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Improving New Faculty Onboarding Through Implementation of a Faculty Mentoring Program

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The United States (U.S.) is facing a critical health care provider shortage. New healthcare practitioners are needed to fill the void. To address this shortage, graduate nursing programs are creating more teaching positions so that they can enroll more nurse practitioner students (Harris, 2019). However, there is also a shortage of experienced faculty, so many new faculty members are experts in the field of advanced practice nursing, yet they are not formally trained educators and are novices in their new field. As more new faculty members are hired, it is imperative that programs focus on the professional development of new faculty to facilitate growth, satisfaction, and retention. This can be done through the implementation of faculty mentorship programs.

A department of graduate nursing that is helping to alleviate the care gap in the U.S. by educating and training advanced practice registered nurses (APRNs) was identified. The department was hiring qualified doctorally prepared instructors to educate their future APRNs. Due to the number of new faculty a need within the department, a need was recognized for a new onboarding process for new faculty. A gap was identified in the onboarding process and through a review of literature it was found that a formal mentoring program would help to address the current gap in the department's onboarding process.

A formal mentoring program was developed for the department. Using the guidance of best practices discovered in the literature review, a mentoring toolkit was developed, a formal dissemination process was implemented, and a mentoring program was launched. The objective of the program was to improve the transition of new faculty from expert clinicians to

novice faculty members, provide them with guidance through the transition, and enhance career development. The program also focused on mentor development to enhance the mentoring experience and contribute to the overall success of the program.

Problem Statement and Background

Problem Identification

Faculty who are entering into their first teaching role often do not have formal training in education (Grassley & Lambe, 2015). The transition from being an expert in one field and a novice in a new field contributes to a significant amount of stress (Grassley & Lambe, 2015). New faculty are often experienced in several of the nurse educator competencies such as nursing practice and research and evidence but lack proficiency in other competencies such as theories of adult learning, curriculum, and implementation (World Health Organization, 2016). In addition, new faculty members often are familiar with clinical culture but not academic culture, which is significantly different and can impact their ability to perform their job (Grassley & Lambe, 2015). It is recognized that many nurse educators do not have a background in education, but many institutions fail to address this issue.

This problem could be mitigated with formal orientation processes that include a mentoring relationship. However, the majority of nursing schools lack a formal orientation program for their newly hired staff; many also lack formal mentorship programs that facilitate growth and guidance as novice educators become familiar with their new work environment (Grassley & Lambe, 2015). This can lead to detrimental consequences for a workforce that is already in short supply.

Background

There is currently a shortage of healthcare providers nationwide. Due to the demand for more healthcare providers, nursing schools must recruit and retain nursing faculty to train new nurses and nurse practitioners (Harris, 2019). Currently, there is a shortage of qualified nursing faculty, and a large majority of experienced faculty are estimated to retire in the near future (Harris, 2019). The American Association of Colleges of Nursing (AACN, 2019) estimates that over 75,000 qualified applicants are turned away each year due to faculty shortages. Over 1,700 vacant faculty positions remain in nursing schools across the nation and inexperienced faculty are being hired by colleges of nursing at increasing rates in order to fill the demand for more instructors (AACN, 2019).

Faculty in graduate nursing programs are often hired based on their qualifications as expert providers in the field of nursing; however, many do not have formal training in the field of education (Grassley & Lambe, 2015). Furthermore, many graduate nursing programs operate using an online or hybrid format to enable working nurses to continue their education. This means that new faculty are often removed from the community of a traditional college. Although these new faculty members help fill the demand for more nursing educators, there are several problems that can develop if they are not adequately brought into the educational environment.

Significance and Consequences of the Problem

When proper onboarding through formal orientation and mentoring is not utilized, many nurse educators struggle significantly with the transition to academia. This is a significant problem with studies showing that over half of new nurse educators lack competencies

necessary to perform their job (Alnasseri et al., 2017). In addition, without proper onboarding, nurse educators struggle to work through the phases of their transition from the clinical world to the academic world. This can cause a prolonged sense of disorientation for new educators and can lead to decreased job satisfaction, decreased focus on their teaching position, and increased rates of faculty turnover (Wenner et al., 2019).

The nurse educator transition (NET) model has been used to demonstrate the phases that nurse educators go through when they are new to their roles as educators (Wenner et al., 2019). The first phase is the expectation phase, where the new nurse educator anticipates impacting future nurses. The second phase is when reality sets in after the nurse educator begins their new job, this phase is known as disorientation. The disorientation phase is described as a time where educators lack clarity and are confused about expectations of their role; this is usually most pointed in educators who do not receive a structured orientation process (Wenner et al., 2019).

The third phase in the process is information seeking, when the nurse looks to colleagues for assistance in understanding their new roles. Often during this phase, mentors are extremely beneficial. It is not until they have been oriented and given guidance that educators reach the final phase, identity formation, where the nurse educator merges their former clinical identity with that of an educator (Wenner et al., 2019). When a structured orientation process is not implemented upon hiring, it is more difficult for nurse educators to work through these phases, to understand their new role, and develop an identity as a nurse educator.

Consequences of this problem include decreased job satisfaction, less focus on teaching responsibilities, and increased turnover. Faculty turnover can be especially problematic for

schools of nursing. One model used by Iowa State University found that the average cost of losing one full-time faculty member was on average $83,000 (American Council on Education, n.d.). Though the monetary cost of lost faculty is diverse from school to school, the effects of turnover remain the same. Direct costs related to turnover include recruitment of new faculty, interview and hiring processes of new faculty, and orientation, training and professional development costs of new faculty (Hornickel, 2019). Indirect costs of faculty turnover include loss of productivity and decreased morale because other faculty may have additional work. Lastly, opportunity costs must be factored in; without retention of faculty fewer students can be admitted to nursing programs.

In addition to the cost of decreased retention, consequences of the problem also affect students. When faculty are not well prepared, students may not experience the same enriching learning environment that their peers might with educators who are well prepared (Brannigan & Oriol, 2014). Educators also risk becoming less attentive to their teaching roles when they are disoriented, and their roles are unclear (Brannigan & Oriol, 2014). It is imperative that these consequences are avoided by addressing the need for structured orientation and mentoring for graduate nursing faculty.

Literature Review

A review of literature was conducted to determine processes that promote effective onboarding for new nursing faculty (see Appendix A for literature table). An issue that was identified with onboarding was that novice faculty members do not receive proper training and thus feel disoriented when they begin teaching. Literature included in this review demonstrated the significance of the problem and the consequences that result from the problem. Evidence

based interventions aimed at improving onboarding include formal orientation, onboarding checklists, and mentoring programs. Mentoring programs have been shown to significantly improve the onboarding experience of new faculty and will be explored in depth, along with other interventions such as formal orientation tools. Literature related to each intervention, implementation of the interventions, and evaluation of the interventions will be explored.

Narrative Description of Search Process

Search Terms

Primary search terms included mentoring, orientation, and new nursing faculty. In addition, the Boolean operator AND was used. Truncation was also used to identify research relevant to mentoring and orientation. Variations to new nursing faculty were also used including nursing faculty and faculty. To narrow down results additional terms were added such as structured orientation or formal orientation. Related research was conducted using relevant terms; for example, for evaluation the search term Mentoring Benefits Questionnaire was specifically used to identify primary data studying the tool's psychometric properties.

Databases

Databases that were searched included ERIC, Education Index, MedLine Complete, PubMed, and The Cumulative Index to Nursing and Allied Health Library (CINAHL). MedLine Complete, PubMed and CINAHL delivered research more specific to nursing education and healthcare education. ERIC and the Education Index encompassed more general information regarding mentoring programs and orientation programs.

The initial search for mentoring AND new faculty in CINAHL yielded 78 results, 60 from academic journals. When the search was narrowed by dates after 2015 the results yielded 19

articles. These articles were reviewed for applicability. The same search in ERIC resulted in 16 articles. There were nine results on the Education Index and 37 on MedLine.

Inclusion/Exclusion Criteria

Inclusion criteria were peer reviewed academic journals, articles written between the years 2015-2020, and articles with full text or the ability to obtain full text through an interlibrary loan request. Articles were also included when written prior to 2015 in areas where research was sparse. Exclusion criteria included anything written prior to 2015; however, if classic or seminal articles were written prior to 2015 they were included. Magazines and news articles were excluded from this search. Research was also limited to the geographic location of North America due to similarities in accredited schools of higher education. In addition, anything not written or translated into English was excluded.

Literature Related to the Project Problem, Significance, and Consequences

Problem Identification

The identified problem is that new nursing faculty do not receive formal orientation and guidance when making the transition from clinician to educator. Without organization, structure, and support the transition to becoming an educator is very challenging for new instructors (Rogers et al., 2020). Without intervention many novice nurses lack the competencies necessary to perform their job well. There are various identified needs that new instructors have yet many times these needs are not addressed during onboarding.

In a needs assessment conducted by Morrison (2020) it was found that faculty in a department of nursing desired a more structured support system such as mentoring and a formal orientation to the department of nursing. It was found that course leads were

supportive but often new faculty members reached out to them for every issue they encountered because of their accessibility; both course-leads and new faculty recognized the need for a support system outside of the course lead. In addition, it was identified that early teaching needs were not met because there was no orientation specific to the department of nursing (Morrison, 2020). Sixty-three percent of new faculty identified lack of support as a significant problem and 53% identified lack of orientation a significant problem (Morrison, 2020).

Educational priority needs were also identified in this study; a quantitative survey utilizing a four-point Likert-type scale was used. The greatest needs identified were understanding student needs (mean = 3.4), student assessment and expectations of students (mean = 3.3), and developing teaching skills and writing curriculum (mean = 3.1) (Morrison, 2020). The faculty surveyed identified that while their onboarding needs were not all met, implementing mentoring and formal orientation to the department of nursing would be beneficial. This is something that other studies have substantiated.

A quantitative study by Sousa and Resha (2019) found that factors deemed important or very important to new clinical faculty were often not discussed during orientation. There were 106 participants from around the U.S., all had under two years of experience in education but an average of 16 years of experience in the clinical field (Sousa & Resha, 2019). Important findings of the study show that factors that participants found valuable during onboarding included nursing courses and nursing faculty. Lower ranking items were in the category of human needs and general office. Nursing courses had a mean of 4.43 on a Likert-type scale of 1-5, where general office had a mean score of 4.04 indicating that orientation to the actual

educational environment was more important than completing office tasks (Sousa & Resha, 2019). Despite having a significant value, the important orientation items were often omitted from orientation processes (Sousa & Resha, 2019). This study demonstrated that faculty desire to have a thorough orientation process and value areas specific to their new job duties. In the majority of programs this did not happen which can lead to difficulty when new faculty are transitioning into academia.

Significance of Problem

When nurses go from being an expert clinician to a novice educator there is a period of disorientation and role confusion. This issue has been identified in literature that applies the Nurse Educator Transition (NET) Model to demonstrate the significance of the problem. In a qualitative study it was identified that the all study participants (14 experienced clinicians who were now new nurse educators) went through a phase of anticipation and the majority stated that after they began working, they went through a phase of disorientation (Wenner et al., 2019). This often occurs when there is a lack of structured orientation which causes role confusion (Wenner et al., 2019). After this phase the majority of participants went through the phase of information seeking where they sought out information themselves through peers or by seeking a formal mentor (Wenner, 2019). In this particular study only 10 of the participants had made it to the final stage where they had formed their identity, others noted that they were still struggling to make it to this phase (Wenner, 2019). The lack of formal orientation and guidance led to disorientation in the majority of participants.

One quantitative study found that new nurse educators who were not properly prepared for their new roles did not develop the skills necessary to demonstrate competency

(Alnasseri et al., 2017). In the study 17 new nurse educators were evaluated using the Nursing Education Competence Inventory (NECI) tool; the NECI has shown validity and reliability in measuring competency (Alnasseri et al., 2017). Using this tool, it was determined that only 53% of participants with less than two years of teaching experience demonstrated the needed competencies to successfully complete their job. Having underprepared faculty is significant and can lead to many consequences.

Consequences of Problem

The literature identifies that consequences of this problem include decreased employee satisfaction, decreased retention, and decreased student engagement (Harris, 2019). There are studies that identify the need for faculty development in order to improve satisfaction and retention. These studies demonstrate that when faculty is not supported satisfaction and retention are impacted.

A qualitative study addressed common reasons for attrition among new nursing faculty. The study included 553 nursing instructors and surveyed reasons that they would want to stay in their current teaching position and reasons that they would consider leaving their current position (Carlson, 2015). There were several themes identified in the study including workload and salary; one of the most significant reasons given for leaving was listed as support (Carlson, 2015). Having a mentor significantly influenced faculty retention as this can be linked to feeling supported. When faculty do not feel supported, turnover is a consequence. This can be mitigated through mentoring relationships among faculty in schools of nursing.

