

Capstone Project Proposal  
Clinical Mentorship Program  
Amber Staten & Danielle Baptista  
Adventist University of Health Sciences

Mentor: Jim Molinaro, MSNA, CRNA

Chair: Alescia DeVasher Bethea, PhD, CRNA

## CLINICAL MENTORSHIP

### **Problem**

Transitioning from the role of a registered nurse to the role of student registered nurse anesthetist (SRNA) is extremely challenging. There is a tremendous amount of anxiety that accompanies the clinical setting. It has become apparent that it can be difficult to establish a foundation in anesthesia practice when paired with different providers on a daily basis. Each provider has his or her own unique set of skills and preferences when providing anesthesia care. Therefore, the problem identified is struggling SRNAs facing inconsistencies in the clinical setting. Although each clinical experience is important and valuable, the extreme diversity can be overwhelming to the fraught SRNA. Researchers are becoming increasingly concerned with issues related to mentorship. An excellent clinical experience is integral to student success (Myall & Levett, 2008).

Implementing a clinical mentorship program is necessary to build confidence and support SRNAs that have been identified as struggling. This program is designed to enhance the basic concepts and skills needed to provide safe anesthesia. When an SRNA is identified to the nurse anesthesia program (NAP) as having trouble employing didactic concepts into the clinical setting, then an intervention is needed. It is obvious that a strong didactic groundwork with the ability to execute concepts and information is vital in the clinical setting. However, the stress of performing at or above the level of expectation can be intimidating. This pressure and anxiety is exacerbated when expectations are unpredictable due to ever changing providers.

Poor performance in the clinical setting can lead to failure and dismissal from the nurse anesthesia program. This action is extremely unfortunate for the student. SRNAs make a huge sacrifice when beginning school. Registered nurses must become unemployed and spend countless hours away from their families and friends. This change is very emotionally,

## CLINICAL MENTORSHIP

physically, and financially taxing. The clinical mentorship program is being created in an effort to avoid the potential crisis of being released from the anesthesia program and to provide students with additional opportunities to be successful.

Along with providing confidence and other obvious benefits to the struggling SRNA, the clinical mentorship is intended to improve the quality of the anesthesia program while supporting the director of the anesthesia program. The clinical mentorship program may help to minimize the number of students that are dismissed from the NAP for poor clinical performance, which will continue to support the positive reputation of the SRNAs that are enrolled in the NAP at Adventist University of Health Sciences. Administrative directors are extremely busy with the responsibility of making sure that the program runs efficiently. Some of these duties include ensuring that the program is in accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs, supporting individual student needs, along with other countless responsibilities. Although the director is very supportive in the student's clinical education, he or she may not always be readily available in the operating room. The clinical mentorship program will assist the director in facilitating student success in the clinical setting.

### **Overview**

A mentor is an individual who guides a less experienced person by demonstrating positive behaviors and building trust (Callahan, 2001). An effective mentor realizes that his or her role is to be authentic, engaged, dependable, and attentive to the needs of the mentee (Callahan, 2001). When a mentor and mentee establish a relationship, it becomes a mentorship. In a mentorship, the more knowledgeable mentor aids in guiding the less experienced mentee to be productive in his or her professional career. However, true mentoring is more than just answering occasional questions (Hand & Thompson, 2003). It is about a continuous relationship

## CLINICAL MENTORSHIP

of learning, discussion, and challenge. According to Oregon's Mentor Training pyramid, there are five components that are fundamental when building a mentoring relationship. Building trust is at the base of the pyramid and having fun is at the top (Bloom & Broadus, 2011). Building trust is extremely important when constructing a mentoring relationship. A mentee needs to know that they can go to their mentor and discuss insecurities that remain confidential.

