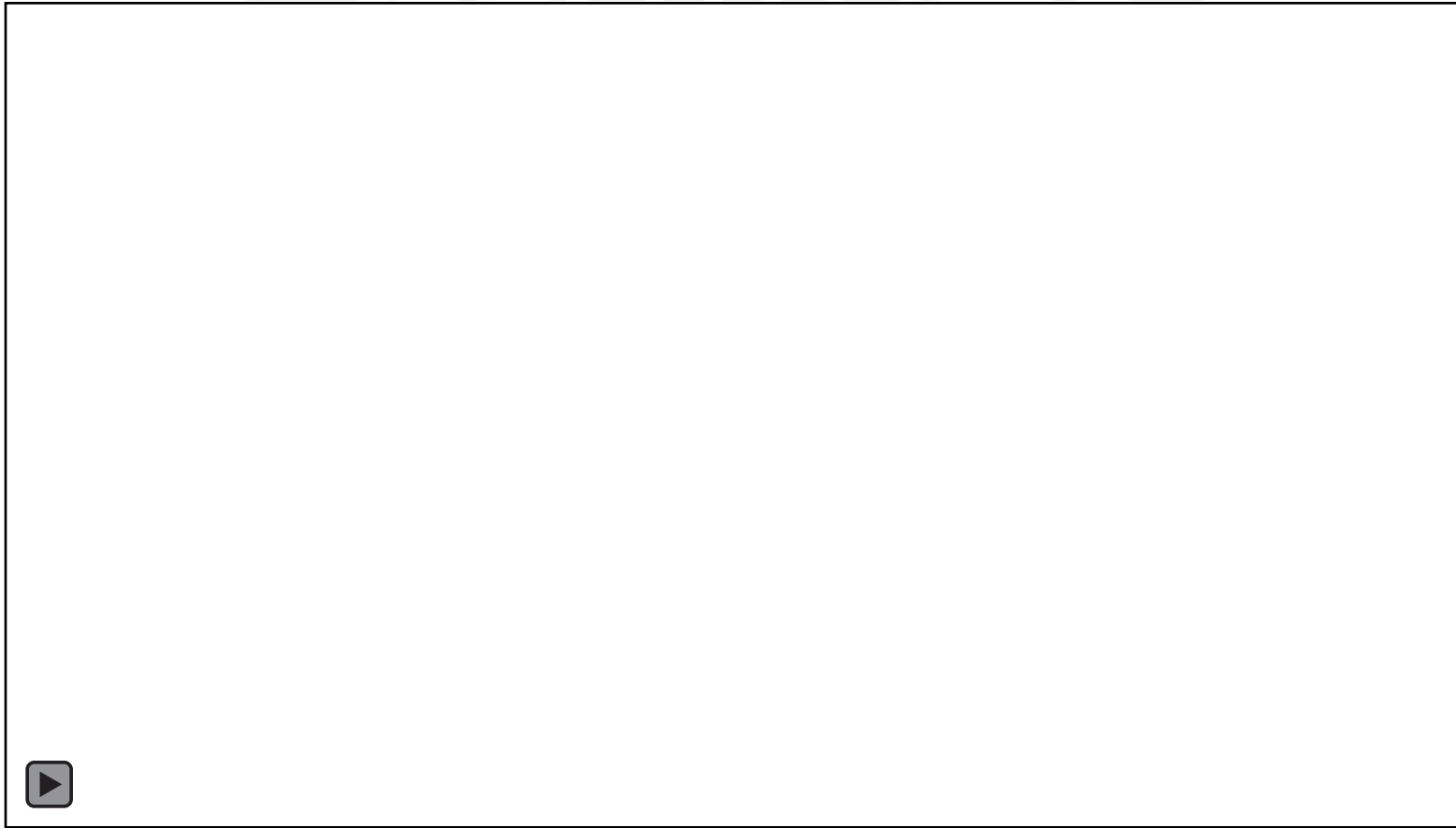
Matching Mentors/Mentees

- Seek mentee input
- Find qualities/attributes in common
- Develop criteria for matching pairs
- Match learning needs with instructional capabilities