In a quantitative study by Cranford (2013) it was determined that role strain caused by role ambiguity, lack of support, and feelings of lacking competence lead to decreased

satisfaction and increased intent to leave academia. Role ambiguity, interpersonal support, and self-assessed instructional competence all had significant correlations ($p < 0.01$) with role strain (Cranford, 2013). There were correlations between role strain and satisfaction with role transition ($r = 0.59$) and intent to stay in a faculty position ($r = 0.33$) with role strain as a significant predictor ($p = < 0.01$) (Cranford, 2013). Ranking important faculty development topics was also completed; developing critical thinking skills and teaching strategies ranked highest on a Likert-type scale of 1-5 and research and writing for publication ranked the lowest (Cranford, 2013). It is clear that without proper support and guidance for new faculty satisfaction is decreased which increases the likelihood of turnover.

Literature Related to the Theoretical or Conceptual Frameworks

Novice to Expert Framework

Benner's Novice to Expert Framework can be applied to the context of nursing faculty in schools of nursing. Typically, new nurse educators come into the field as experts in the clinical world and become beginners in the educational world. In the seminal work by Benner (1982) it is identified that there are five levels of proficiency that nurses pass through: novice, advanced beginner, competent, proficient, and expert. In this work interviews and observations are conducted with nurses who have varying levels of experience; there are 51 nurses who are experienced clinicians, 11 new graduate nurses, and 5 senior nursing students (Benner, 1982). These interviews and observations confirmed the stages that nurses pass through when gaining experience. While this theory was created for clinicians it can be applied to nursing faculty as well.

Literature supports the application of this model to new nursing faculty to demonstrate the transition from experienced clinician to novice educator. In one qualitative case study, the model was successfully applied to participants and multiple themes emerged (Brown & Sorrell, 2017). Through interviews participants identified feelings that aligned with becoming novices in their new field (Brown & Sorrell, 2017). The transition to becoming a novice again was a struggle and faculty identified that orientation and mentoring would help them through this transition (Brown & Sorrell, 2017).

Nurse Educator Transition Model

The Nurse Educator Transition Model demonstrates the phases that new nurse educators go through: anticipation/expectation, disorientation, information seeking, and role identity (Schoening, 2013). This framework was illustrated in Schoening's seminal research using qualitative analyses of structured interviews (2013). The themes that emerged from these interviews consisted of what became the four stages. This model was validated through further studies applying the model to other new educators.

One qualitative study validated the model by conducting interviews with new faculty who worked part-time at a school of nursing (Wenner et al., 2019). The same four themes emerged in the interviews with the participants. Thirteen out of fourteen participants identified that they went through both the disorientation and information seeking phases (Wenner et al., 2019). Additionally, it was found that participants identified reverting back to stage two during times such as the beginning of a new semester (Wenner et al., 2019). This framework has been shown to be a valid way to measure stages of novice faculty progress when adapting to the role of educator.

Literature Related to the Implementation

In order for the intervention to be successful, it was important that it was implemented in a thoughtful manner. One quantitative study implemented a successful mentoring program using the logic model for planning and implementation (Spence et al., 2018). A logic model is a graphic depiction of the inputs, activities, outputs, and outcomes; logic models can be used in the planning phase to identify key components needed for the intervention (inputs), they can be used to identify possible challenges with the intervention, and they can be used to evaluate the outcome of an intervention (Kenyon et al., 2015). The logic model used in the study by Spence et al. (2018) included inputs such as resources needed, outputs including activities, interventions, and participation, and outcomes including short-term goals, medium goals, and long-term goals. This organized approach allowed for a clear and concise planning and implementation process.

Literature Related to the Interventions

Structured Orientation Tool

There is evidence that implementing a structured orientation tool improves the onboarding experience of new faculty members. One case study evaluated a structured orientation process along with a mentoring program in a school of nursing. Eleven new faculty members went through a new orientation program that included a seminar-like orientation process that allowed for engagement, discussions, information dissemination, and time for solving teaching related issues; monthly seminars, workshops, and a mentoring program were also implemented (Baker, 2010). This was a successful program, 91% of participants were retained over a three-year period and perceived competence in all skill areas measured

increased by 40-60% after the initial orientation (Baker, 2010). The structured nature of this program was deemed beneficial to new faculty. The program clearly benefited the school of nursing along with new faculty members who were able to approach their new career with more confidence in their skills and with support of other faculty.

One mixed methods study evaluated a hybrid training program that was offered by three schools of nursing (Hinderer et al., 2016). The program included mentoring, face-to-face education, simulated teaching experiences, and online learning modules. There were 32 participants total, and 26 who completed the program evaluation (Hinderer et al., 2016). Outcomes of the program included 78% of participants (*n* = 25) going on to teach in nursing programs and over half of participants (*n* = 18) completing graduate degrees (Hinderer et al., 2016). The evaluation included a Likert-type scale and out of 5 points (indicating strong agreement) the mean ranged from 4.40 (*SD*, 0.50) to 4.76 (*SD*, 0.52); high scoring areas included applicability and preparation for common faculty issues (Hinderer et al., 2016). In addition, qualitative interviews resulted in themes regarding feeling better prepared and the benefit of having a mentor (Hinderer et al., 2016). Overall, this structured orientation tool that contained a mentoring component showed high success rates in preparing new faculty for their new role.

A third study used a mixed methods approach to evaluate a formal onboarding process specific to a school of pharmacy (Baker & DiPiro, 2019). While not specific to nursing, this study is relevant because it shows perceptions of orientation prior to implementation and these perceptions are compared to results after implementation. Because structured orientation

processes are not historically common in nursing schools and research is limited this study was included to demonstrate the effectiveness of formal onboarding in the academic setting.

The sample of this study consisted of 9 faculty who were onboarded with the legacy program and 6 faculty who were onboarded with the new program (*n* = 15) (Baker & DiPiro, 2019). The new mentoring/onboarding toolkit that was studied consisted of a list of tasks for completion, a list of resources, and also a contact in the program; mentorships were also provided in the new group (Baker & DiPiro, 2019). There was improvement between the pre-tool group and post-tool group with 100% of respondents agreeing that the structured toolkit was effective at meeting their needs which was an improvement from the legacy group (Baker & DiPiro, 2019). Overall utility of the orientation process increased from 56% to 80% with the post-tool group (Baker & DiPiro, 2019). Comments on the survey from the pre-tool group mentioned the need for mentorship and comments from the post-tool group included positive reviews of the inclusion of mentors in the orientation process (Baker & DiPiro, 2019). Overall, the structured onboarding tool improved the onboarding experience. Increasing mentoring relationships was also an important component that improved satisfaction with onboarding. A common theme among each of the formal orientation studies was that mentoring was a key component to the success of the orientation program.

Mentoring

Mentorship programs are an incredibly valuable tool to ease the transition from expert clinician to novice educator. There is an abundance of evidence supporting the use of mentoring programs when hiring new faculty. One mixed-methods study evaluated an evidence-based faculty mentorship program designed for new nurse educators in a school of

nursing. Results of the Quality and Learning of Mentorship Survey had a mean = 48.12 for mentees (on a scale from 12-60) (Hulton et al., 2016). It was discovered in focus groups that overall new relationships were formed and both mentors and mentees experienced academic growth (Hulton et al., 2016). Overall, this program was deemed successful, and the mentorship benefited both the mentee and mentor.

In another mixed-methods study, a nursing program's faculty mentorship program was evaluated (Lavoie-Tremblay et al., 2019). A nurse faculty mentorship program was created to improve faculty retention, increase productivity, and ease the transition from clinician to nurse educator; there were 25 dyads that participated in the program (Lavoie-Tremblay et al., 2019). Mentees rated the effectiveness of the program very high with a mean rating of 53.26 (*SD* = 5.65) on the Mentorship Effectiveness Scale (based on a scale from 12-60) (Lavoie-Tremblay et al., 2019). Also, 89% of mentees and 93% of mentors found the program worthwhile; 79% of mentees and 87% of mentors were satisfied with the program overall (Lavoie-Tremblay et al., 2019).

Other qualitative and quantitative studies demonstrate similar effectiveness of mentorship programs (McHenry et al., 2018; Williams et al., 2014; Yun et al., 2016). Data is overwhelmingly supportive of the benefits of mentoring programs within academia including schools of nursing. Mentoring is an essential part of orientation for new faculty. A mentoring program should be integrated into any formal orientation program. Understanding evidence-based methods to implement such a program is imperative to its success.

Faculty Mentor Education

When launching a faculty mentorship program, it is important that the process is formalized and that each mentor has a clear understanding of what the expectations are and what their role as a mentor entails. A successful mentorship program begins with ensuring that each mentor is prepared with the knowledge necessary to effectively guide their mentee.

A quasi-experimental study by Tuomikoski et al. (2020) identified that mentor education had a significant impact on nurse mentors' overall competence. Each mentor enrolled in the study completed a pretest and posttest using the Mentor Competence Instrument (MCI). After completing the pretest MCI, the nurses participated in a 3-month educational program consisting of in-person and online mentorship education (Tuomikoski et al., 2020). After completing the training posttest scores showed that there was improvement in all areas of mentor competence; there was a statistically significant increase in scores in areas including knowledge of mentoring practices, goal orientation in mentoring, and constructive feedback (Tuomikoski et al., 2020). The educational program had a positive effect on each mentor's capability to train and guide their mentees.

Another study evaluated an online mentorship development program and compared it to the same program with an additional face-to-face component. The results showed that mentor development programs improve mentor knowledge and competency in both formats (Sood et al., 2020). The additional face-to-face component demonstrated a significant improvement in competency; using the Mentoring Competency Assessment (MCA), scores rose from 4.3 ± 1.0 to 5.5 ± 0.8 (paired $t = 7.37$, df = 37, $p < .001$) (Sood et al., 2020). These studies

demonstrate the importance that mentor development plays when implementing a faculty mentoring program.

Overall findings in the literature indicate that mentorship is essential to any onboarding process for new faculty in nursing programs. Mentorship is mentioned in each article outlining effective formal orientation programs. Because it is a critical element of a structured orientation, it is a logical intervention to implement first when restructuring the orientation process in the agency's department of graduate nursing.

The first step of implementing a successful mentorship, according to the literature, includes training potential mentors. This is an essential component to any mentorship program and should be initiated first. Once mentors are trained, an effective mentorship program can be launched as part of new faculty orientation. Mentoring programs benefit from formalized processes and tools as well and were considered for the development of the mentoring program in the agency's department of graduate nursing.

Goal Oriented Mentoring

There is an abundance of literature supporting structured mentoring programs. One aspect that was found to benefit the menee was a goal oriented mentoring program. In a literature review by Nick et al. (2012), several themes in the data were found to benefit mentees including a focus on mentee career goals and a focus on integrating mentees into institutional cultures. These components of the mentoring program fostered career growth and promoted satisfaction and are considered best practices in faculty mentoring.

Another literature review supported that in mentorship programs in academic nursing, goal development is an essential component (Nowell et al., 2017). It was found that along with

goal development it is important that mentees also create an action plan with their mentors to help them achieve their goals. Goals should be realistic and attainable, similar to smart goals (Nowell et al., 2017).

Other Mentoring Program Components

Other mentoring program components identified in a literature review of academic nursing mentorship programs include having a program coordinator, selective pairing of dyads, orientation to the mentoring program, and frequent communications between mentors and mentees. Brannigan and Oriol (2014) identified that a program coordinator implements essential steps in the program and is also responsible for pairing dyads. Selective matching was also shown to be important and elements important to matching could be similar education or similar interests (Nowell et al., 2017). For example, pairing a mentee who would like to learn more about publishing with a mentor with publishing experience would be an ideal match. The literature review supported an orientation to the mentoring program; while it is not established what the most effective means of orientation is, the importance of orientation was identified (Nowell et al., 2017). Lastly, regular communication should be established. In the literature review by Nowell et al. (2017) the best interval was not established but it was determined that it is optimal to identify a regular interval for communication. This helped participants remain engaged and held mentees accountable to their goals and action plans.

Literature Related to the Measures and Outcomes

There are various quantitative measurement tools that have been developed to determine the effectiveness of a mentoring program. The Mentorship Effectiveness Scale was developed specifically for nursing faculty at Johns Hopkins University. This test lacks

psychometric properties but has been used in several research studies specific to nursing education (Chen et al., 2016). A test that was developed specifically for researchers based on the Mentorship Effectiveness Scale is the Mentoring Competency Assessment. This test has high levels of validity and reliability and can likely be applied to evaluation of mentoring programs in nursing education (Fleming et al., 2013). This evaluation was used successfully by Sood et al. (2020) to determine the effectiveness of a mentor development program. This tool would be an effective way to evaluate a faculty mentor development program. A third evaluation tool that measures the effect of mentorship programs is the Jakubik Mentoring Benefits Questionnaire (MBQ). This test shows good reliability with a Cronbach's alpha of .97 (Jakubik, 2012). Although it was developed for clinical nursing, it could be applied to nursing education. This scale could be utilized to determine the overall benefits of a faculty mentorship program.