A mentorship is typically designed to benefit the mentee; however, the mentor and mentee should both benefit from the relationship. A mentoring partnership is satisfying to both people professionally and personally. In the process, both parties can advance their careers simultaneously (Bloom & Broadus, 2011). This relationship generates an opportunity to consider innovative ways of handling situations, improve communication skills, and magnify viewpoints (Hand & Thompson, 2003). During this relationship, a goal is identified between the mentor and mentee. The mentor works with the mentee to improve his or her skills in efforts to achieve the identified goal. While the mentor is supporting the mentee, he or she will also gain personal gratification, as well as enhanced personal leadership skills (Hand & Thompson, 2003).

This mutually beneficial partnership is applicable in the clinical setting. The student will benefit by overcoming psychological obstacles which will help him or her focus on clinical learning (Cohen, Jacob, & Chai, 2007). As a result, the student will be more enthused to learn. At the same time, educators will also benefit from mentoring in that they feel a sense enthusiasm, purpose and motivation to continue to expand their teaching ability (Callahan, 2001).

### **Literature Review**

O'Donnell (2005) wrote an article about the first anesthesia program to receive the Crystal Apple Award for their Clinical Mentorship Program. In all of nurse anesthesia, the Crystal Apple Award is the most esteemed award given at the program level. The Crystal Apple

## CLINICAL MENTORSHIP

Award is presented by the American Association of Nurse Anesthetist (AANA) each year for advancements in research, scholarship, and teaching. An education committee is responsible for the judging of entries. Five standards are used by the education committee when making the decision of who should receive this prestigious award. The five criteria are as follows: the level of impact on education, usefulness, relevance for other anesthesia programs, innovation and practicality. The University of Pittsburgh was the recipient of this outstanding award for the creation of their structured mentorship program for nurse anesthesia students.

The stated purpose of the University of Pittsburgh's Clinical Mentorship Program was to develop a professional, confident, and structured program for mentoring the student nurse anesthetist to providing an opportunity for teaching of skills and knowledge, role modeling, advising, support, and networking. Four main objectives were identified by the University of Pittsburgh. The first objective was to smooth the progression of SRNAs' adjustment to the role of student and continue through their transition to graduate nurse anesthetist into the job market. The second objective was to increase satisfaction, involvement, and a feeling of contribution of the CRNA preceptors towards the new generation of providers. The third objective was to show appreciation and value to the CRNAs for their contribution and dedication to the clinical experience of the SRNAs. This was done by providing them with continuing education credits for their time spent at meetings for mentorship training. The final objective was to cultivate positive relationships between the CRNAs and SRNAs as well as improving employment and retention.

The methods used to begin the SRNA clinical mentorship program at the University of Pittsburgh were as follows: planning meetings were started, a coordinator for mentorship was appointed, and a taskforce for mentoring met. A grant was obtained from Glaxo-Smith-Kline. A

## CLINICAL MENTORSHIP

mentor continuing education workshop was created. The continuing education on mentorship included information such as defining mentorship, major concerns of mentors, learning methods of students, normal modeling, and the method of effectual clinical evaluation. A total of thirty-five CRNAs participated in the workshop and received five continuing education credits. Guidelines for mentorship and mentorship contracts were given to the mentors. A survey was completed by both the SRNAs and CRNAs identifying their personal characteristics and learning styles allowing the students to be paired with compatible CRNAs. The students reported great success with the program. They attributed the success to early identification of problems with direct intervention by program directors and clinical faculty. Consistently positive feedback has been received related to the program.

Smith, Swain, and Penprase (2011) wrote an article in response to the fact that there is a lack of research available on the matter of effective teaching methods proven successful to both the SRNA and clinical instructors. Characteristics deemed effective by both the student and CRNA have not been identified. The study was quantitative and descriptive. Twenty-four characteristics of both SRNAs and clinical preceptors were discussed. The second portion of the study attempted to find congruence between the preceptor and student perceptions. The importance of the characteristics was determined using the Likert-scale. The study took place in the Midwest in a large hospital.

