Clinical Mentorship in the Pediatric Cardiac Intensive Unit: Developing Mentor Competence
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Background and Review of Literature

- Nationally, ideal nurse workforce is challenged by increased demand and turnover, which occurs disproportionately amongst novice nurses.
- Nurse experience influences healthcare safety and quality.

Mentorship improves retention, satisfaction and clinical competency.

85 Pre-Nurse experience influences healthcare safety and quality.

Post-Mentor experience influences healthcare safety and quality.

Factor VII Mentorship improves retention, satisfaction and clinical competency.

85 Pre-Mentor competence (group means) increased following the education course (Figure 1).

Post-Mentor competence (group means) increased in each MCI factor following the education course (Figure 3).

Mean (SD) increase in MCI following education: 0.34 (0.28)

Continued evaluation of the mentor education course will:

- Identify opportunities
- Broaden the understanding of the mentor education course
- Define cut points in the MCI factors known to significantly increase with education:
- Factor I in reported mentor competence with shift to high-level mentor competence reported.

Course participant (paired means) mentor competence:

- Course participant (paired means) mentor competence increased following the education course (Figure 2).

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- 100% female (n=22)
- Age: 26-58 years
- BSN, RN experience: 2-34 years
- 34% previous mentor experience

Mentorship experience influences healthcare safety and quality.

Factor III Mentorship improves retention, satisfaction and clinical competency.

54 Organizational buy-in and resources are critical to course feasibility.

Strengthen and Limitations

- Strengths:
  - Reported mentor competence increased (primary aim)
  - Reported satisfaction with the course (secondary aim)
  - Implemented during the unprecedented global pandemic

- Limitations:
  - Small number of participants
  - Missing data
  - Single site implementation

Discussion

- Organizational buy-in and resources are critical to course feasibility.
- Pre-existing middle-level of mentor competence prior to the course may be explained by course participants having previous experience:
  - in the PCICU
  - in roles that support the development of novice nurses
  - as a mentor

- Reported increase in each MCI factor aligns with literature.
  - MCI factors known to significantly increase with education:
    - mentoring practices in the workplace, novice nurse-centered evaluation, reflection during mentoring, goal-oriented mentoring and constructive feedback.
  - MCI factors reported to have the greatest increase in self-reported mentor competence:
    - mentoring practices in the workplace (Figure 3, Factor I)
    - goal-oriented mentoring (Figure 3, Factor IV)

Conclusion

- Continued evaluation of the mentor education course will:
  - Broaden the understanding of the impact on mentor competence
  - Identify opportunities for improvement and ongoing mentor development

- A mentor education course builds the foundation for a mentorship program that supports an ideal nurse workforce.

References