

Collaborative group mentorship program to support transition from student to clinical student

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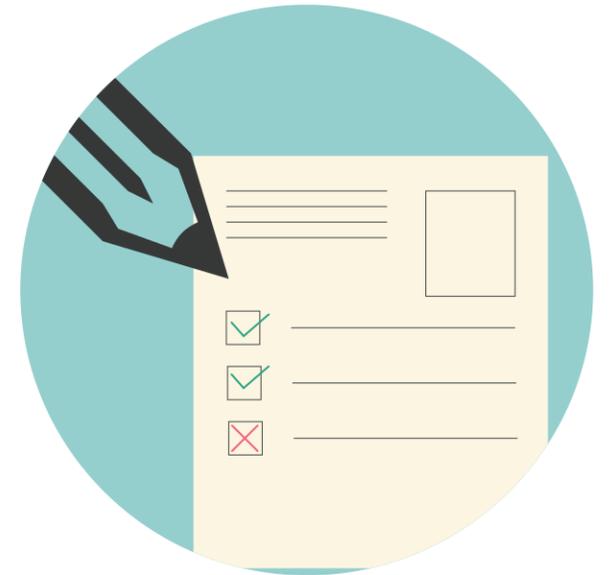
Group mentorship programme for graduating nursing students to facilitate their transition: A pilot study

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Presentation Outline

1. Context
2. Literature Review
3. Presentation of program
4. Presentation of results
5. Discussion and questions and conclusion



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Context



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- *The early decades of the 21st Century belong to health human resources (HHR). The World Health Report (2006) launched the Health Workforce Decade (2006-2015), with high priority given for countries to **develop effective workforce strategies that include 3 core elements:***
 - *improving recruitment,*
 - *helping the existing workforce to perform better,*
 - *and slowing the rate at which workers leave the health workforce.*

Pan-Canadian Health Human Resource Strategy

www.health-human-resources.ca

- Through recent health care accords, First Ministers have repeatedly stressed the need for appropriate planning and management of HHR
 - in order to ensure that Canadians have access to the health care providers they need.
 - Through the 2003 Budget \$20M was provided, annually, on an ongoing basis
 - These funds have formed the foundation for Health Canada's Pan-Canadian Health Human Resource Strategy.

Strategy

- Health Canada and its stakeholders have begun work to address the many challenges our country faces with respect to HHR within 4 broad components:
 - <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/strategy.html>

Strategy

- **Supply of Health Providers** - to increase the number of qualified providers entering the health workforce;
- **More Effective Use of Skills** - to increase productivity of health care providers by making full use of their skills;
- **Creating healthy, supportive, learning workplaces** - to enhance working and learning conditions to maintain an experienced, dedicated workforce with the skills to provide high quality, safe, timely care;
- **More effective planning and forecasting** - to develop the capacity for more effective health human resources planning and forecasting to support an affordable, sustainable health care system.

Why does this
program exist?

Literature Review

The transition from student to clinical nurse is a difficult and stressful one (Duchscher & Cowin, 2006).

An alarming number of new nurses are quitting the profession (Lavoie-Tremblay, O'Brien-Pallas, Gélinas, Desforges, & Marchionni, 2008; Marleau & Lapointe, 2014).

Worrying about providing safe and appropriate care for your patients (Halpin, Terry, & Curzio, 2017; Gardiner & Sheen, 2016)

Feeling inadequate and unprepared (Kaihlanen, Lakanmaa, & Salminen, 2013)

Trouble with managing workload and responsibilities (Halpin et al., 2017)



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Disillusionment with the profession (Huybrecht et al., 2011; Mooney, 2007)

Bullying and rudeness from coworkers (Dellasega, 2009)

Feeling afraid to ask for help/ask questions because you don't want to look bad (Duscher, 2009)

Conflict between what you learned at school and the way things are done at your workplace (Kaihlanen et al., 2013)

Trouble with work-life balance



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Most healthcare organizations have been facing these challenges for many years, and several strategies have been developed to address them, such as new nurses' mentorship programs (e.g., Cottingham, DiBartolo, Battistoni, & Brown, 2011).

However, few studies have focused on what can be done in the educational environment, before graduation, to ease the transition from student to nurse.



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In partnership, to develop of a group mentorship program designed for students in their last year of bachelor nursing training.

This group mentorship project focuses on the mentoring of graduating nursing students by professional nurses currently working in clinical settings (e.g. alumni nurses, nurses from partner organizations) to facilitate their transition from student to clinical nurse.