An evaluation tool that measures the competencies of new nurse educators is the Nursing Education Competence Inventory (NECI). This tool can be used to test baseline capabilities and competencies at the end of the intervention period. This tool has been shown to have good reliability with a Cronbach's alpha of 0.93 (Alnasseri et al., 2017). This tool could be used to determine the impact of the intervention specifically on educator competency. Tools evaluating mentorship effectiveness will be specific to the intervention of mentorship, whereas the NECI can be used to evaluate overall effectiveness of a structured orientation program for new nursing faculty.

In addition to tools measuring the effects of mentorship programs, developing tools to measure the overall effectiveness of a structured orientation process incorporating mentoring

is relevant to consider. Baker and DiPiro (2019) utilized a 10 question Likert-type questionnaire to evaluate the structured orientation tool that they implemented. A similar study evaluating structured nursing faculty orientation used a similar method and developed a different Likert-type questionnaire (Baker, 2010). A third study used a combination of outcome data and a different evaluation tool, the Academy Experience Evaluation (AEE), to evaluate the success of the program (Hinderer et al., 2016). The AEE used open ended and multiple-choice questions (Hinderer et al., 2016). Examples of outcomes measured could include enrollment in advanced education, retention, or even satisfaction. For the purpose of evaluating a structured orientation program incorporating mentorship, a Likert-type evaluation combined with faculty outcomes such as retention would be appropriate.

Needs Assessment

The problem of bridging the gap between moving from an expert clinician to a novice educator is something that affects many schools of nursing when they are hiring new faculty. Some schools have implemented interventions to close the gap that exists; however, many are just beginning to explore ways to make the transition more comprehensive. The agency where this project took place is one department that identified a need for a more comprehensive onboarding process.

Needs Analysis of Agency

The school of nursing at the agency has two departments, the Department of Undergraduate Nursing and the Department of Graduate Nursing; each department has distinctly different needs. Several years ago, the new faculty in the school of nursing completed a survey after their orientation and needs were identified (J. Knuths, personal communication,

February 18, 2020). Needs included a more structured orientation process and guidance from more senior faculty (J. Knuths, personal communication, February 18, 2020). Due to this demand, the school of nursing created a formal orientation checklist and a mentoring program. While it was intended for both departments, the Department of Graduate Nursing did not adapt the tools that were created (S. Sandahl, personal communication, January 30, 2020).

There have been several leadership changes in the department of graduate nursing, and because of these changes these tools were not adapted as they were intended (C. Kemnitz, personal communication, April 13, 2020). There is no formal orientation process in the Department of Graduate Nursing (L. Ash, personal communication, February 20, 2020). Mentors are also not consistently used in this program (S. Sandahl, personal communication, January 30, 2020). There is a need for a formal orientation process incorporating mentorship within the department of graduate nursing.

Although there was an identified need for a more formal orientation process, the resources for training provided by the school were considered. The school has a center for teaching and learning which does provide required training to new faculty members every summer. There is a one-day in-service for new faculty throughout the college that provides an overview of resources and technology available at the school. In addition, a day-long technology workshop is provided for all staff (N. Witikko, personal communication, February 13, 2020). New faculty members at the college are also required to complete a 2-week bootcamp learning about the school's learning management system (N. Witikko, personal communication, February 13, 2020).

In addition to these required activities, there are also many elective activities held by The Center for Teaching and Learning. There is a monthly meeting held for new faculty discussing pertinent information including pedagogy and tenure procedures. There are also activities for both new faculty as well as experienced faculty. Two times a year there are workshops held reviewing concepts related to Benedictine values, which are at the forefront of the school's mission (N. Witikko, personal communication, February 13, 2020). There are book groups discussing pedagogy topics and teaching matters lunch sessions held throughout the year. The center also has an interdepartmental mentorship program. This is open to all new faculty. They are paired with an experienced faculty member from a different school and together the dyads work together to learn and grow. They meet four times a year and also observe one another's courses in an effort to collaborate (N. Witikko, personal communication, February 13, 2020). New faculty in the department of graduate nursing are able to take advantage of these opportunities.

Currently when new faculty are hired to the department of graduate nursing, they do go through the college-wide orientation, but they do not receive a formal orientation to the department. Typically, new instructors learn about their coursework through lead instructors. Once hired, new faculty are assigned courses by the department chair. Each course has a lead instructor who coordinates with other faculty teaching the same course (S. Sandahl, personal communication, January 30, 2020). Course instructors may meet weekly to discuss coursework and address questions from faculty, but this may be the extent of their orientation. The department lacks a structured orientation process for new faculty members.

Gap Analysis

The department of graduate nursing at the identified school hires numerous new faculty each semester. Last fall there were 9 new full-time employees and various new adjunct faculty hired (S. Sandahl, personal communication, January 30, 2020). It is anticipated that several new faculty members will be hired in the fall of 2020 to the department (L. Ash, personal communication, February 20, 2020). Current orientation processes for these new faculty members are not comprehensive and can lead to role confusion.

The gap identified in the department is that there is not a structured orientation process and mentorship programs are not well-utilized. Current literature supports the use of formal orientation processes for new faculty in graduate nursing programs; in addition, the literature also supports the use of mentoring programs. The Center for Teaching and Learning provides many valuable resources related to pedagogy, but guidance specific to graduate nursing is lacking.

Need for Clinical Project

It was identified that there was a gap in practice in the department when training new faculty. They were not receiving formal orientation, routine training on pedagogy, and they often did not have a mentor to help guide them through the process of learning a new role. These processes are key to ensuring success of new faculty. Key stakeholders identified these issues exist, but many were unsure of a solution to address these issues. Thoughtful and thorough review of current literature was utilized in order to tailor an evidence-based quality improvement project geared towards closing the gap.

Formal training and mentoring programs can help close the gap. A gap in the faculty orientation process in the department was identified and it was determined that there was a need for a quality improvement initiative that addressed this issue. It was determined after assessment of the needs of the department and review of literature that a formal mentoring program would help bridge this gap.

Development of the Mentoring Program

A mentoring toolkit was created to help formalize the mentoring process, provide direction to mentors and mentees, and to help train mentors. Facets from the review of literature were incorporated into the toolkit including formalized checklists, mentee goals, and training for mentors. A section for the mentoring facilitator was created in the toolkit; this section contained information about facilitating, a facilitator checklist, and evidence based considerations for pairing dyads. It was determined that the project leader would act in conjunction with the department chair as the mentoring facilitator.

A section of the toolkit for mentees and mentors included meeting agendas and meeting guidelines as well as a mentorship agreement. A section just for mentors included roles and expectations, a mentor checklist, tips for constructive mentee feedback, and if needed a section for conflict resolution. A section for the mentees focused on mentee roles and expectations, information about how to set smart goals, and a goal worksheet with an area for action plans. Faculty input was considered while making the toolkit and needs for the toolkit were identified such as an organizational culture exercise for the dyads.

A mentor training video in conjunction with the toolkit was also developed as a way to formalize the program and help mentors succeed. This video was an orientation to the program

and walked mentors through the process of goal oriented mentoring. A separate video training for mentees was also developed to help formalize orientation to the program for mentees. The toolkits and videos were sent to participants before the start of the program. Using the literature, Likert type scales were developed based on similar validated tools to evaluate the toolkit as well as the mentoring program. The program director attempted to access permission to utilize certain tools identified in the literature review, but was not granted access. Thus, scales unique to this program were developed.

Setting and Population

Setting

The school that the mentoring program took place in is a small private college in Northern Minnesota. The college has a robust nursing school. Its graduate department has a bachelors to Doctor of Nursing Practice (DNP) program and a Post-Graduate DNP program (Agency, n.d.a). There are currently 271 students enrolled in programs within the department (C. Kemnitz, personal communication, April 13, 2020). Within the department there are 11 full time faculty members, five part time faculty members and 18 adjunct faculty members (C. Kemnitz, personal communication, April 13, 2020). The department recently hired 5 new full time faculty members (L. Ash, personal communication, May 21, 2020).

Population

There were two populations participating in this program, faculty who volunteered as mentors, and new faculty mentees. Population one consists of mentees who are new faculty members who volunteered to participate in the mentoring program. New faculty are considered faculty who are either new to the institution, new to the department, or faculty

who are new to their full-time position as an educator. Population two consists of faculty members who volunteered to mentor new faculty. The mentors were faculty who were experienced educators who also had a history working in the department.

Inclusion and Exclusion Criteria

For inclusion, mentees had to be nursing faculty in the department and had to be new to the department. Though mentoring can benefit faculty at all stages in their career, this program was limited to new faculty due to constraints on resources such as available faculty mentors. As the program grows and the mentor base grows, the program would ideally be open to all full-time faculty who desire mentorship. Exclusion criteria included faculty members who have been employed in the department for more than two years and adjunct faculty. This population was chosen because, as the literature revealed, mentoring will benefit them as they acclimate to teaching and the culture of the college and the department.

The mentorship program also included participants who were mentors. Inclusion criteria for mentors was part time or full-time employment status in the college, two or more years of teaching experience, and at least one year of employment within the department. This was designed to ensure that mentors were experienced with both teaching and the culture of the department and the culture of the institution. Exclusion criteria included any faculty members employed as adjunct faculty, faculty members who had joined the department within the past year, and faculty members with under two years of teaching experience. Participation as a mentor was voluntary. There was no monetary compensation for volunteering as a mentor. Participation was not an expectation for faculty; however, it is beneficial for faculty development and provides opportunities for career advancement.

Interprofessional Team and Stakeholders

Mentees and mentors are the focus of the intervention, but the mentoring program required interprofessional involvement. Administrators were heavily involved in the program. The dean of the school had to approve elements of the program such as the use of faculty time and school resources. The director of graduate nursing was also involved with logistical planning. The director served as a point of contact for the development, implementation, and evaluation of the program. Department leadership was also involved with overseeing mentorship activity including recruiting mentors and pairing dyads. Faculty was also involved in both mentoring and identifying the needs of mentors and mentees.

Other faculty at the college were a part of the interprofessional team and were a great resource for mentors to refer mentees to. The director of the Center for Teaching and Learning will be involved in providing resources necessary for mentees to achieve their professional goals; for example, workshops focusing on institutional culture, book groups about pedagogy, or monthly lunch sessions on teaching matters. In addition, members from the Center for Instructional Design were thought to play an integral role in helping mentees achieve their goals pertaining to course development and technology tools. These members of the interprofessional team were important resources for mentors and mentees to consider when developing an action plan to help mentees achieve their goals.

In addition to the interprofessional team, there were many stakeholders in the program. Faculty were stakeholders because they benefit directly and indirectly from the mentoring program. New faculty benefit from mentorship. Other faculty benefit from having peers who are well oriented to the department. Students were considered stakeholders because they

benefit from faculty development. The department and college were both stakeholders and would benefit greatly from mentee preparedness. Patients and communities were also stakeholders and would benefit from a nursing program that integrates and retains faculty and has the capacity to educate more nurse practitioner students.

Budget

The agency's policy has been to award mentors 1 credit hour in the past for mentoring services each semester. However, due to resource constraints during the global COVID-19 pandemic, this was not possible. No incentives were offered to participants other than service to the organization which could be used in annual evaluations. No budget was created for this program as all services are voluntary and all resources such as the toolkit were electronically distributed so no funding was necessary. As the program expands, and resources are available to reimburse mentors, a budget will be necessary.

IRB and Ethical Considerations

The International Review Board (IRB) is set up to protect the privacy, safety, and rights of human subjects. In this case the subjects were faculty in a designated school's department of graduate nursing. The process began with a lengthy application along with the creation of consents for both participant groups. After the initial application the IRB addressed the project's ethical concerns.

The most significant ethical consideration regarding this project was the relationship between the project leader and the participants. The project leader was a student in the department and all participants were faculty, some possibly directly instructing the project

leader. In addition, other faculty including the department chair and the project advisor were candidates for being mentors.

To assuage these concerns, it was decided that the participants should remain anonymous to the project leader. This would involve sending all communications through the department chair or administrative specialist and discontinuing plans for focus groups. In addition, faculty heavily involved in the project removed themselves from being candidates for mentors.

Participant consents were designed and had to be signed by all participants prior to participation in the program. Due to participant confidentiality, each consent was sent to the department chair rather than the project leader. They were stored on a locked, password protected computer for one year after completion of the project.

Mission Statement, Goals, and Objectives

Mission Statement

The college's mission statement is: "shaped by the Catholic Benedictine heritage, The college provides intellectual and moral preparation for responsible living and meaningful work" (Agency, n.d.b, para. 1). Based on the mission at the school and its Benedictine tradition, the school of nursing's mission statement is: "the School of Nursing educates students to be socially conscious and morally responsible nurse leaders who promote holistic health for all" (Agency, n.d.c, para 1). Faculty are integral to the missions at the college and the school of nursing, and the mentorship program will seek to develop faculty with these missions in mind. The mission statement for the mentoring program is to provide career guidance and growth to new incoming graduate nursing faculty so they can achieve a satisfying and successful career where

they help develop competent and morally responsible nurse leaders. There is one program goal to help achieve the mission of the program 7 objectives. The interventions pertaining to these goals took place over a six-month period (see Appendix B).