The results of the study indicate that there is lack of congruence between SRNAs and CRNA clinical preceptors' opinion of necessary characteristics of effective clinical preceptors. Smith, Swain, and Penprase (2011) found that students ranked the characteristics in the following order:

## CLINICAL MENTORSHIP

1) stimulates student learning environment, 2) appropriately encourages independence, 3) motivates students, 4) engenders confidence, 5) calm during times of stress, 6) clinical competence/judgment, 7) flexibility, 8) enjoys teaching, 9) ego strength/self-assurance, 10) open-minded, 11) individualizes teaching, 12) empathy/respect, 13) preceptor educational course, 14) actively teaches, 15) evaluation/counseling, 16) communication skills, 17) stimulates effective discussion, 18) mentoring style, 19) sensitivity, 20) accessibility, 21) positive role model, 22) timely feedback, 23) scholarly knowledge, 24) use of student care plan (p. 63).

The CRNA clinical preceptor ranked the following characteristics in this order of importance Smith, Swain, and Penprase (2011)

1) clinical competence/judgment, 2) ego/strength/self-assurance, 3) calm during times of stress, 4) appropriately encourages independence, 5) stimulates student involvement, 6) flexibility, 7) motivates students, 8) positive role model, 9) evaluation/counseling, 10) individualizes teaching, 11) actively teaches, 12) enjoys teaching, 13) accessibility, 14) timely feedback, 15) open-minded, 16) engenders confidence, 17) stimulates effective discussion, 18) empathy/respect, 19) communication skills, 20) mentoring style, 21) scholarly teaching/ knowledge, 22) use of student care plan, 23) sensitivity, 24) preceptor educational courses (p. 62).

The article concluded that there is little to no congruence between the feelings of SRNAs and clinical preceptors. The qualities thought to be most important to the student are not the same to the preceptor. The hope is that through this and other similar research, clinical preceptors will better understand the needs of the students they are training. With greater

## CLINICAL MENTORSHIP

understanding should come better learning opportunities and resources for student nurse anesthetists.

Keaveny and O'Donnell (2003) performed a descriptive study on mentoring in the operating room. A survey was used to determine the opinion of SRNAs on the mentorship in their clinical experience. The American Association of Nurse Anesthetists (AANA) along with the Council on Accreditation of Nurse Anesthesia Educational Programs worked together to assess and determine the perceptions of SRNAs regarding the clinical mentorship within their program. Students were asked to name the qualities and characteristics that make a distinction between clinical educator and clinical mentor. Interestingly, other studies have found that practicing CRNAs believe the school faculty and didactic educators should serve as the primary mentors for SRNAs. This study brings to light the fact that SRNAs feel that the CRNAs in the clinical setting should be their mentors in this area of their education.

A survey containing eleven points was used to gather data. The project was approved by the Institutional Review Board at the University of Pittsburgh. The total number of responses to the surveys was 1,251 out of 2,000 which is sixty-five percent. The results of the survey identified three adjectives considered central to being a successful clinical mentor. Encouraging was the third most significant adjective at 74.2%. Approachable was the second most important adjective at 88.9%. Knowledgeable was the most important adjective describing a good clinical mentor with a score of 93.8%. The adjectives used to describe an excellent educator were knowledgeable (95.4%), resourceful (64.5%), and approachable (58.9%).

It is very evident that SRNAs place great value on having a CRNA clinical mentor throughout their program. A student being paired with one specific CRNA through the duration of the program is very rare and probably unrealistic. An overwhelming 93% of SRNAs felt there



## CLINICAL MENTORSHIP

is a clear distinction between a mentor and educator. The study also found that in most existing clinical mentor programs, an SRNA is paired with a senior SRNA rather than a clinical CRNA.

It is evident that further research should be done to aid in the development of some type of model for SRNA clinical mentorship programs.