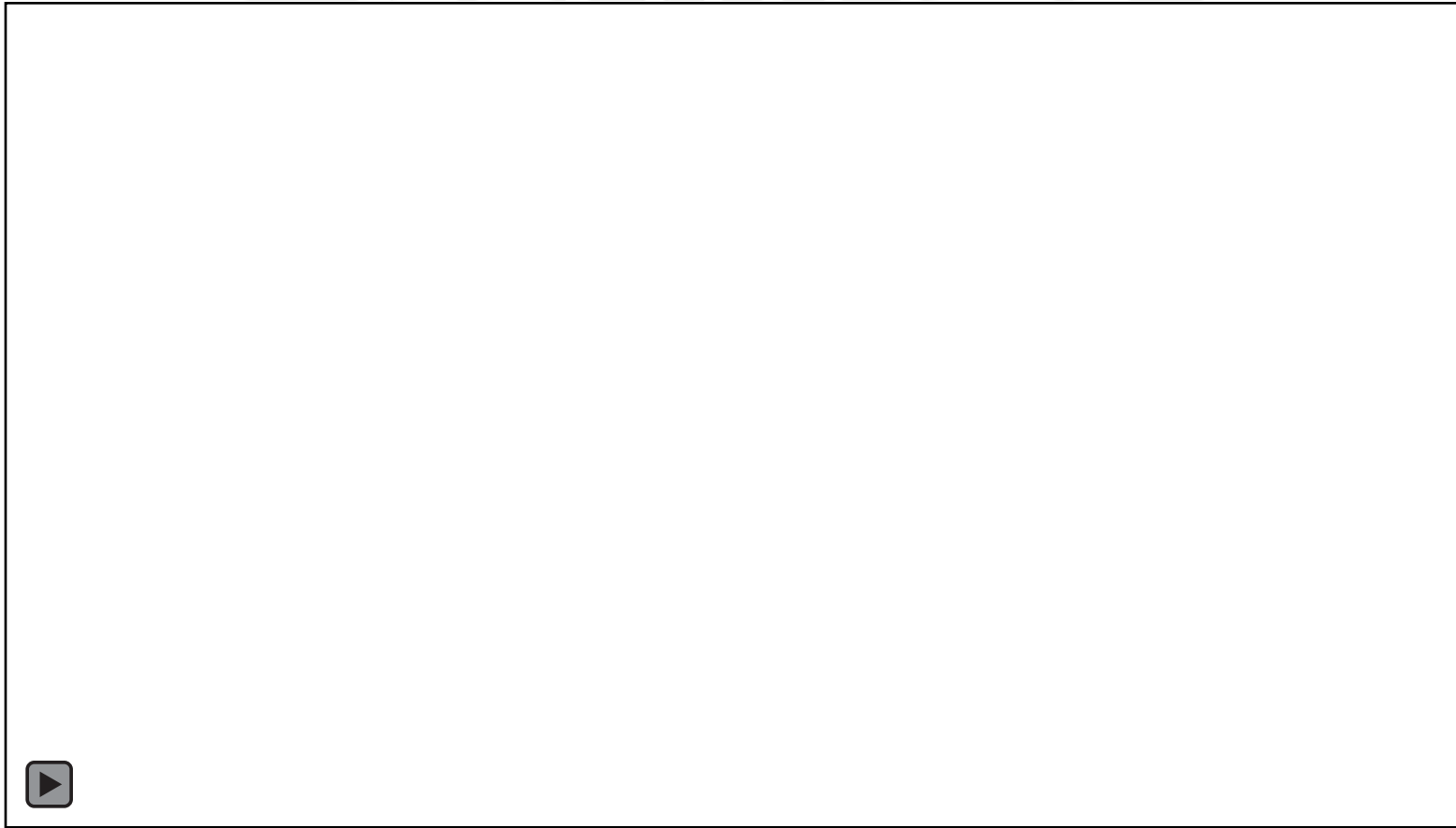
Nick et al, 2012; American Productivity and Quality Center, 2016



Selecting Formal Mentor



Selecting Informal Mentor



What Does a Good Mentor Look Like?

- Supportive behaviors
- Facilitates professional socialization
- Experienced
- Friendly
- Communicates
- Shares information
- Role model



Ferguson, 2011; Grater et al, 2010; Greene et al, 2002



What Does a Good Mentee Look Like?

- Motivated learner
- Open minded
- Active participant
- Works to fulfill goals
- Career commitment
- Competent

Grater et al, 2010; Greene et al, 2002



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Challenges to Effective Mentoring

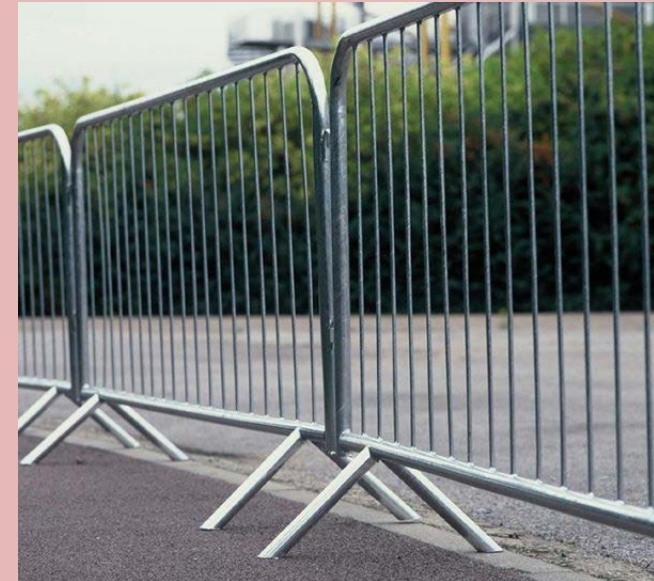
- Poor relationship
- Ideas stifled
- Lack of support and guidance
- Lack of feedback

Grater et al, 2010; Poronsky, 2012



Barriers to Effective Mentoring

- Lack of goals and objectives
- Poor communication
- Lack of time
- Lack of training
- Do not understand program goals



Poronsky, 2012



Suggestions

- Organizational commitment
- Program leader
- Thoughtful mentor/mentee assignments
- Structure
 - Goals/objectives
 - Meetings
 - Agenda items



Conclusions

- Structured Orientation Program
 - Knowledge and Skill Component
- Formal Mentoring Program
 - Experienced AT
 - Peer AT
- Continuing Learning
 - Education
 - Independence



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