Program Goal

Program goal one is to implement a formal goal oriented mentoring program with mentor development in the department of graduate nursing at the selected agency with the purpose of integrating new faculty into the culture of the department and institution, promoting professional growth, and promoting overall job satisfaction among faculty members who are new to the department. To meet this goal, eleven objectives have been formed. Each objective will be evaluated to determine the overall success of the formal mentoring program.

Objective One

Within two weeks of starting the program the project leader will recruit five mentees and three mentors and mentor and mentee dyads will be paired by the department chair within 10 days of participant recruitment.

Implementation. The project leader will write a recruitment email to potential mentors and mentees. The email will contain information about the benefits of mentoring for mentors and mentees, the qualities of successful mentors, the time commitments for mentors and mentees, and the logistics of the program. Potential candidates will be identified by the department chair. Once identified the department's administrative specialist will send the email to faculty. Recipients of the email will send their response to the department chair. This plan was discussed with the department chair and other faculty members to garner buy-in from stakeholders.

The project leader and the department chair will review the evidence-based criteria for pairing mentors. The project leader has included these criteria in the mentoring toolkit to help guide the department chair. The department chair was also briefed on the evidence-based criteria in a meeting with the project leader and has agreed to pair mentees with the guidance of this criteria. Based on these criteria and available participants, the department chair will match dyads. Each dyad will be emailed with who their partner is and also will be sent a toolkit around this time. Emails will be sent by the department chair or the department's administrative specialist. Buy-in with stakeholders was created through collaboration on the plan to pair.

Outcome Measure and Evaluation. The outcome will be measured by the number of candidates recruited and paired within 10 days. The outcome will be successful if at least three mentors (including two who are willing to mentor a maximum of two mentees) and five mentees are recruited. Evaluation will take place two weeks after implementation using the Mentor and Mentee Recruitment tracking tools found in Appendix C. This information will be evaluated as nominal data.

Objective Two

Within two weeks of recruitment, the project leader will provide mentors and mentees a mentoring toolkit to promote their success in the mentoring program; the toolkit can be found in Appendix D. The toolkit will help guide mentors and mentees through the mentoring process so that each dyad is equipped with the tools for success. The sections for the mentee focus on the mentoring program, meeting agendas, roles and expectations, and guidelines for setting goals to promote career advancement. The program is goal centered to ensure that

professional growth is cultivated. Ensuring that each participant receives information about the program through a toolkit will lead to effective and consistent mentoring practices and contribute to achieving the overall goal. The toolkit also contains a section designed to help prepare mentors for their role. This section clarifies mentor roles, responsibilities, and expectations, offers mentoring tips, and provides information on how to provide effective feedback to the mentees. Offering guidance for mentors will help them achieve success.

Implementation. The toolkit was created by the project leader with input from leadership in the department. To create the toolkit the project leader examined current literature to identify key elements that should be included in an effective toolkit. All appropriate elements were incorporated into the toolkit, including mentor and mentee roles and expectations. The expectations were based on current literature. For example, expectations such as the frequency of meetings, the purpose of meetings, and the route of communication were all based on successful mentoring programs reviewed in the literature. The project leader worked closely with department leadership on the development of the mentoring toolkit to receive both input and buy-in.

The department's administrative specialist will distribute a mentoring toolkit to both mentors and mentees via email, after recruitment. Each mentor and mentee will be expected to review the toolkit to understand the purpose of the program, the logistics of the program, and how to have an effective mentoring relationship.

Outcome Measure and Evaluation. The outcome measure for this objective is meeting the deadline for distribution of the toolkit. This outcome will be met if the toolkit is distributed

to mentees within one week of volunteering for the program. A tracking tool will be used to evaluate this measure. This information will be evaluated as nominal data.

Objective Three

Within two weeks of distributing the mentoring toolkit, the project leader will provide a short video presentation to the mentees and another short video presentation to mentors. The presentations will introduce the toolkit and each element that pertains to the mentee or mentor. The participants will review the toolkit prior to the presentation to gain a basic understanding of the content. During the mentee presentation the project leader will discuss the objectives of the mentoring program, the goals of the initial meeting including creating a communication plan, the role and expectations of a mentee, how to create SMART goals, and tips for success. During the mentor presentation the project leader will discuss the objectives of the mentoring program, the goals of the initial meeting including creating a communication plan, the role and expectations of a mentor, how to provide mentees with feedback, and tips for success. Each participant is expected to view the presentation within one week.

Implementation. The project leader will review the literature to create a presentation for participants that relays the evidence-based information that can be found in the mentoring toolkit. The project leader will record a video that presents the toolkit to participants. The presentation will be approximately 30 minutes in length. The project leader will invite the department chair to help create and participate in the presentation; this will help with input and also create buy-in. Collaboration on this effort will take place via Zoom meetings.

Outcome Measure and Evaluation. The outcome measure for this objective is meeting the deadline sending a link to the presentation about the toolkit for mentees within two weeks

after distribution and having all mentees view the presentation within a one-week time frame. This will be evaluated by following up with mentees via email. A tracking tool will be used to evaluate this measure. This information will be evaluated as nominal data.

Objective Four

The mean scores for the Mentoring Toolkit Evaluation for the Mentee (see Appendix E) and Mentoring Toolkit Evaluation for the Mentor (see Appendix F) will be 4 or higher on a 5-point Likert-type scale. This will indicate that the toolkit was beneficial to participants. Each mentee's total score will be added together and divided by 7 (the total number of questions) to make an average score for each mentee. All of the average scores from mentees will be added together to make the numerator. The denominator will be the total number of mentees who participated in the evaluation. The mean will be determined by dividing the total average mentee scores by the total number of participants. The same will be done for the mentor's scores. A mean of 4 or higher is the target goal and will indicate that the toolkit was successful.

Implementation. The evaluations were created by the project leader in collaboration with the department chair and faculty members. This ensured that the evaluation was meaningful to the team and that buy-in was garnered. The mentee evaluation contains 7 quantitative questions based on a 5-point Likert-type scale. These questions were designed to measure the benefit of the toolkit. In addition, 2 qualitative questions were included to gain constructive feedback regarding the toolkit, to enable continued process evaluation.

The evaluations will be distributed to each participant two months after the mentoring toolkit presentation. This gives the mentee time to read and implement the toolkit to determine its usefulness and effectiveness. The evaluation will be delivered electronically

through email by the department's administrative specialist. The results will be returned anonymously to the project leader with no participant identification.

Outcome Measure and Evaluation. The evaluations are based on a 5-point Likert-type scale that ordinarily measures the effectiveness of the mentoring toolkit. An effective mentoring toolkit ensures the success of the mentoring program and will contribute to the overall satisfaction and preparedness of new faculty who are mentees. To measure the effectiveness of the toolkit, scores will be totaled and a mean score among all mentees or mentors will be determined. A mean score of 4 indicates that the participants agree to the benefit in question. The goal is to have 100% of participants respond to these evaluations. Qualitative questions will be reviewed for thematic analysis and any patterns that emerge will be noted.

Objective Five

Mentors and mentees will establish contact by chosen means such as email or phone call, create a communication plan, set goals, and set future meetings within two weeks of toolkit presentations.

Implementation. The project leader will verbalize this objective to mentors and mentees during the toolkit presentations as well as a follow-up email. The project leader will also highlight the section "for mentors and mentees" of the toolkit to go over initiating the mentor relationship, an initial meeting agenda, and meeting guidelines. The mentorship agreement and communication plan in the toolkit will also be discussed so each participant has a clear understanding of what is expected of them. In addition, mentees will be advised on goal setting and the goal worksheet in the toolkit. These portions of the toolkit and toolkit

presentation should contribute to a more successful initiation process. The project leader will also maintain communication with participants with check ins every other month to ensure support is given.

Evaluation. The department chair will follow-up with dyads within two weeks of sending the presentations to establish whether each group initiated their relationship. It is expected that each pair has done this within two weeks of the toolkit presentations. Evaluation will take place using the Mentor/Mentee Relationship Initiation tracking tool in Appendix C. This information will be evaluated as nominal data.

Objective Six

After the completion of the mentoring program, mentees will complete the Post Mentoring Program Evaluation: Mentee Satisfaction (Appendix G) and the Evaluation of Mentoring Benefits (Appendix H) questionnaires with a mean score of 4 or higher and. These evaluations help to measure a participant's view of their professional growth, as well as cultural integration into the institution, overall job satisfaction after completing the mentoring program, and their satisfaction with the mentoring program itself.

Implementation. Literature was reviewed to determine benefits that mentoring can provide to new faculty members. The goal for mentees is that the mentoring program will provide benefits such as an integration into the professional culture and professional growth. A tool was developed by the project leader to determine if these goals were reached. The tool will be delivered to faculty through e-mail. This tool will be sent to mentees along with the mentee satisfaction evaluation after the completion of the mentoring program. The tool will be sent by the graduate nursing's administrative specialist. The evaluation responses will be

anonymous, and the data will be returned to the project leader through the survey platform without participant identification.

Outcome Measure and Evaluation. The tool uses a 5-point Likert-type scale to measure the data ordinally. Each participant's answers will be totaled, and all will be averaged to determine the mean score. The goal is to achieve a mean score of 4 or higher. This will mean that the mentees, on average, agree or strongly agree to each mentoring benefit evaluated. This tool will help determine the success of the program. Evaluating individual questions will also be done to help identify areas that may need to be improved upon for future mentor/mentee dyads. It is expected that 100% of mentees complete the evaluation. Due to the small sample size, it is important to have feedback from all participants to strengthen the data.

Objective Seven

After completion of the mentoring program, the mean score for the Post Mentoring Program Evaluation: Mentor Satisfaction tool (found in Appendix I) will be a 4 or higher. This will illustrate that mentors were satisfied with the mentoring program, thus achieving the goal for mentors.

Implementation. Satisfaction with the mentoring program will be measured using the Post Mentoring Program Evaluation: Mentor Satisfaction Tool. This survey is designed to measure mentor satisfaction in a quantitative manner. In addition, follow-up qualitative questions will be designed to determine reasons for each mentor's level of satisfaction. This will help the project leader study the current process and determine if anything could be done to improve the quality of the program. The literature was explored to review elements of mentor

satisfaction surveys that have been used to successfully evaluate other faculty mentoring programs. The survey was designed in electronic format to be delivered to each mentor through email. The survey will be distributed by the department's administrative specialist after the completion of the mentoring program. Results will be delivered anonymously to the project leader. Buy-in from stakeholders was obtained through collaboration with department faculty so that their input and perspective was incorporated.

Outcome Measure and Evaluation. The Post Mentoring Program Evaluation has a short 4 question quantitative section using a 5-point Likert-type scale. All participant scores will be totaled and averaged, then the mean of all scores will be calculated to determine if the objective was reached. The aim is to achieve a mean score of 4 or greater indicating that overall, mentors felt satisfied or very satisfied. Qualitative questions will be reviewed for thematic analysis and any patterns that emerge will be noted. The goal is to have a 100% participation rate among mentors.

Implementation

After IRB approval, implementation of the clinical project began. A recruitment email was sent to potential participants. The department chair identified candidates who met the criteria for inclusion as mentors and as mentees and the letters were distributed via email by the department's administrative specialist. Once candidates responded and agreed to join the program, they were sent an IRB approved form consenting to participate in the program. After consents were obtained, dyads were paired by the department chair using evidenced based criteria as outlined in the mentoring toolkit. Pairs were notified via email who their mentor or mentee was. At this time the department's administrative specialist also emailed a copy of the

mentoring toolkit. One week after sending the toolkit the administrative specialist sent the video recording orientating participants to the toolkit and the mentor or mentee experience. An evaluation link for the toolkit was sent to participants via email by the administrative specialist. Evaluations were routed directly and anonymously to the project leader using the survey platform Survey Monkey. Participants had the option to create a unique identifier for their surveys to track tools and surveys throughout the program. Several participants took advantage of this option.

Once both members of the pair reviewed the material they were to establish contact, create a communication plan, sign the mentoring contract found in the toolkit, and discuss mentee goals. This timeline varied for participants and not all tracking tools were received. It was noted that one dyad did not connect at all through the duration of the program. Monthly meetings were to be established, and again, tracking tools were not complete to verify this process in its entirety. The project leader sent emails on a bi-monthly basis through the administrative assistant to check in with participants. When participants had questions, emails were routed through the department chair and answered by the project leader. The project leader also sent multiple reminder emails regarding follow-up with tracking tools and evaluations. The lack of direct communication between the project leader and participants precluded any formal follow up or focus groups to evaluate the intervals of meetings, creation of action plans, or other items on the tracking tools.

At the end of the academic year, the mentoring program concluded. The total duration of the project was approximately 6 months. After the program was complete, final evaluation links were sent via email by the school's administrative specialist. Once again evaluations were

routed directly and anonymously to the project leader using the survey platform Survey Monkey. Once the data was collected analysis began.

Results From Data Collection

The overarching goal was to successfully implement the formal mentoring program that focused on mentor development and career growth and satisfaction of mentees. Overall, the goal was met, and 5 of the 7 objectives were met for the goal.