Hand and Thompson (2003) are both CRNAs that conducted a study on determining clinical faculty perceptions of mentoring. The nurse anesthesia profession depends on Certified Registered Nurse Anesthetists (CRNA) and anesthesiologists to instruct and supervise students in the clinical setting. Both groups of anesthesia providers are needed to facilitate learning while assuring patient safety (Hand & Thompson, 2003). The question is, are anesthesia providers really functioning as mentors or simply communicating their knowledge to the students as educators (Hand & Thompson, 2003). The word “mentor” is used so routinely that its meaning holds no value. Faut-Callahan described and defined the roles in the mentoring relationship and highlighted the significance of mentoring in the nurse anesthesia profession (Callahan, 2001). However, nurse anesthesia clinical faculty are still not clear as to what is involved in mentoring. Unfortunately, many people believe that providing clinical instruction, education, and supervision are synonymous for mentoring. These authors conducted a descriptive study to define clinical faculty perceptions of mentoring and its importance to students.

The sample was chosen conveniently and surveyed regarding their opinions of a mentor. The results showed that the respondents that did not consider themselves to be mentors for students also believed that they did not have a mentor during their anesthesia training. This group also included that nurse anesthesia students did not consider them to be mentors. This is interesting because it shows a pattern in the role of the anesthesia provider. It appears that the anesthesia providers who felt they did not receive support during their training are not as

## CLINICAL MENTORSHIP

supportive to the students. Those that believe they had a mentor during their education also viewed themselves as mentors. Eighty percent of the respondents agreed that there is a distinction between a mentor and an educator (Hand & Thompson, 2003). This shows that a large amount of CRNAs and anesthesiologist believe that they are not confused about the definition of a mentor.

Surprisingly, eighty-six of ninety respondents believed that it was important for clinical faculty members to serve as mentors for student nurse anesthetists. This data is important because the participants that said they were not clinical mentors still believed that clinical faculty members should serve as mentors to students. It is possible that this group understands the real meaning of a mentor. Although it would be extremely beneficial for all CRNAs to be mentors to students, it is not reasonable. Mentoring should be encouraged whenever there is mutual agreement and/or shared goals between the student and the staff member. This is why a mentorship program for student nurse anesthetists who are identified as struggling during clinical rotations is appropriate. The program is targeted to a specific population which makes this idea more practical.

Healthcare providers encounter a variety of challenges as their careers develop. Authors Cohen, Jacob, and Chai (2007) reviewed the role of learning curves, mentorship, and balance in overcoming difficulties that all professionals are likely to encounter (Cohen, Jacob, & Chai, 2007). As healthcare professionals mature, complex professional skills need to be mastered. These talents are both judgmental and procedural. Generally, these skills must be learned. A mentorship is the solution to being successful in these accomplishments (Cohen, Jacob, & Chai, 2007).

## CLINICAL MENTORSHIP

The achievement of mentorship involves responsibilities for both the mentor and the mentee. It is the obligation of both the student and the mentor to guarantee this mutual exchange of benefit (Cohen, Jacob, & Chai, 2007). This rapport necessitates time, patience, and some selflessness. This mentorship will ultimately be the best instrument for mastering multifaceted professional skills and growing through various learning curves. Professional mentorship also requires that mentors identify and explicitly teach their mentees the relational skills and management of self, relationships with others, and professional responsibilities (Cohen, Jacob, & Chai, 2007).

A range of personal and professional complications must be faced by all those working in health care. The acquisition of learned skills and the use of special tools will facilitate the process of conquering these challenges. Choosing appropriate role models and mentors can help progression through any learning curve in a controlled and protected fashion. Professional and personal satisfactions are both necessities. Obtaining the balance between work and home life is difficult; however, it is possible with the correct organizational skills, tools, and support team at home and at work. The ideas of mentorship, balance, and learning curves should not be minimized (Cohen, Jacob, & Chai, 2007).