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Programs



- Phase 1: ***Nurse Peer Mentorship Program (NPMP)***, to aid students in their transition to University professional Program. This phase aims to offer a one on one mentorship. Offered throughout their years of study (Lia Sanzone)
- Phase 2: ***The Nightingale Fellows Project***, to aid students in their transition to clinical practice. This phase aims to offer a group mentorship experience to ISON students in their final year of studies.

Goals of the Group Mentorship Program

- **To help nursing students in their final year of studies to become nurse clinicians, by offering them educational and experiential support.**



- **To offer a safe environment where the students are encouraged to discuss the transition to practice with nursing professionals.**



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Who can become a Nightingale Fellow (Mentor)?

Nurses who:

- Are currently working in a clinical setting (full or part-time);
- Have at least one year of nursing experience;
- Are available to meet on the scheduled times, 5 times during the year in the evening for 2 hours per session;
- Wish to share their experience and knowledge in order to help students in their transition to clinical practice.



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Format (see document in appendix)

- In collaboration with our community partners, the McGill University Health Centre (MUHC) and the Jewish General Hospital (JGH)
- Mentor recruitment (Nightingale Fellows, N=12)
 - Orientation (mentors)
 - Document
 - Recruitment of students via email (N=45)
- Each Nightingale Fellow has a group of 3-7 students and meets with them several times over the course of the year (3 times for the Pilot in 2016-2017, and 5 times for full program in 2017-2018).
- Each meeting lasts 2 hours (**18:00 – 20:00**) and takes place at the ISON.



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THEMES

- Literature Review
- Working Group with Nurse Leaders
- New Graduates as Research Assistant (develop vignettes)
- Focus Groups with new graduates

How to manage time effectively/prioritize care/multi-task

Critical thinking/problem-solving

Communication skills with clients, colleagues

Career development skills (applying for jobs, licensure, etc)

Stress management



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THEMES

Fall

1. Getting Started as a new Graduate
2. Reality Shock- Reality of the work Environment

Winter

3. Stress Management
4. Adjusting to Organizational Culture

October

5. Sharing Experience between new nurses



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Session 3: Stress Management

3.1 Fact Sheet Summary

3.2 Vignettes

3.1 Fact Sheet Summary: Stress Management

It almost goes with saying that being a nurse is stressful. Being able to stay on top of your workload, think through ambiguous situations, and practice self-care can help keep workplace stress at a manageable level.

Main themes to discuss: How to manage workload and prioritize care, figuring out what to do in unclear situations, physical and mental self-care while at work and at home, managing/overcoming insecurity and self-doubt.

1. Managing workload and prioritizing care

Time management is an essential part of daily life as a nurse (Waterworth, 2003). Being able to stay on top of your workload can reduce the amount of stress you feel.

- a) Strategies for managing the workload will vary from place to place, but here are some strategies that are often recommended across different nursing forums.
 - i) Ask more experienced colleagues about their time management strategies (Lampert, 2016).
 - ii) Establish a routine, to reduce the amount of time spent thinking about what to do and when to do it (Waterworth, 2003).
 - iii) Prioritize tasks by importance (What would be the consequences if something was not done? What is most important and why?) (Bynes, 2014; Nelson, 2010; Stone & Treloar, 2015).
 - iv) Find an organizational tool or worksheet that can help you keep track of information (Lampert, 2016).
 - v) Group tasks together for each patient—Try to do assessment, med pass, and charting in the same visit; when possible, complete charting in patient’s room right after assessing them (FRESHRN, 2014).
 - vi) Start with less complex patients when doing medication pass (FRESHRN, 2014).
 - vii) Delegate tasks when appropriate (Waterworth, 2003).
 - viii) Try to minimize interruptions, and say no when you have to – tell people that you will get back to them when you have finished what you’re currently doing, especially when passing medications (Waterworth, 2003).
 - ix) It may be helpful to arrive early in order to prepare your plan for the shift (although opinions differ on this) (Woogara, 2012).

2. Critical thinking and clinical reasoning: Figuring out what to do when you’re not sure

Another source of stress is when you are faced with ambiguous situations where you’re not sure what to do. Being able to use critical thinking/clinical reasoning skills an essential skill to have in these situations (Chen, 2010).

- a) Definition: “Clinical reasoning is the process by which nurses collect cues, process the information, come to an understanding of a patient problem or situation, plan and implement interventions, evaluate outcomes, and reflect on and learn from the process” (Levett-Jones et al., 2010, p. 515).