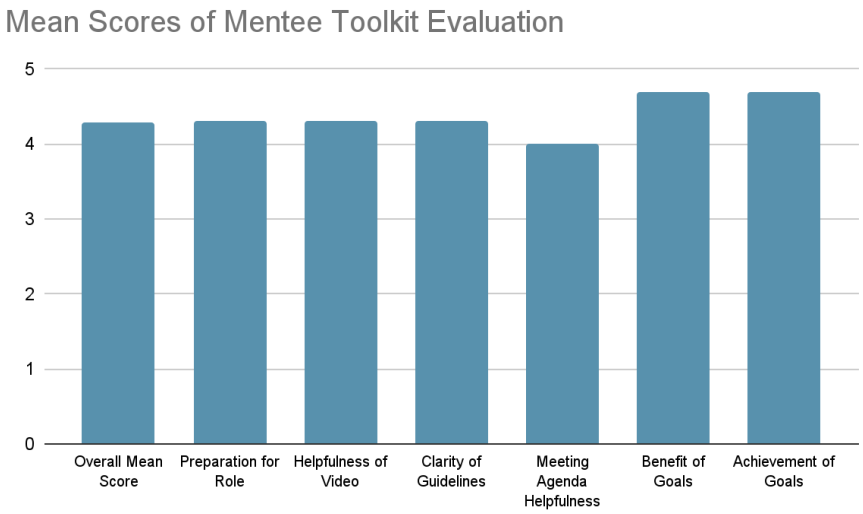
Objective One

The first objective of this program goal was met. Within one week of starting the program recruitment emails were sent to potential mentors and mentees and seven mentees were recruited along with five mentors meeting objective one. Two of the mentors agreed to mentor two new faculty members. This allowed for seven dyads total. After recruitment, the department chair paired dyads within two days, meeting objective one. There was one mentee who opted to not participate in the program, leaving a total of six dyads. The pairs were notified who they were matched with by the department chair.

Objectives Two and Three

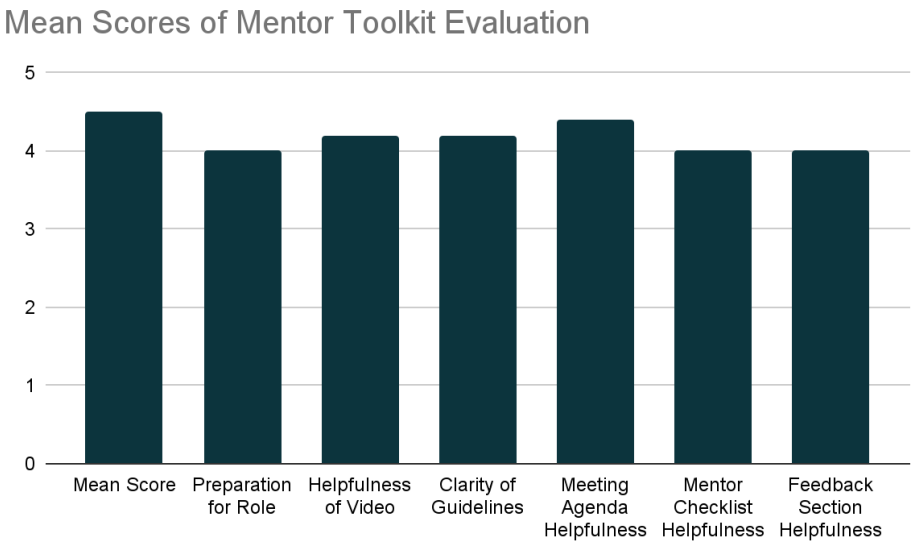
When the participants were notified of their pairing, they were also sent a copy of the mentoring toolkit by the department chair. Within a week of receiving the toolkit they were sent a prerecorded mentee orientation video or mentor orientation video. Thus, objectives two and three were met.

Objective Four



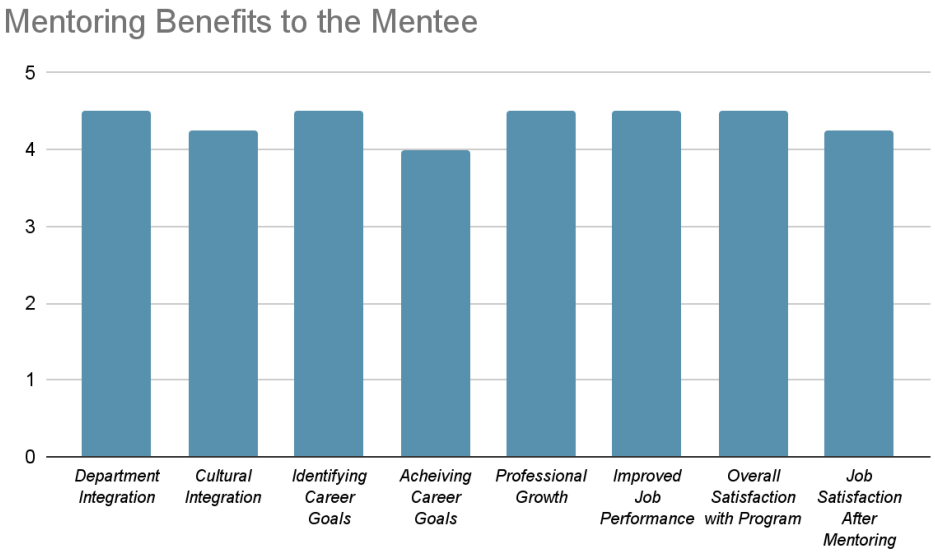
Within the first two months of the program each participant was sent a survey evaluating the utility of the mentoring toolkit and mentoring orientation videos. The mean score for the Mentoring Toolkit Evaluation for the Mentee was 4.28 and a scale from 1-5 meeting the goal for objective 4. While this portion of the objective was met, there was only a 50% response rate to the survey, so the response goal was not met. Overall, respondents agreed that the toolkit was beneficial in preparing them for their role as a mentee and helping them achieve short term career goals and work towards long-term goals. Themes that emerged from the qualitative data in the Mentoring Toolkit Evaluation for the Mentee questionnaire included the benefit of faculty support and the benefit of goals. For new mentees, the toolkit was overall beneficial.

Objective Five



The mean score for the Mentoring Toolkit Evaluation for the Mentor was 4.5 on a scale of 1-5 with a 100% response rate. Each participant agreed that the toolkit helped prepare them for their role as a mentor and that the video presentation helped them understand the program. All also agreed that the toolkit and the meeting agenda provided them direction. Themes that emerged from the qualitative questions included general knowledge about mentoring gained from the toolkit and benefits of the organization provided by the toolkit. Themes of improvement to the toolkit included recruiting more faculty input and dividing content into modules.

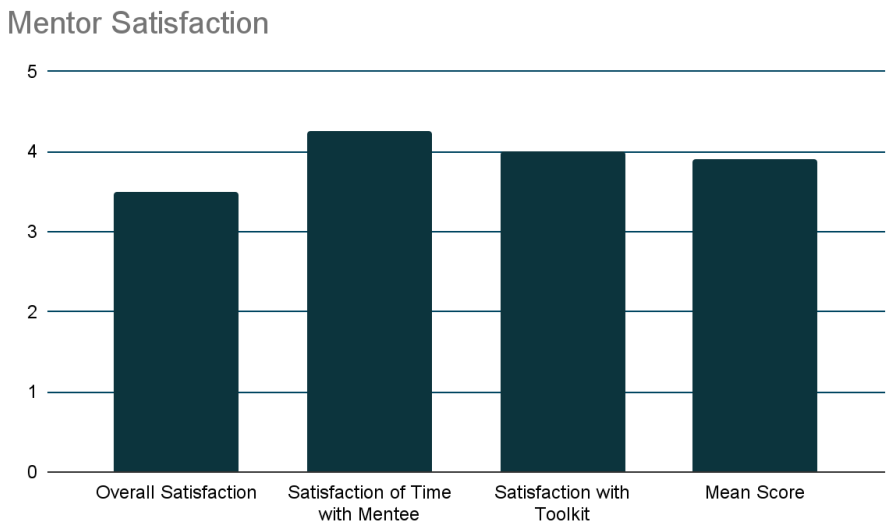
Objective Six



The mean score for overall job satisfaction for mentees after completion of the mentoring program was 4.2 on a scale of 1-5. All participants were either satisfied or very satisfied with their jobs after completing the program which meets objective four. Other indicators of goal attainment include integration into the culture of the school and department. Questions one and two of the Evaluation of Mentoring Benefits questionnaire evaluate whether the mentoring program helped them integrate into the culture of the school and department and respondents had mean scores of 4.25 and 4.5 on a scale of 1-5 respectively meaning that mentorship was effective in helping new employees integrate in the culture of both the school and department. Professional growth was also evaluated, and mentees agreed that mentoring enhanced their professional growth with a mean score of 4.25on a scale of 1-5. Overall, the mentees felt better equipped to perform their job as an educator because of the mentoring program with a mean score of 4.5 on a scale of 1-5.

After completion of the mentoring program,the mean score on the Evaluation of Mentoring Benefits questionnaire was 4.4 on a scale of 1-5 meaning mentees, on average, either agreed or strongly agreed to the benefits of the mentoring program. Themes that emerged from the qualitative data collected included improved job satisfaction, reduction in anxiety after feeling overwhelmed when starting teaching, career growth, and connection during a time of social distancing. The response rate to the Evaluation of Mentoring Benefits questionnaire was 67% not meeting the response rate goal of 100%. However, the survey data demonstrates the benefits of the mentoring program for new faculty in the department.

Objective Seven



The mean score on the Post Mentoring Program Evaluation: Mentor Satisfaction Tool was 3.9 on a scale of 1-5, not meeting the goal of 4. Themes that emerged from the qualitative questions include mentors feeling overworked, inequities in workloads, and mentoring being difficult due to time constraints. Many mentors desired increased mentee engagement. Positive themes in the qualitative data included improving leadership abilities and connecting with

other faculty. This final survey had an 80% response rate. Overall, mentor satisfaction was not achieved to the degree intended and there are good indicators from this evaluation how to improve this in the future.

Discussion of Data

Objective one was met, and a mentoring program was successfully implemented at the designated agency; recruitment was successful and enough mentors were recruited to allow mentorship for all seven new faculty members. Using the mentoring toolkit section about successfully pairing dyads, the project chair was able to pair each mentee with a mentor. Once dyads were paired each subject group was sent the toolkit to review and then participants were sent the video recording orientating them to the toolkit and mentoring program.

The data collected supports that the mentoring toolkit provided mentees with tools to promote professional growth and development. All mentees that participated found the toolkit beneficial. This outcome was expected based on the literature findings that formal mentoring programs help mentees as they work through onboarding and mentorship. The data also supported that mentees experienced integration into the culture of the department and college, career development, as well as overall job satisfaction. This result was also expected; the literature supports that mentoring programs help foster each of these objectives. While the data collected matched the expected outcome, the sample size was small and response rate was limited which could have skewed results. Those who did participate, however, found great benefit.

Objective seven was incomplete, while the toolkit met the objective of mentor development, the overall satisfaction of mentors at the end of the program was below the

expected level. The toolkit was evaluated, and mentors overall agreed that it was beneficial which was an expected finding. However, overall, the program did not meet the goals after the final mentor evaluation was reviewed. There was one outlier in this group of respondents who reported in the survey that they were unable to contact their mentee; their results reflected that they were unsatisfied with the mentoring program and lowered the results. Without the participant who was unable to reach their mentee the mean would have been 4.3 on a scale of 1-5. It is difficult to discern how results would have differed without this variable.

This was an unexpected finding, as the literature supports that mentoring is beneficial to not only the mentees but also the mentors. The respondent who was dissatisfied was not able to connect with their mentee which may have contributed to the overall dissatisfaction. Other factors that may have contributed include the workload of the faculty mentors who were not awarded the usual 1 credit hour for their service. Lastly, the mentor development program could be elaborated on in the future, allowing for more faculty input and a more thorough mentor development experience. Overall this was a small sample size, and in the future the program would be better studied with a larger sample.

Limitations

Limitations to this project included the need for anonymity between the project chair and participants. This added an intermediary to the communications, so questions and concerns could not be directly addressed by the project chair. This also eliminated the ability of the project chair to conduct focus groups for program development and evaluation of the program. With a small sample, focus groups would have been a beneficial evaluation tool as they would add clarity to a lot of the data collected.

Another limitation was the time constraints placed on faculty during the COVID-19 pandemic. Many faculty mentors reported that they had an increased workload and mentoring added to their already full workloads. This could have potentially affected the mentoring experience through decreased time and focus on mentoring itself. This project may have provided more success without these constraints. However, many mentees reported that this was a very beneficial program during the COVID-19 pandemic in a time when they were new and already isolated from faculty; it provided them with a connection within the department.

Sustainability

The program was designed for sustainability. The department chair had envisioned being the program coordinator when the project was complete. The design of the toolkit and the mentor and mentee orientation videos make the mentoring program easy to follow for all participants. The toolkit was designed for sustainability of the program.