Clearly, not all anesthesia students learn various skills at the same pace. Unfortunately, there are some students that trail behind the learning curve for numerous reasons. Regardless of why the students' clinical skills are not up to par, entrance into a mentorship program would be advantageous to them. As Cohen, Jacob, and Chai (2007) reported, choosing appropriate role models and mentors can help progression through any learning curve in a controlled and protected fashion. Also, the professional and personal challenges encountered as a student can be conquered with a supportive mentor.

## CLINICAL MENTORSHIP

### **Project Description**

The clinical mentorship program sought ten CRNAs to be willing to serve as clinical mentors for student nurse anesthetists, once they have been identified by the NAP as struggling. These potential candidates must possess the following qualities: eagerness to teach, knowledgeable, not intimidating, organized, and patient. Students received a *Clinical Mentorship Ballot* (see Appendix A) to nominate CRNAs. The senior students in the NAP, with clinical experience, were asked to participate. They were instructed to select five CRNAs employed by Joseph L. Riley (JLR) Medical Group, whom they believed would be excellent clinical mentors and exemplify the previously stated characteristics. Once input was received from the SRNAs, the list of the ten most favorable CRNAs was sent to Dr. DeVasher and Jim Molinaro for review and approval. After the nominated CRNAs were approved, they were invited via email to participate in the clinical mentorship program *Email to Nominated CRNAs* (see Appendix B). Jim Molinaro, Chief CRNA of JLR Medical Group and Dr. DeVasher, Nurse Anesthesia Program Administrator of Adventist University of Health Sciences were notified when all CRNAs that were enthusiastic to participate responded. *Steps to Clinical Mentorship Program* (see Appendix C) will be distributed to the mentors. This information will include some steps for a successful mentor-mentee relationship.

After recognition of a student's poor clinical performance, by either the student or the director, the process of entrance into the mentorship program should begin. With the support of Jim Molinaro, dilemmas such as conflicts in CRNAs' schedules will be addressed. Efforts will be made to assign the student to a specific mentor for a two week period (eight clinical days) at a consistent site. The mentors will be expected to complete a written evaluation for the student at the end of each clinical day via Typhon. At the end of each clinical day the mentor and mentee

## CLINICAL MENTORSHIP

will discuss the student's performance. Upon completion of the two weeks, the mentor will communicate the progress of the SRNA through clinical evaluations and direct communication with the NAP director or the student's advisor.

### **Evaluation Plan**

The overall success of the clinical mentorship program is determined by the ability to effectively assess its growth and development. The purpose of a comprehensive evaluation is to offer feedback to students, mentors, and faculty. Appropriate feedback is essential to inspire learning (Nursing Standard, 2012). The process of evaluating a clinical mentorship program is complex and intricate. Evaluation consists of constant monitoring of the relationship between the mentor and mentee, establishing goals at the start of the mentorship and continuously pursuing them, and identifying and addressing weakness in the program (Broom & Broadus, 2011). Descriptive documentation of the clinical progress helps to depict quantitative as well as qualitative information precisely. This documentation will create opportunities in efforts to promote successful SRNAs.

Identifying weakness in the program is essential in the evaluation process. There are a few potential problems identified concerning the clinical mentorship program. One of the possible weaknesses is that a two week period of mentorship may be too short to meet the established goals that were set at the beginning of the relationship. There may be a personality clash between the mentor and mentee which is another prospective flaw to the program. This would not be conducive to learning for the student. Also, it cannot be assumed that the mentors that participate in the program will be employees of JLR Medical Group indefinitely. Mentors may be unavailable due to a variety of life situations, such as illness, pregnancy, or vacation.