- a) Many new nurses do not enter the workforce with well-developed clinical reasoning; it is a skill that they acquire over time through experience (Missen, McKenna, Beauchamp, & Larkins, 2016; (Voldbjerg, Grønkjær, Sørensen, & Hall, 2016).
- b) In general, the literature recommends that novice nurses have support from experienced colleagues, preceptors, and mentors in developing their clinical thinking skills (Jewell, 2013). In critical situations, both experienced and novice nurses tend to rely on coworkers' input, more than any other resource (Sedgewick, Grigg, & Dersch, 2014).
- c) By talking through potential scenarios with colleagues and supervisors, it has been shown that novice nurses can rapidly improve their clinical reasoning abilities (Bob, 2009).

2. Physical and emotional self-care

- a) Nursing is not just emotionally stressful, but physically too; one study found that over 1/3 of nurses they sampled had abnormally high levels of the stress hormone cortisol, and levels were higher the longer they had been working (Yamaguti, De Mendonça, Coelho, Machado, & De Souza-Talarico, 2015).
- b) Some forms of self-care have to be done outside of work (maintaining a healthy lifestyle with nutrition and exercise, getting enough sleep, practicing meditation, yoga, etc) but some relaxation exercises can be done quickly while at work; these include deep breathing, mindfulness, engaging in helpful self-talk, getting emotional support from coworkers, going for a brief walk, taking scheduled breaks (Crane & Ward, 2016).
- c) It is normal to have feelings of anxiety and inadequacy when you are a novice nurse; it is pretty much a universal experience, and you will feel like your education did not prepare you for the workplace (Voldbjerg et al., 2016). This feeling is temporary; after 6 months to a year, you will feel much more confident. Learn from your colleagues, and try not to be too hard on yourself, because everybody goes through this process, you will survive and grow (Woogara, 2012).

Possible Topics for Discussion

How did you learn to stay organized and stay on top of your work when you became a nurse? What tips do you have for organization and time management? What did you wish you had known when you started out?

How do you prioritize care and make decisions in complex situations? How did you learn these skills?

How do you practice self-care, both inside and outside of work?

Did you have feelings of insecurity, anxiety, or inadequacy when you were a new nurse graduate? If so, how did you overcome/learn to manage these feelings? How long did these feelings last? Were there particular strategies that helped you?

3.2 Vignettes : Stress Management

3.2.1 Managing workload and prioritizing care

Vignette 1

Case Scenario

You are working on a medical unit and sit down to chart with 45 minutes left before the end of your very busy shift. You feel comfortable as you have allocated this time for charting. You have to chart on 5 patients. Although you have kept notes on your worksheet, you have not documented anything since 10 am. As you begin to chart the code blue light turns on for a patient and you run to help with the code. Time passes and the patient is stabilized and transported to ICU. Being the only nurse working who has been trained for transport you accompany your colleague who is the primary nurse for this patient. You return on the unit 30 minutes into the new shift. The nurse who will be assigned your caseload looks upset. As you begin walking towards her with your notes on hand, she states, “It either was a busy day and you did not have time to chart or you did not see your patients since 10am! I couldn’t even get started on my assessments! I didn’t know where each patient was left off at.”

Questions to Students

- **How will you approach this situation?**
- **What are the challenges and opportunities that you perceive?**
- **What will your next steps be in moving forward?**
- **What would you ask your more experienced colleagues?**

Proposed Solutions/Recommendations

- Chart as you go along, try to chart something every hour.
- Don’t leave charting for end of shift, risk of forgetting something or series of events, and risk for an unexpected/unanticipated event to unfold as in this situation, grouping tasks including charting.
- Charting throughout the shift also gives your fellow nurses an idea of what has been done or hasn’t been done for your patients. Easy to compare assessments and changes throughout the day.



RESULTS



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Method

- A pilot study was conducted.
- A mixed qualitative and quantitative approach was chosen to describe mentees' and mentors' perceptions of the group mentorship programme for graduating nursing students held between March 2017 and September 2017.
- ETHICAL APPROVAL (A05-B24-17A).

Surveys

- The surveys contained open-ended questions and Likert-type scales, and were based on:
- (1) the Kirkpatrick model's four levels of training evaluation, consisting of reaction, learning, behaviour, and results (Kirkpatrick & Kirkpatrick, 2006);
- (2) a review of the relevant literature, and
- (3) learning summaries from students following sessions

Because the measures were developed by the researchers for this specific study, no psychometric information is available.

Data Analysis

- The data generated by open-ended questions was analysed using a method proposed by Miles and Huberman (1994).
- Descriptive statistics such as means, standard deviations, ranges, normality and proportions were generated through SPSS v.20 (IMB Corp, 2011) to describe the quantitative questions.