One consideration found that will affect sustainability is the workload of faculty members. Themes in qualitative data gathered from mentor satisfaction surveys identified workload as an issue affecting mentor satisfaction. This is something that needs to be addressed to ensure that mentors continue to participate in the program. In the past, mentors in the school were awarded 1 credit hour. This is a viable option to ensure that mentors have sufficient time to dedicate to mentoring.

Future Research

There were several areas identified where future research would be beneficial. This was a small sample and the design of this project covered many facets including a mentoring toolkit, mentor development, and mentee career development. The scope of the project was broad

and the population was small. It would be beneficial to expand on each of these themes; in particular, mentor development. While the toolkit provided a framework for the training of mentors, a more thorough mentor training program would be an area for future research. The literature review identified various mentor development techniques, and this could be expanded upon in the future.

Overall, the goal for mentor satisfaction was not obtained. Future research should include not only mentor development, but ways to increase mentor satisfaction. The literature review showed that mentoring benefited both the mentee and the mentor. More research is needed on specific factors that could potentially improve mentor satisfaction.

Another area of research would be if this project is generalizable. Research could be done utilizing a similar format in other institutions and/or populations such as a larger university's department of graduate nursing. One population of interest is DNP students themselves. Could a mentoring program utilizing a similar goal oriented structure be applied to doctor of nursing students as they transition into graduate school? Considerable research has been conducted on mentoring programs among new faculty. But peer mentoring programs among students using the same format may help students through their transition as well.

Recommendations

It is recommended that this program continue within the agency's department of graduate nursing, with the exception that faculty mentors should be offered 1 credit hour for their work in the program. This was previously offered to faculty mentors in the past and would help offset the demands on faculty time. In addition, required mentorship meetings could be scaled back to a bi-monthly and as needed basis to decrease the time commitment required for

participants in the program. These changes would ensure that mentors have the time to dedicate to their incoming peers, and it would help establish a sustainable pool of mentors. This program has the potential to positively impact all new faculty coming into the department and ensure that they have guidance through their transition to their role in the department.

Dissemination

It is vital that the information found from this quality improvement project be disseminated to share findings and also to share areas for future research to focus on. An abstract (Appendix J) was written along with the development of a scientific poster (Appendix K) based on the better poster model. This model was designed to promote conversation in a visually appealing way that is eye catching and avoids information overload (Shilling & Ballard, 2019). In addition, this information will be presented in a 3-minute thesis (3MT) presentation and entered into a 3MT competition. Lastly, this scholarly paper will be submitted to sigma repository for review by other scholars. The dissemination of this project will be done with the intention of aiding colleagues interested in the topic, updating key stakeholders in the project, and informing the academic community of the project's scope, findings, and limitations.

Conclusion

Mentoring is an effective solution to help bridge the gap for new faculty who are experienced clinicians moving into academia. This quality improvement project demonstrated that for new faculty, a goal oriented mentoring program improves job satisfaction, promotes career growth, and helps new faculty integrate into the cultures of the institution. Adding a mentor development component is beneficial, although mentor time constraints must be addressed to ensure sustainability of such a program. Without designated time for mentoring,

mentors will not be able to continue offering their services to the program. Mentor services are essential for the program to continue, and it is necessary to address a way to ensure they are able to effectively incorporate mentoring into their schedule.

This project serves as a good model for the project's agency, as well as other graduate departments of nursing. Due to the limited sample, and the fact that this project took place in a relatively small college, it is generalizable only to similar populations. In the future a larger sample would help to solidify results as well as further identify areas of the program that are beneficial, areas that need development, and areas that are not necessary in the program. In addition, more research is needed in various populations including larger university settings where faculty may have different responsibilities and the departments may have a different organizational structure.

This quality improvement project outlines the importance of faculty onboarding and new faculty development. It is recommended that this program continue within the department with the addition of designated time for faculty mentors.

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Appendix A

Table of Evidence

Reference	Purpose/Question	Design	Sample	Intervention	Results	Notes
Alnasseri, Y., Muniswamy, V., & Maskari, J. A. (2017). A quantitative research design to assess the preparedness of omani novice nurse educators to assume the role of faculty. *International Journal of Nursing Education*, *9*(4), 158–162. https://doi.org/10.5958/0974-9357.2017.00116.7 Oman Level V (Level of evidence based on hierarchy of evidence for intervention questions from O'Mathuna & Fineout-Overholt, 2015)	The purpose of this study was to determine the level of preparedness of novice nurse educators when they enter the role of teaching.	Qualitative, Descriptive	There were 17 total participants. Inclusion criteria included BSN trained nursing educators who had less than two years of experience teaching.	This study was to gather a baseline assessment of novice nurse educators' level of competence without any intervention.	The Nursing Education Competency Inventory was used; this tool has a Chronbach's alpha of 0.93. Results indicated that facilitating learning competency and assessment and evaluation were significant indicators of preparedness (p=0.001). Based on this knowledge it was found that only 53% of study participants demonstrated the necessary competencies.	Nursing Education Competence Inventory (NECI) measure for evaluation.

Baker SL. (2010). Nurse educator orientation: Professional development that promotes retention. *Journal of Continuing Education in Nursing, 41*(9), 413–417. https://doi.org/10.3928/00220124-20100503-02 USA Level V	The purpose of this study was to examine one college's new faculty orientation program.	Case Study	The initial group who completed the program along with the surveys consisted of 11 new faculty members.	The intervention was seminar-like orientation process that allowed for engagement, discussions, information dissemination, and time for solving teaching related issues. In addition, seminars were provided monthly with additional workshops available throughout the year. Mentoring relationship with senior faculty were also initiated.	Pretests were administered and compared to posttests after the intervention was implemented. Perceived competence in all skill areas increased by 40-60% in each area. Problem solving sessions were deemed to be the most helpful, although the seminars were also considered beneficial. In the three years since initiating the program retention of participants has been 91%.	Intervention: structured orientation process with mentoring.

Baker, B., & DiPiro, J. T. (2019). Evaluation of a structured onboarding process and tool for faculty members in a school of pharmacy. *American Journal of Pharmaceutical Education*, *83*(6), 1233–1238. https://doi.org/10.5688/ajpe7100 USA Level III	To evaluate a legacy onboarding process used for new faculty and compare it to a new structured onboarding process at a school of pharmacy.	Qualitative and Quantitative Evaluation	The sample consisted of 9 faculty who were onboarded with the legacy program and 6 faculty who were onboarded with the new onboarding program (n=15). Participants were professors in the Department of Pharmacotherapy and Outcomes Sciences, Department of Medicinal Chemistry, Department of Pharmaceutics, and the Dean's Office. All	A structured onboarding tool was created to address a need for a more formal onboarding process for new faculty at a school of pharmacy in the United States. The new tool consisted of a list of tasks for completion, a list of resources, and also a contact in the program. Mentorships were also provided when possible in the new group.	There was improvement between the pre-tool group and post-tool group. 100% of respondents agreed that the structured tool was effective at meeting their needs which was an improvement from the legacy group. In addition, comments on the survey from the pre-tool group mentioned the need for mentorship and comments from the post-tool group included positive reviews of the inclusion of mentors in the orientation process.	Formal orientation tools and mentorship program development are examined.

			had been hired within 2 years of implementing the new onboarding tool.			
Brown, T., & Sorrell, J. (2017). Challenges of novice nurse educator's transition from practice to classroom. *Teaching and Learning in Nursing*, *12*(3), 207–211. https://doi.org/10.1016/j.teln.2017.03.002 USA Level V	The purpose of this study was to examine the transition of nurses from expert clinicians to novice educators using Benner's Novice to Expert Framework.	Qualitative Case Study	The sample included faculty who were new to teaching (on average 1.6 years of teaching experience) but were expert clinicians (an average of 16 years in their clinical field). The sample size was n=7 and they had varying degree levels.	No intervention was implemented, this study was used to determine the needs of new faculty who are transitioning to the role of educator.	Through interviews the subjects voiced feelings that aligned with becoming novices again in their new field. The themes emerging from interviews with subjects were feeling underprepared and having little guidance. In the interview subjects identified the need for a more structured orientation and a formal mentorship program.	This study applies Benner's Novice to Expert Framework.

Carlson, J. S. (2015). Factors influencing retention among part-time clinical nursing faculty. *Nursing Education Perspectives (National League for Nursing)*, *36*(1), 42–45. https://doi.org/10.5480/13-1231 USA Level V	The purpose of this study was to examine factors that influence retention of part-time nursing faculty.	Qualitative	The sample included 553 participants throughout the United States. The majority of participants were female and had employment in another job. Respondents had varying levels of education and varying clinical nursing experience.	No intervention was studied.	The study identified reasons for staying in a job in nursing education; common themes were pay and benefits, support, and feeling valued. Reasons for leaving included lack of support and program disorganization. Having a mentor specifically influenced faculty retention.	Consequences of the problem (lack of support and mentoring).
Cranford, J. S. (2013). Bridging the gap: Clinical practice nursing and the effect of role strain on successful role transition and intent to stay in academia. *International Journal of Nursing Education Scholarship*, *10*(1), 99-105. https://doi.org/0.1515/ijnes-2012-0018	The purpose of this study was to examine how role strain among nursing faculty transitioning to academia affected satisfaction and intent to stay in their current position. Topics that would make the transition to	Quantitative	Participants included 262 faculty members from 31 different nursing schools in the United States. There was a mean age of 50.6 with mean clinical	No intervention was implemented.	Role ambiguity, interpersonal support, and self-assessed instructional competence all had significant correlations (p<0.01) with role strain. There were correlations between role strain and	Consequences: Role strain caused by role ambiguity, lack of support, and feelings of lacking competence lead to decreased satisfaction

USA Level IV	academia easier were also examined.		experience of 16.5 years. Over two thirds of respondents held a master's degree or higher.		satisfaction with role transition (r = 0.59) and intent to stay in a faculty position (r = 0.33) with role strain as a significant predictor (p=<0.01). Ranking important faculty development topics was also completed; developing critical thinking skills and teaching strategies ranked highest on a Likert-type scale of 1-5 and research and writing for publication ranked lowest.	and increased intent to leave academia.
Davidson, K. M., & Rourke, L. (2012). Surveying the orientation learning needs of clinical nursing instructors. *International Journal of Nursing*	The purpose of this study was to examine the orientation needs of nursing faculty.	Descriptive, Quantitative	There were 44 participants who had varying levels of clinical experience	No Intervention	Participants completed a survey using a Likert-type scale. Eighty-four percent of	Orientation needs assessment.

Education Scholarship, *9*(1), 1-11. https://doi.org/10.1515/1548-923X.2314 USA Level V			(the majority over 5 years) and the majority had taught 4 or fewer courses. The majority only had experience teaching at one school of nursing.		participants viewed basic new employee information (such as benefits and resources) essential. Participants unanimously rated review of policies important to orientation. Orientation to curriculum was rated essential by over 80% of participants. Orientation to simulation was rated essential by 90% of participants. Eighty percent of faculty also rated orientation to evaluation criteria essential.	
Fleming, M., House, S., Hanson, V. S., Yu, L., Garbutt, J., McGee, R., Kroenke, K., Abedin, Z., & Rubio, D. M. (2013). The	The purpose of this study was to evaluate the elements of the Mentoring	Cross Sectional, Research Trial	The sample consisted 283 mentors (professors) and 283	Baseline data was measured prior to implementin	The coefficient alpha scores for the mentor group and	Primary study exploring validity and reliability of the MCA to

mentoring competency assessment: Validation of a new instrument to evaluate skills of research mentors. *Academic Medicine*, 88(7), 1002-1008. https://doi.org/10.1097/ACM.0b013e318295e298 USA Level V	Competency Assessment (MCA) to determine its psychometric properties.		mentees (associate professors) from 16 universities. The mean ages of mentors and mentees was 50.5 and 35.9 respectively. Over half of the mentors were professors (n=161) and almost all mentees were assistant professors or students (n=257). About 20% of each group had prior mentor training workshop experience.	g the intervention which was a mentoring program.	the mentee group were 0.91 and 0.95 demonstrating good reliability or internal consistency. The correlations between each of the measured constructs were high between 0.49-0.87 for the mentor instruments and 0.58-0.92 for the mentee instrument.	review mentor effectiveness. Initially applied to academic researchers but can be applied to other areas of academia.
Hinderer, K. A., Jarosinski, J. M., Seldomridge, L. A., & Reid, T. P. (2016). From expert clinician to	The purpose of the study was to examine a comprehensive	Qualitative and Quantative	There were 32 participants in the training and 26	A 30-hour hybrid training program for	Outcomes included 78% of participants (n=25) going on	Program incorporating mentoring, online

nurse educator. *Nurse Educator*, *41*(4), 194. https://doi.org/10.1097/NNE.0000000000000243 USA Level IV	faculty training program that included a mentoring model and formal faculty training to prepare clinicians to become educators. Three schools of nursing offering varying degrees collaborated to deliver this program.	Evaluation	completed the evaluation (n=26). Participants were mostly females who had minimal teaching experience and varying education levels. Each individual applied to the program and was selected based off of criteria such as education, experience, and area of expertise.	new nursing faculty to help transition from clinician to educator. The program included mentoring, face-to-face education, simulated teaching experiences, and online learning modules.	to teach in nursing programs. Over half (n=18) went on to complete graduate degrees. The evaluation included a Likert-type scale and out of 5 points (indicating strong agreement) the mean ranged from 4.40 (SD, 0.50) to 4.76 (SD, 0.52). High scoring areas included applicability and preparation for common faculty issues. Common themes from qualitative evaluation included feeling better prepared and the importance of having a mentor.	learning modules, in-person learning, and mentoring.
Hulton, L. J., Sawin, E. M., Trimm, D., Graham, A.,	The purpose of this study was to	Mixed methods	11 dyads participated in	The intervention	Results of the Quality and	Nurse faculty mentorship

