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# Development of Mentors to Facilitate Evidence-Based Practice in a Nurse Residency

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*Walden University*

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Susan Breit

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Walden University  
2015

Abstract

Development of Mentors to Facilitate Evidence-Based Practice in a Nurse Residency

by

Susan A. Breit

MSN, Chamberlain College of Nursing, 2012

BSN, Chamberlain College of Nursing, 2010

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2015

## Abstract

Evidence-based practice has resulted in better patient outcomes, higher patient satisfaction, and effective patient-centered care. Leadership of a large teaching hospital determined that new nurses lacked the education and experience to design and implement an evidence-based project at the bedside, which was an expected outcome for completion of the established nurse residency program. The purpose of this project was to develop a design-only project in which Masters of Science in Nursing-prepared mentors were added to the residency program to establish the required evidence-based project. A mentor workshop was developed to guide the mentors in this role using Benner's novice to expert theoretical model. A team of stakeholders, including an expert in the field of nursing education, provided ongoing process evaluation in the development of the outcome products including the Mentor Facilitation Guide, Mentor Workshop Curriculum, Mentoring Toolkit, Pre-and Post-Mentor Workshop Survey Assessment, and Mentor Implementation Plan. Stakeholders completed a summative evaluation on the processes, outcomes, and student leadership of the project. Findings showed that the project met 100% of the stated goals and objectives, as evidenced by the stakeholders' responses to the summative evaluation regarding the degree of effectiveness for the project, process, and leadership skills. Implementation and evaluation of the project, which was developed for use in the hospitals' existing nurse residency program, will occur post-graduation. Social change will occur if new nurses learn to use evidence-based practice to support their nursing actions, resulting in improved patient care outcomes and population health.

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## Dedication

This project is dedicated to Marie Williams, MA, RN. My shoulder to lean on, *my* mentor, my mother. Without her mentoring, I would not be the nurse I am today. With her guidance, I have learned the art of professionalism, commitment, resilience, and compassion for those for whom we care. “I love you too, I love you three, I love you four, and I love you more... more than infinity.”

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This project has been a true labor of love and dedication. However, I could not have done this without the love, dedication and support from my husband, Ed. I thank you for your patience and tolerance. I can only hope that you are proud of me. I can't wait to get back to us!

Thanks to my children, Michael and Christopher, who remind me to laugh at the silly things in life.

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## Section 1: Overview of the Project

### **Introduction**

Bringing evidence-based practice (EBP) to nursing at the bedside has been a contributing factor to better patient outcomes, higher patient satisfaction, and effective patient-centered care (Small & Small, 2011). However, there is a lack of knowledge and experience regarding EBP among novice registered nurses, whether they are associate degree-, diploma-, or baccalaureate-prepared. For the purposes of this project, a novice nurse is newly hired and has been in practice for less than a year or has moved from one specialty to another. According to Benner's (1984) theory from novice to expert, the novice nurse is practicing at the advanced beginner level. Benner defined advanced beginners as those who are new graduates in their first jobs who have the knowledge and the know-how but not enough in-depth experience.

EBP is not typically introduced into nursing education until the bachelor's level, and the implementation of an EBP project is not introduced until the master's level (Lotz, 2010). According to Lotz (personal communication, May 31, 2015), there is a lack of coursework that teaches skills needed for incorporating research into practice. Lotz confirmed that a gap in practice does exist.

Standard 4.6 of the Accreditation Commission for Education in Nursing (ACEN) for Associate Degree Nursing (ADN) programs addresses the inclusion of research in the curriculum. Standard 4.10 of the ACEN accreditation addresses clinical practice in settings that reflect contemporary practice, evidence-based practice, and national standards of quality and safety. Even though ACEN standards address EBP inclusion in

curriculum, schools of nursing that have not gone through the accreditation process are not held to this standard. Also, the diploma- and bachelor's-prepared nurses have minimal opportunity to apply an EBP project at the bedside prior to graduation (Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012).

To bridge the gap between opportunities in education and the realities of the workplace, nurse residency programs have been established in the United States. Currently, there are three known for-profit companies in the United States that provide resources for nurse residency programs in hospitals. The system-wide residency program used in the project facility is designed by Galen Center for Professional Development (GCPD) and is being used in a 480-bed teaching hospital in urban Florida. This hospital is accredited by The Joint Commission, certified as a Level II trauma center, Level III regional perinatal intensive care center, comprehensive and primary stroke center, chest pain center, Level IV epilepsy center, and certified hip and knee replacement center. More than 1,800 health care professionals and 550 physicians representing a variety of specialties are employed by this institution.

One of the objectives of the nurse residency program is the development of an EBP project by the nurse resident. However, during the first two cohorts of the residency program, hospital leadership determined that a gap existed between the nurse residents' understanding of EBP and the ability to develop and implement an EBP project. To address this gap, a mentoring component was recommended to be added to the existing residency program. The purpose of this project is to implement this recommendation. The role of the Masters of Science in Nursing (MSN)-prepared mentor will be to guide the

nurse resident in learning about EBP and developing and presenting an EBP at the bedside. To support the MSN mentor in this effort, a curriculum was developed to guide the MSN mentor in facilitating the nurse residents' success in the EBP project. For mentors who earned their MSN prior to the EBP Movement in 2001, a review of EBP will be offered using the ACE star model of knowledge transformation. The ace star model offers a simple, comprehensive approach, similar to the nursing process, to translating evidence into practice (Stevens, 2013). This educational component is intended to help enhance the mentors' understanding of EBP and the role of guiding and supporting the nurse resident in this process. Because the residency program is part of a system-wide initiative, the results of this project may lead to social change through the dissemination of the results of the study to a larger population, thus enhancing patient care at the bedside outside the scope of this original project.