## CLINICAL MENTORSHIP

The long-term outcomes of the clinical mentorship program are not obtainable until after implementation. A short-term goal is to obtain a list of CRNAs that are willing to participate in the clinical mentorship program. Another short-term goal is to receive support from the Chief CRNA, Jim Molinaro. He has agreed to facilitate appropriate clinical assignment and scheduling to meet the specific needs of the student. It is recommended that further assessment be implemented to evaluate the overall effectiveness and success of this clinical mentorship program. The hope is that this Clinical Mentorship Program will be beneficial to future SRNAs and the nurse anesthesia program at Adventist University of Health Sciences.

### **Results and Conclusions**

After discussing the idea of a Clinical Mentorship Program with the JLR staff (anesthesiologist and CRNAs), many agreed that the program is necessary. The class of 2014 participated in the selection of the clinical mentors. Once the nominations were reviewed, fourteen CRNAs were invited to participate in the program. Unfortunately, three CRNAs were unable to participate in the program for personal reasons. Their choice to not participate in the program was not explained. They simply said “no”. The eleven participants had very positive comments about the program. An example of such positive and encouraging responses was “I think this is a great idea/capstone. It is important to give struggling students the opportunity to improve/remediate because they have invested a lot of time and money into the program. It is also important that they are not necessarily with someone of whom they are deathly afraid because it can cause increased nervousness which in turn can increase mistakes. So, I applaud you all for thinking outside the box and helping future students! Some students unfortunately will still slip through the cracks....but this helps! I accept” (K. Dorcean, personal communication, February 25, 2014). The list of CRNAs that accepted the role as a clinical mentor was

## CLINICAL MENTORSHIP

distributed to NAP faculty *Mentors for Clinical Mentorship Program* (see Appendix D).

Although there was a positive response to the Clinical Mentorship program from the anesthesia providers within the JLR Medical group, the anticipated outcomes were not fully achieved. The original idea was to have mentors that remained at the same clinical site and that did not work in specialty areas. However, many of the CRNAs that were nominated did work in specialty areas and rotated to different clinical sites. Therefore the number of CRNAs that were ideal mentors was lower than expected.

There are a few potential issues that can be encountered when mentors are assigned to specialty areas and/or assigned to a different clinical site. Pairing a struggling SRNA with a CRNA in a specialty area would be difficult for the student, the CRNA, and could possibly cause scheduling conflicts with other SRNAs that are assigned to specialty rotations at that time. Mentors that are assigned to different clinical sites during the week could potentially cause conflicts for other SRNAs' clinical assignments. For instance, if a mentee follows his/her mentor to a different clinical site and other SRNAs have been assigned rooms at that facility, this would cause a conflict. Another issue that contributed to the limited number of ideal mentors was that some nominated CRNAs did not want to participate. Although some CRNAs that accepted the role as a mentor rotate to different facilities and/or work in specialty areas, they were not excluded from being a clinical mentor. Therefore, the total number of CRNAs that are willing to participate at this time is a sufficient number to meet the objectives of the Clinical Mentorship Program.

The implications of beginning the Clinical Mentorship Program plans to foster improvements in the clinical care provided by SRNAs identified as struggling. Students will receive the benefit of learning from a mentor who truly cares for their success and will work with

## CLINICAL MENTORSHIP

them to make positive changes. The Adventist University of Health Sciences NAP will be able to closely monitor the progress of the specified student and, if deemed necessary, will have evidence for dismissal from the program if improvements are not made by the struggling SRNA.

With the implementation of the Clinical Mentorship Program, JLR Medical Group can be confident that struggling students will receive specialized training from CRNAs who are excited, knowledgeable, and have a real desire to mentor the SRNAs who are not adjusting well to the clinical environment. Lastly and most importantly, the patients cared for by NAP students from ADU will be safe and can feel confident in the anesthesia team with whom they are entrusting their life. Acknowledging all of those that were involved with this project is very important to mention. A special thanks is extended to Jim Molinaro, Alescia DeVasher Bethea, and the *Mentors for Clinical Mentorship Program* (see Appendix D). The support of these individuals is truly appreciated.