& Powell, N. (2016). An evidence-based nursing faculty mentoring program. *International Journal of Nursing Education, 8*(1), 41–46. https://doi.org /10.5958/0974-9357.2016.00008.8 USA Level V	evaluate the effectiveness of an evidence-based nurse faculty mentorship program	design using cross-sectional surveys for quantitative data and focus groups for qualitative data.	the study (n=21). Mentees were newly hired nursing faculty and mentors were experienced nursing faculty.	was a formal nurse faculty mentorship program designed to help new faculty transition from the clinical world.	Learning of Mentorship Survey had a mean = 48.12 for mentees (on a scale from 12-60). It was discovered in focus groups that overall new relationships were formed and both mentors and mentees experienced academic growth.	program specifically for new faculty. No differentiation between graduate and undergraduate faculty roles in this program.
Jakubik, L. D. (2012). Development and testing of the Jakubik Mentoring Benefits Questionnaire among pediatric nurses. *Journal of Nursing Measurement, 20*(2), 113-122. https://doi.org/10.1891/1061-3749.20.2.113 USA Level V	The purpose of this study was to examine the psychometric properties of an annotated version of Jakubik Mentoring Benefits Questionnaire (MBQ).	Factor Analysis	There were 453 pediatric nurses included in this study. Inclusion criteria were nurses with over 1-year of experience and self-described protégés in a mentoring program. Exclusion	This study was to test the psychometric properties of an annotated version of the MBQ after participants had taken part in different mentorship programs	The original tool demonstrated strong psychometric properties. The results of the factor analysis showed that the new 36-point MBQ had strong psychometric properties with a Cronbach's alpha of .97.	Measurement tool specific to nurses with strong psychometric properties.

			criteria were nurses who were engaged as mentors and those who were not pediatric nurses at the time of the mentorship.	throughout various hospitals. The new MBQ consisted of 36 points rather than a lengthier 57 points.		
Lavoie-Tremblay, M., Maheu, C., Octeau, D., Primeau, G., & Lavigne, G. L. (2019). Evaluation of a mentorship program for new and more-experienced nursing faculty. *Journal of Nursing Education and Practice, 9*(7). https://doi.org/10.5430/jnep.v9n7p1 Canada Level V	The purpose of this study was to evaluate a nursing program's nurse-faculty mentorship program. Effectiveness of the program was measured using qualitative surveys and quantitative data using a Likert-type scale, the Mentorship Effectiveness Scale.	Descriptive, cross-sectional design with qualitative and quantitative analyses	25 dyads participated in this program with 19 mentees participating in the study and 15 mentors. Mentees consisted of newly hired faculty as well as experienced faculty who desired a mentor. Mentors were experienced faculty who volunteered to	A nurse faculty mentorship program was created to improve faculty retention, increase productivity, and ease the transition from clinician to nurse educator. Dyads were paired and expected to meet regularly and	Mentees rated the effectiveness of the program very high with a mean rating of 53.26 (SD = 5.65) on the Mentorship Effectiveness Scale (based on a scale from 12-60). Also, 89% of mentees and 93% of mentors found the program worthwhile; 79% of mentees and 87% of mentors were satisfied with the program overall.	Nursing specific faculty mentorship program. No distinctions were made between graduate and undergraduate nursing. New educators were looking for guidance with teaching and community and experienced faculty mentees were

			mentor colleagues.	participate in the program actively.		looking for guidance with research.
McHenry, K. L., Lampley, J., Byington, R. L., Good, D. W., & Tweed, S. R. (2018). New faculty mentoring in respiratory care programs. *Respiratory Care Education Annual*, *27*, 22–32. USA Level IV	The purpose of this study was to examine mentoring practices of new faculty in respiratory care schools in the USA as well as perceptions of effectiveness of these programs.	Quantitative non-experimental survey research	126 program directors participated in this study. Each participant was from an accredited respiratory care program in the United States.	Mentorship programs for new faculty implemented in respiratory care schools throughout the United States.	The most pertinent significant finding was that almost all respondents rated that they agreed or strongly agreed that mentoring improved job performance, reduced turnover, improved job satisfaction, and improved organizational commitment.	Mentorship programs specific to respiratory care schools.
Morrison, L. (2020). Assessing part-time nursing faculty needs: A needs assessment for a quality improvement project. *Teaching and Learning in Nursing*, *15*(1), 42–44. https://doi.org/10.1016/j.teln.2019.08.011 USA	The purpose of this study was to examine the needs of faculty to identify areas of strengths and areas where intervention is needed in a school of nursing.	Qualitative and Quantitative	There were 12 faculty leaders and 7 part-time faculty members who participated in a structured interview and 16 faculty who	No intervention, this was a needs assessment.	The interview revealed that course leads often take the role of support person, both course-leads and faculty recognized that there was a need for a more	Faculty needs.

Level IV			participated in a quantitative survey. All were employed within the department of nursing in a university in Minnesota.		structured support system. In addition, faculty indicated that they needed a department level orientation to meet early teaching needs. The value of mentoring and orientation was affirmed. In the survey the biggest identified challenges were lack of connection to faculty (63%) and lack of orientation (54%).	
Schoening, A. M. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives (National League for Nursing)*, *34*(3), 167–172. https://doi.org/10.1097/00024776-201305000-00007	The purpose was to design and evaluate a theoretical model that describes the transition from the role of clinician to the role of educator.	Grounded theory qualitative study.	Twenty (n=20) nurse educators from 4 accredited nursing schools participated in this study. Their years of experience in	This grounded theory model was used to examine how clinical nurses reacted when transitioning	Through interviews with participants four themes emerged which became the stages for the Nurse Educator Transition (NET) Model. Initially nurses were excited to	Seminal research for NET Model

USA Level V			nursing and teaching varied from beginner to expert. They all held graduate degrees.	to jobs in education. No intervention was implemented.	transition to education based on positive teaching experiences in the clinical field (anticipation/expectation). Then they face disorientation due to lack of structure and guidance. Then they enter the information seeking phase; each educator sought the information they needed to perform their job. After that they enter identity formation when they felt more confident in their role.	
Shieh, C., & Cullen, D. L. (2019). Mentoring nurse faculty: Outcomes of a three-year clinical track faculty initiative. *Journal of Professional Nursing*,	The purpose of this study was to evaluate the effectiveness of a mentoring program aimed at	Cross sectional	The study consisted of two cohorts who committed to a 2-year	The intervention was a mentorship program that	The program was effective at reaching both program goals: promotion and scholarship.	Specific to clinical track assistant professors responsible for didactic

35(3), 162-169. https://doi.org/10.1016/j.profnurs.2018.11.005 USA Level V	increasing promotion and scholarship among clinical faculty in a school of nursing.		mentorship program. There were 15 junior faculty proteges and 15 senior faculty mentors	combined mentoring with faculty development. The intervention consisted of mentor-mentee dyads who met regularly as well as required faculty development workshops. The intervention period was 2 years for each cohort.	Promotion of proteges was increased in cohort 1 (62.5% of participants were promoted within 1 year of completing the program) and data was unavailable for cohort 2 at the time of publishing. Scholarship was increased with a total of 50 peer-reviewed papers published during the two-year participation period (mean = 3.33 per faculty member).	and clinical teaching in a school of nursing. No distinction between graduate and undergraduate faculty.
Sood, A., Qualls, C., Tigges, B., Wilson, B., & Helitzer, D. (2020). Effectiveness of a faculty mentor development program for scholarship at an academic health center. *The Journal of Continuing Education in*	The purpose of this study was to evaluate the effectiveness of a mentor development program.	Qualitative and Quantitative	The were 105 participants in the study who completed the online mentorship development program, most were women	The intervention was a development program for faculty mentors at a university. The	Both program components were successful at improving mentor knowledge and skill. Using the Mentoring Competency	Mentor development

the Health Professions, *40*(1), 58–65. https://doi.org/10.1097/CEH.0000000000000276 USA Level IV			and associate professors. There were 38 participants who also completed the face to face portion of the program.	program had two components, an online component and an optional face to face component.	Assessment, face to face learners' competency scores rose from 4.3 ± 1.0 to 5.5 ± 0.8 (paired t = 7.37, df = 37, P < .001).	
Sousa, M. P., & Resha, C. A. (2019). Orientation learning needs of adjunct clinical faculty in the United States. *Nursing Education Perspectives*, *40*(4), 222-227. https://doi.org/10.1097/01.NEP.0000000000000462 USA Level V	The purpose of this study was to examine the orientation needs of faculty during their transition into the role of novice educator.	Descriptive, Quantitative	There were 106 participants from various nursing schools throughout the United states. The average age of participants was 46 years old; they had an average of 19 years of nursing experience and under two years of teaching experience.	No intervention was implemented. The study examined the needs of new faculty members as well as whether or not these needs were met.	Each of the six categories measured were deemed to be important or very important; orientation to nursing courses rated the highest importance with a mean of 4.43 on a Likert-type scale of 1-5. Each area of importance was overall inadequately covered in orientation. Many participants did not have a formal orientation; those who had a formal	Utilized the needs assessment survey; this test shows high reliability and validity.

					orientation rated the importance of items like nursing courses higher (p = .006).	
Spence, J. P., Buddenbaum, J. L., Bice, P. J., Welch, J. L., & Carroll, A. E. (2018). Independent investigator incubator (I3): A comprehensive mentorship program to jumpstart productive research careers for junior faculty. *BMC Medical Education, 18*(1), Article 186. https://doi.org/10.1186/s12909-018-1290-3 USA Level IV	The purpose of this study was to describe a mentoring program in academic medicine and to evaluate quantitative outcomes.	Quantitative	Super mentors were senior faculty with highly productive research careers (as identified by the Associate Dean of Research Affairs). Mentees were recruited and completed an application process. Inclusion criteria included having 50-75% of time devoted to research. There were 10 super mentors who mentored	The intervention was a new mentoring program designed to increase faculty productivity.	The study evaluated baseline perceptions of mentees deficits and after 12 months perceived growth was measured. Themes in perceived growth included growth in research, interpersonal skills, and career development skills. Productivity measures were also used and show that 80% of participants had a manuscript published within 12 months.	This study specifically utilized the logic model for implementation. Not specific to nursing.

			a total of 26 participants.			
Tuomikoski, A., Ruotsalainen, H., Mikkonen, K., Miettunen, J., Juvonen, S., Sivonen, P., & Kääriäinen, M. (2020). How mentoring education affects nurse mentors' competence in mentoring students during clinical practice – A quasi-experimental study'. *Scandinavian Journal of Caring Sciences*, *34*(1), 230–238. https://doi.org/10.1111/scs.12728 Finland Level III	The purpose of this study was to determine how educating nurse mentors affected their mentoring competencies.	Quasi-experimental	Inclusion criteria for participation was volunteering to complete the educational program and employment at a participating hospital. Participants had to complete a Mentor Competence Instrument before and after training. Overall, 120 nurses participated.	The intervention was a nurse mentoring education program that lasted three months and consisted of three formal education sessions and online learning.	Mentoring competence increased in all areas evaluated and statistically significant increases were seen in areas including knowledge of mentoring practices, goal orientation in mentoring, and constructive feedback.	Use in mentor education.
Wenner, T. A., Hakim, A. C., & Schoening, A. M. (2019). The work-role transition of part-time clinical faculty: Seeking to validate the nurse educator transition	The purpose of the study sought to test the validity of the Nurse Educator Transition (NET) Model by	Qualitative Phenomenological Study	There were 14 participants total. Inclusion criteria were expert clinicians	This study was used to validate the NET Model, no intervention was	All 14 participants expressed that they went through the anticipation/expectation phase, 13	This study validates the NET Model.