TABLE 1 Mentors' and mentees' perceptions of the programme's usefulness

	Mentors <i>N</i> = 12, Mean (<i>SD</i>)	Mentors who answered useful or very useful (%)	Mentees <i>N</i> = 18, Mean (<i>SD</i>)	Mentees who answered useful or very useful (%)
How useful did you find the mentor orientation session?	4.50 (0.53)	100		
How useful did you find the group discussion during the session?			4.06 (0.94)	83
How useful did you find the summary of the literature for the session outlines?	4.33 (0.65)	92	3.33 (1.24)	50
How useful did you find the case vignettes for the session outlines?	4.17 (0.72)	83	3.78 (1.11)	78
How useful did you find the programme to ease your transition from student to new nurse?	4.50 (0.67)	92	3.50 (1.10)	56

1: NOT AT ALL USEFUL**2****3****4****5: VERY USEFUL**

	Mentees, Mean (SD)	Mentees who answered useful or very useful (%)
I feel more confident about transitioning to the workplace	3.65 (0.79)	59
I have learned problem-solving skills (time management, prioritization)	3.29 (1.16)	41
I feel more knowledgeable about workplace challenges and solutions	3.88 (1.05)	82
I feel more knowledgeable about career preparation and planning	3.29 (1.36)	47
I feel supported/guided in my transition into the workplace	3.59 (1.42)	65
The mentorship project provided a neutral and safe-space to discuss my concerns	4.29 (1.42)	88
I feel increased motivation to enter the nursing workforce	4.00 (0.87)	65

TABLE 2 Students' self-reported learning outcomes

	Mentors, Mean (<i>SD</i>)	Mentors who answered “useful” or “very useful” (%)
The mentorship session content addresses real workplace challenges and solutions	4.33 (0.49)	100
The mentorship sessions’ tools are informative and useful to facilitate the discussion	4.58 (0.51)	100
The mentorship sessions provide an opportunity to share my experience	4.75 (0.45)	100
The mentee students are receptive to my teaching, learnings, and advice	4.33 (0.78)	83
I felt prepared and confident to address the student's concerns	3.96 (.75)	75

TABLE 4 Mentors’ perceptions of the programme and their experience with the students



Mentees

Mentors

Perception of their experience



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Skills learned and used by Mentees

Learnings acquired (during sessions)	Learnings used at work (September 2017)
How to find resources and support.	47% have used learnings received from their mentors during the program
How to ask for help.	Building rapport with colleagues
Increased self-confidence	Demonstrating self-confidence
Stress management	Usage of coping techniques
Self-care	Self-care
Preparation to face real-life situations at work	How to manage bullying/lateral violence
	Communication techniques



Skills learned by Mentors

Learnings	Impact of program in workplace
58% reported learning new skills during the program	50% of mentors said their participation in the program has changed their behaviour at work
Self-reflection skills	More sensitive to needs of new nurses
Public speaking skills	More able to help new nurses during their transition
Group facilitation skills	



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Would you recommend this program to others?

MENTORS	MENTEES
Yes n = 12 100%	Yes n = 15 88%



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Mentees

It has given me insight about real life situations and ways to deal with them. I also found myself more confident entering the workplace.

I sought help from experienced nurses when faced with new challenges in the workplace.

I was in a certain situation when I thought back to what was discussed in a session and applied it to the best of my abilities.



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Mentors

It is a very enriching experience, and humbling to understand what some of my new 'colleagues' are going through/how we can work together to improve on some of the more troubling realities.

Gives [an] opportunity to reflect on [my] own experiences. Gives insight into new grad's experience – helps me to better address the needs of new nurses on the unit I work. Learn from students' experience and sharing that with new grads in the unit.



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Mentors

I learned a lot about myself as a nurse and was able to further develop my self-reflection in answering the questions posed by the mentees.

I feel I have more tools to help new nurses in my workplace to incorporate the unit and to address their fears and uncertainties.

It is enriching to meet with future nurses and learn what are their expectations of the workplace. It makes us more sensitive to the concerns of the new generation coming to work with us



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Discussion

The mentorship programme has not only been found to be beneficial for students, but also for mentors.

The relationship between mentors and mentees was mutually beneficial

This is consistent with past research, which has reported a benefit for mentors in terms of their leadership skills, self-worth, motivation, and personal satisfaction (Huybrecht et al., 2011; LaFleur & White, 2010).



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Discussion

Give a more realistic picture of the clinical environment, along with practical coping strategies, students can be inoculated against the “reality shock” first described by Kramer (1974).

This knowledge can help them to anticipate and overcome adversity during their early years of practice, putting them at a lower risk of abandoning the profession out of frustration or despair.



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Conclusion

Group mentorship programs have the potential to narrow the gap that exists between the world of the nursing student and that of the practising clinician,

Before Graduation
After Graduation

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