## CLINICAL MENTORSHIP

**References**

- Broom, D. & Broadus, J. (2011). Staying on course: Three year results of the national guard youth challenge evaluation. Retrieved from <http://www.asha.org/students/gatheringplace/MentBen/>
- Callahan, F. (2001). Mentoring: A call to professional responsibility. *AANA Journal*. (69). 248-251.
- Cohen, M., Jacob, J., & Chai, P. (2007). Mentorship, learning curves, and balance. *Cardiology in the Young*. (17). 164-174. doi: 10.1017/S1047951107001266
- Hand, R. & Thompson, E. (2003). Are we really mentoring our students? *AANA Journal*. (71). 105-108. doi:10.413/D970-9185.111657
- Mena, K., Keaveny, B., & O'Donnell, J. (2003). Mentoring in the operating room: A student perspective. *AANA Journal*, 71(5), 337-341. Retrieved from <http://www.aana.com/newsandjournal/Documents/p337-341.pdf>
- Myall, M., Levett-Jones, T., & Lathlean, J. (2008). Mentorship in contemporary practice: the experiences of nursing students and practice mentors. *Journal of Clinical Nursing*, 17(14), 1834-1842. Retrieved from <http://web.ebscohost.com/resource.adu.edu/ehost/detail?vid=10&sid=28ee0b81-15d9-44b8-9295-96d14bdf68f0@sessionmgr114&hid=119&bdata=JnNpdGU9ZWwhvc3QtbGl2ZQ==>
- Nursing Standard,(2012). Effective mentorship, 26(15), 59. Retrieved from <http://web.ebscohost.com/resource.adu.edu/ehost/pdfviewer/pdfviewer?sid=28ee0b81-15d9-44b8-9295-96d14bdf68f0@sessionmgr114&vid=4&hid=119>

## CLINICAL MENTORSHIP

O'Donnell. (2005). Nurse Anesthesiology program receives prestigious crystal apple award.

*University of Pittsburgh Department of Anesthesiology*, Retrieved from

[http://www.anes.upmc.edu/news/2005/02/0502\\_CrystalApple.aspx](http://www.anes.upmc.edu/news/2005/02/0502_CrystalApple.aspx)

Sass, E., & Rutledge, D. (2011). Clinical education experiences: Perceptions of student nurse anesthetists. *AANA Journal*, 79(4), pS35-S42. 8p. Retrieved from

<http://web.ebscohost.com.resource.adu.edu/ehost/detail?>

Smith , C., Swain, A., & Penprase, B. (2011). Congruence of perceived effective clinical teaching characteristics between students and preceptors of nurse anesthesia programs.

*AANA Journal*, 79(4), S62-S68. Retrieved from [www.aana.com/aanajournalonline.aspx](http://www.aana.com/aanajournalonline.aspx)

## CLINICAL MENTORSHIP

## Appendix A

**Clinical Mentorship Ballot**

We are looking for mentors for the Clinical Mentorship Program. These individuals should be employed by JLR Medical group and have qualities that include experience, patience, good organizational skills, and most of all excitement about teaching. The goal of this program is to assist students in being successful when they have been identified as struggling clinically. Please select five CRNAs that you believe would be good mentors for this program. Thank You.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## CLINICAL MENTORSHIP

## Appendix B

**Email to Nominated CRNAs**

To: JLR Medical Group

From: Amber Staten & Danielle Baptista

As senior student registered nurse anesthetist, we are required to complete a capstone. This is a project that should improve the field of anesthesia. We decided to focus on the anesthesia students' success in the program. We believe that a key component to a student's success is the implementation of a Clinical Mentorship Program. This program is designed to provide support to students that have been identified as struggling in the clinical setting.

With the input of all students in the nurse anesthesia program, you have been listed as an anesthesia provider that would be a great mentor. Your role as a mentor would be to assist the student in meeting goals identified at the beginning of the partnership. You would be assigned to the student for two weeks (eight clinical days) and expected to evaluate them, in writing, at the end of each day. This is only an invitation; however, we would truly appreciate it if you would consider taking part in this program. Please respond with your thoughts, questions, and/or concerns.