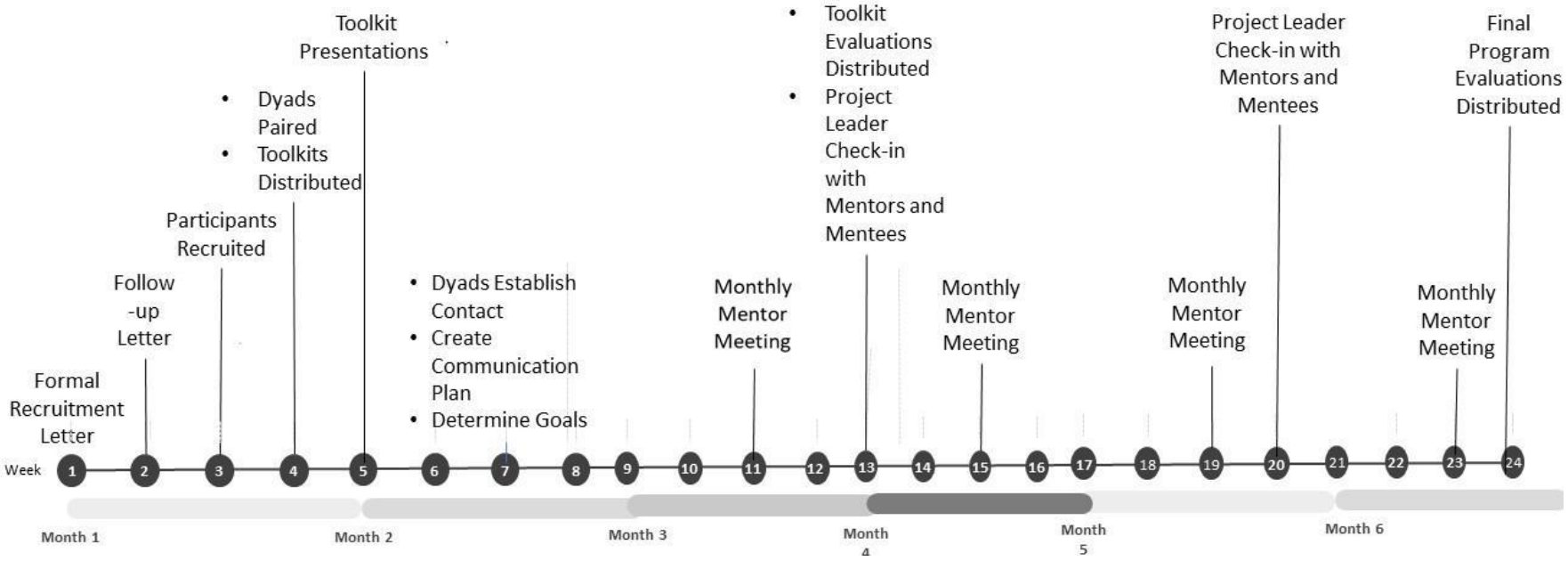
model. *Nurse Educator, 45*(2), 102-105. https://doi.org/10.1097/NNE.0000000000000704 USA Level V	applying it to new part-time faculty.		with more than 3 years working as a registered nurse, working part-time as a clinical instructor within the past year, and current employment as a clinical instructor and in the clinical setting simultaneously.	implemented.	participants also described in their interviews the disorientation phase and the information seeking phase. Identity formation was described by 10 participants. Some participants felt that they had not yet made it through the role transition.	
Williams, T., Layne, M., & Ice, P. (2014). Online faculty perceptions on effective faculty mentoring: A qualitative study. *Online Journal of Distance Learning Administration, 17*(2). https://www-westga-edu.akin.css.edu/~distance/ojdla/summer172/Williams_Layne_Ice172.html USA	The purpose of this study was to examine what factors of mentoring processes are the most beneficial to online faculty.	Qualitative Study	Participants were from higher education institutes teaching online. There were a total of 26 respondents.	Mentoring programs in various institutions that are implemented specifically for online faculty. No specific mentoring program	Major themes in the qualitative surveys include increased abilities in various areas such as ability to teach. Themes that emerged regarding mentor support included feedback, contact, and communication.	Specific to faculty teaching online.

Level V				criteria were identified.	Overall, it was determined online faculty benefit from mentoring programs and that they value communication as a critical component of these programs.	
Yun, J., Baldi, B., & Sorcinelli, M. (2016). Mutual mentoring for early-career and underrepresented faculty: Model, research, and practice. *Innovative Higher Education, 41*(5), 441–451. https://doi.org/10.1007/s10755-016-9359-6 USA Level V	The purpose of this study was to examine the results of a mutual mentoring program at a large university.	Cross sectional design with qualitative and quantitative measures	Over a seven-year period, 518 faculty members participated in the program (40% of all full-time faculty members).	The intervention was a mutual mentorship program (versus a traditional 1-1 mentorship program) was implemented with the goal of each partner focusing on specific area of expertise making the partnerships mutually	At the end of the year a 14-point survey using a 5-point Likert-type scale evaluated the effectiveness of the program. Response rates to the survey indicated that 81-93% of participants had a "very good or excellent" experience. 91-97% expected mentor relationships to continue. In addition, a campus-wide survey was sent,	School-wide program that was not nursing specific.

				beneficial and empowering.	and it was found 74.2% of participants felt mentoring resulted in career development, versus 59.8% who did not participate; 71.9% of participants found mentorships mutually beneficial versus 52.2% of non-participants.	

Appendix B

Project Timeline



Appendix C

Tracking Tools

Mentee Recruitment

Mentee Name	Date Recruitment Email Sent	Date Follow-up Email Sent	Participating/Not Participating

Mentor Recruitment

Mentor Name	Date Recruitment Email Sent	Date Follow-up Email Sent	Participating/Not Participating

Mentor/Mentee Pairs Tracking Tool

Mentee Name	Assigned Mentor	Date Paired	Date Notified

Tools for Mentees

Mentee Name	Date Toolkit Sent	Date Mentee Viewed Toolkit Presentation

Tools for Mentors

Mentor Name	Date Toolkit Sent	Date Mentor Viewed Toolkit Presentation

Mentor/Mentee Relationship Initiation

Mentor/Mentee Dyad	Date Contact was Initiated	Date of First Meeting

Project Leader “Check-ins”

Mentor/Mentee Dyad	Date of Check-in 1	Date of Check-in 2	Date of Check-in 3	Date of Check-in 4

Appendix D

Faculty Mentoring Handbook

https://docs.google.com/document/d/1F8JJRqqyTuuv8SyQvVd5FT8gwJQOtx4N/edit?usp=sharing&ouid=108143043936600460007&rtpof=true&sd=true

Appendix E

Mentoring Toolkit Evaluation for the Mentee

Please answer the following questions based on a scale of 1-5.

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The mentoring toolkit prepared me for my role as a mentee	(1)	(2)	(3)	(4)	(5)
The presentation introducing the toolkit helped me understand the content of the toolkit	(1)	(2)	(3)	(4)	(5)
The mentee section of the toolkit provided clear guidelines for me to follow	(1)	(2)	(3)	(4)	(5)
The initial meeting agenda checklist provided direction for me and my mentor to follow	(1)	(2)	(3)	(4)	(5)
The meeting guidelines assisted in having productive and meaningful meetings thus far	(1)	(2)	(3)	(4)	(5)
It was beneficial to discuss my career goals and come up with an action plan with my mentor	(1)	(2)	(3)	(4)	(5)
During the mentorship program I was able to achieve short term goals and progress towards accomplishing my long-term goals	(1)	(2)	(3)	(4)	(5)

What is the most beneficial aspect of the mentoring toolkit and why?

What is one thing that you would change about the toolkit to enhance your experience?

What additional comments regarding the mentoring toolkit do you wish to share?

Appendix F

Mentoring Toolkit Evaluation for the Mentor

Please answer the following questions based on a scale of 1-5.

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The mentoring toolkit prepared me for my role as a mentor	(1)	(2)	(3)	(4)	(5)
The presentation introducing the toolkit helped me understand the content of the toolkit	(1)	(2)	(3)	(4)	(5)
The mentor section of the toolkit provided clear guidelines for me to follow	(1)	(2)	(3)	(4)	(5)
The initial meeting agenda checklist provided direction for me and my mentee	(1)	(2)	(3)	(4)	(5)
The meeting guidelines assisted in having productive and meaningful meetings thus far	(1)	(2)	(3)	(4)	(5)
The mentor checklist helped me complete my tasks as a mentor	(1)	(2)	(3)	(4)	(5)
The feedback section of the toolkit helped me provide respectful and constructive feedback to help my mentee	(1)	(2)	(3)	(4)	(5)

1. What aspects of the mentoring toolkit were beneficial to you and why?
2. What would you change about the toolkit to enhance the mentoring experience?
3. Did the mentoring toolkit improve your knowledge about mentoring? Please state Yes or No and then explain.
4. What additional comments regarding the toolkit would you like to share?

Appendix G

Post Mentoring Program Evaluation: Mentee Satisfaction

Please answer the following questions based on a scale of 1-5 with 1 being very unsatisfied, and 5 being very satisfied.

1=very unsatisfied, 2=unsatisfied, 3=neutral, 4=satisfied, 5=very satisfied.

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Overall, how satisfied were you with the mentoring program?	(1)	(2)	(3)	(4)	(5)
How satisfied were you with the mentoring toolkit?	(1)	(2)	(3)	(4)	(5)
How satisfied were you with the time spent with your mentor?	(1)	(2)	(3)	(4)	(5)
How would you rate your overall job satisfaction after completing the mentoring program?	(1)	(2)	(3)	(4)	(5)

1. What benefits did the mentoring program provide to you?
2. What could have been done to enhance your experience with mentoring?
3. Did participating in the mentoring program improve your overall job satisfaction? Please state Yes or No and then explain.

Appendix H

Evaluation of Mentoring Benefits

Please answer the following questions based on a scale of 1-5.

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Cultural Benefits					
Mentoring helped integrate me into the culture of the department	(1)	(2)	(3)	(4)	(5)
Mentoring helped integrate me into the culture of CSS	(1)	(2)	(3)	(4)	(5)
Because of mentoring I better understand how to positively influence the culture of the department and organization	(1)	(2)	(3)	(4)	(5)
Because of mentoring I feel more invested in the organization	(1)	(2)	(3)	(4)	(5)
Professional Benefits					
Mentoring helped me identify career goals	(1)	(2)	(3)	(4)	(5)
Mentoring Helped me achieve career goals	(1)	(2)	(3)	(4)	(5)
Mentoring enhanced my professional growth	(1)	(2)	(3)	(4)	(5)
Because of mentoring I feel better equipped to perform my job as an educator	(1)	(2)	(3)	(4)	(5)

Appendix I

Post Mentoring Program Evaluation: Mentor Satisfaction

Please answer the following questions based on a scale of 1-5.

1=very unsatisfied, 2=unsatisfied, 3=neutral, 4=satisfied, 5=very satisfied.

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Overall, how satisfied were you with the mentoring program?	(1)	(2)	(3)	(4)	(5)
How satisfied were you with the mentoring toolkit?	(1)	(2)	(3)	(4)	(5)
How satisfied were you with the time spent with your mentee?	(1)	(2)	(3)	(4)	(5)

1. What benefits did mentoring provide to you?

2. What else could have been done to enhance your experience with mentoring?

3. Did mentoring improve your overall job satisfaction? Please state Yes or No and then explain.

4. What additional comments regarding the mentoring program do you wish to share?

Appendix J

Abstract

Nature and Scope of the Project

In the United States there is a shortage of experienced nursing faculty, and clinicians often transition to educator roles without any formal training; this often leads to significant stress and a period known as disorientation among new faculty members. Mentoring is one way to bridge the gap. This project focuses on development and implementation of a mentoring program in an agency's department of graduate nursing. Project objectives include implementing a mentoring program that will provide career growth and development for new faculty and to cultivate mentor development to enhance the mentoring experience.

Synthesis and Analysis of Supporting Literature

A literature review was conducted to examine ways to improve outcomes for new faculty during the onboarding process; overwhelmingly the literature supports the effectiveness of formal mentoring programs. Specifically, programs that are goal oriented with a training component for mentors. A mentoring program was created based on these criteria identified in the literature.

Project Implementation

Project implementation began with recruitment of 5 experienced faculty mentors within the department to mentor 7 new faculty members. A mentoring toolkit and training videos were developed with specific sections for mentor development, mentee objectives and goals, and a section designed to help guide mentees and mentors through the process. Once training was complete, a 6-month mentoring process began.

Evaluation Criteria

Four mixed methods surveys were developed to evaluate mentor and mentee perspectives of the mentoring toolkit and training as well as a mentor and mentee evaluation of the program. Each survey contained a 5-point Likert-type scale. The ordinal Likert-type data was evaluated using mean scores with a goal of mean scores over 4 meaning that overall each participant agreed to the benefits of the mentoring toolkit and/or mentoring program itself. Surveys also contained qualitative questions which were evaluated through identifying themes.

Outcomes

The mentoring toolkit was found to be successful; mentees had an overall mean score of 4.28 and mentors had a mean score of 4.2. The mentee subject group was satisfied with the mentoring program with mean scores of 4.4. Mentor satisfaction was not as high as expected with mean scores of 3.9. One theme identified related to lack of mentor satisfaction was excessive workloads.

Recommendations

It is recommended that this program continue within the agency but that future mentors are awarded 1.0 credit hour for participation in mentoring programs due to heavy workloads.

Appendix K

Link to DNP Project Poster

https://docs.google.com/presentation/d/1Zx66obVfJIb5dkMrL0m_swM3s2i65o7Z/edit?usp=sharing&ouid=108143043936600460007&rtpof=true&sd=true