Thank you

Amber Staten & Danielle Baptista, SRNA

## Appendix C

**Steps to Clinical Mentorship Program**

- A student is identified as struggling in the clinical setting by JLR staff and/or ADU faculty.
- At the student's NAP faculty advisor's discretion, enrollment into the Clinical Mentorship Program can be initiated.
- Communication between the ADU faculty and the JLR scheduling coordinator will need to be made to determine which clinical mentors are available.
- ADU faculty will have access to the list of previously designated mentors at various clinical sites.
- Once a clinical mentor is chosen for the struggling SRNA, the student will be informed of which mentors he/she will work with as well as the clinical sites.
- Once the student has met with his/her mentor, it is the student's responsibility to obtain the mentors' schedule for the next two weeks and submit this information to the Department Secretary in the NAP office.
- In the notes section on the FL Hospital SRNA Daily Assignments Schedule, the student's and the mentor's names can be placed here to prevent conflicts in room assignments at the clinical sites in which the operating room number is not on the SRNA Daily Assignments Schedule.
- The student will be mentored by the CRNA for the equivalent of eight, 8-hour, clinical days. It may not be feasible that the eight days be consecutive. In the event that the mentor is not scheduled to work one of the days during the course of the mentorship, then the student will work with a different CRNA for that day.
- In the event the student is not scheduled for clinicals when the mentor is working, then the student will resume working with his/her mentor the following clinical day that the mentor is present.
- If a mentor is assigned to a different clinical site or specialty area, this should not take away days from the Mentorship experience. The student will work with another CRNA for that day. However, if a student calls off during one of his/her mentoring days, then this day may not be made up with the designated mentor.
- The mentor must complete a clinical evaluation on the student every day on the student's tablet. Although writing comments is not required, it is highly recommended that the mentor gives written feedback so that the ADU faculty can track the student's progress.

## CLINICAL MENTORSHIP

- It is also the student's responsibility to encourage the Mentor to write comments since the Clinical Mentorship Program was designed for students' success.
- It is the student's responsibility to be well prepared for each clinical day. This may include arriving to clinicals earlier than usual to further research cases and patient information, as well as identifying concepts and skills that he/she is struggling with and asking for help.

## CLINICAL MENTORSHIP

## Appendix D

## Mentors for Clinical Mentorship Program

<b>Name</b>	<b>Email</b>	<b>Telephone</b>	<b>Clinical Site</b>
Ken Kittrell	kkittrell@jlrmed.com	407-862-7634	Altamonte Main/OP
Shawn Benson	sbenson@jlrmed.com	407-580-5319	Altamonte Main/OP
Robert Karpac	rkarpac@jlrmed.com	609-462-9789	Celebration
Kenisha Dorcean	kdorcean@jlrmed.com	321-276-2944	Fish
Jeb Ainsworth	jebainsworth@jlrmed.com	251-978-3131	South 1-9 or 3- 11
Lisa Scott	lscott@jlrmed.com	727-204-6505	South

## Additional Clinical Mentors

<b>Name</b>	<b>Email</b>	<b>Telephone</b>	<b>Clinical Site/Specialty</b>
Dan Martino	danmartino@jlrmed.com	407-925-1160	South-OB, CV, Neuro, General
Laura Gorman	lgorman@jlrmed.com	407-761-2932	South-OB, General West DSC (Downtown Surgery Center)
Jen Ainsworth	jainsworth@jlrmed.com	251-978-3131	South-Peds Altamonte Winter Park
Shannon Schutt	sschutt@jlrmed.com	360-901-8319	South-CV, General Altamonte
Jessica Dorsey	jdorsey@jlrmed.com	407-595-0601	Fish Altamonte