### **Background**

Some novice nurses lack the ability to provide evidence-based care at the bedside (Pravikoff, Tanner, & Pierce, 2005). Researchers have demonstrated the presence of a theory to practice gap in nursing, and well-defined inconsistencies have been exhibited linking the best practice models and standards that are learned and those that are in reality met in everyday practice (Wolff, Pesut, & Regan, 2010). Multiple efforts have been made to bridge the gap between the novice nurse and the transition into practice through nurse residency programs. Some of the shared features to effective nurse residency programs include the use of preceptors and mentors. Preceptors and mentors play a role in the development of the graduate nurse. With the addition of mentors to the project facility's

nurse residency program, there is a need for mentors to be properly instructed before the start of the nurse residency (Park & Jones 2010). The preceptors will continue to play their current role in the nurse residency program and will not be asked to take on an additional role of mentor. Rather, a separate mentor will be established for each nurse resident with the express role of facilitating that individual's translation of evidence to the bedside. The selection, training, and responsibilities of mentors and preceptors in an organized nurse residency program are significant, and the two roles should not be entwined (Twibel et al., 2012). This separation in roles is supported by the literature.

Preceptors direct the nurse resident throughout the daily residency program and fulfill the role of teacher, supporter, evaluator, advocate, and protector of the new nurse (Vermont Nurses Internship Project [VNIP], 2003). Mentors do not have a direct clinical function with the nurse residents. Rather, mentors are there to serve as objective listeners, to be a voice without bias, and to provide insights into finding balance between the professional and private life while also offering guidance for increased professional growth (Macke, 2011). Phoenix (2013) defined the role of the mentor as developing a bond with the nurse resident, aiding her/him in growing as a professional, presenting helpful and positive advice, and helping the nurse work through difficult situations. The education of the mentor should incorporate a description of the function of the mentor, an examination of communication techniques and styles, anticipated undertakings the mentor and nurse resident will share, and helping the mentor in forming a plan for the mentor-resident relationship (Krause-Parello, Sarcone, Samms, & Boyd, 2013).



### **Problem Statement**

Nurse residents lack the knowledge and/or experience to implement an evidence-based practice project at the bedside. Reality shock has been acknowledged by Kramer (1974) as a part of the new graduate nurse transition; however, the problems with the transition into practice are more serious than just reality shock (Dyess & Sherman, 2009). To address this gap in practice, the project facility identified a need for a mentoring component to be added to the existing residency program including the education of the mentor in order to facilitate guiding the nurse resident in understanding the development and implementation of EBP at the bedside. A need was established when nursing leadership determined that nurse residents were not equipped with the knowledge base to develop and implement an EBP project as a part of their residency requirements. Because relationships with mentors are historically longer than that of a relationship with a preceptor, the project facility's leadership determined that adding a mentor to the nurse residency program would be an added benefit to the program. Therefore, a curriculum to assist mentors in the development of the mentor role and to guide the nurse resident on EBP was developed as the focus of this project.

### **Purpose Statement**

The purpose of this project was to develop a design-only project in which Masters of Science in Nursing prepared mentors were added to the residency program to facilitate establishing the required evidence-based project. A gap was identified in the nursing education of new nurses in regards to their knowledge and understanding of EBP and the transition into practice. The lack of an educational component for mentors in the nurse

residency program posed another gap within the nurse residency program. Both gaps in the existing residency program were filled by developing a curriculum for mentors on how to facilitate development and implementation of EBP project with the nurse resident.

### **Project Goal and Outcomes**

- The goal of this project was to promote safe, effective bedside care by facilitating the nurse residents' ability to provide EBP at the bedside. Benner's (1984) from novice to expert theory framed this project.
- The following outcome was established for the project: A curriculum was designed to educate the mentor in facilitating an EBP project with the nurse resident.
- After graduation, the project will implement the project as described in Section 4.
- After graduation, the project will evaluate the project based on data obtained from postresidency survey results that address the nurse residents' understanding of EBP.

### **Model for the Project**

Benner's (1984) from novice to expert theory was used for this project. Benner applied the Dreyfus model of skill acquisition and development to nursing and concluded that nurses pass through five stages of development: novice, advanced beginner, competent, proficient, and expert. Benner identified the new nurse just out of nursing school as an advanced beginner. Therefore, nurse residents in this project were also considered an advanced beginner.

In addition, the ACE star model, which has been used as a guide to integrate EBP into academic nursing curriculum and is understood by staff nurses due to the similarity of the model to the nursing process (Schaffer, Sandau, & Diedrick, 2013) was used to integrate EBP and the conversion of knowledge. The nurse residents used the patient problem or population (P), intervention, (I), comparison (C), and outcome (O) (PICO) (Sackett, Richardson, Rosenberg, & Haynes, 1997) format/framework in the development of their EBP question.

### **Nature of the Project**

Emphasizing the value of teamwork, a team is seen as an essential means for forming a patient-centered, coordinated, and effective health care delivery system. Essential to the achievement of any model for team-based care is the skill and dependability with which team members work together (Mitchel et al. 2012). Using a collaborative team approach, nurse residency program stakeholders were able to support the development of the mentoring curriculum and to support me as the team leader.

The team consisted of representatives from the director of education, clinical nurse educators, executive director for the nurse residency program, members of the quality improvement (QI) department, and clinical managers. These individuals assisted in the review of the literature and curriculum development. Team members provided feedback on the development of the EBP learning curriculum and aided in creating the implementation and evaluation plans which will be conducted upon my graduation.

### **Definition of Terms**

The following definitions were used to guide this project:

*Advanced beginner nurse:* A new graduate nurse in his or her first job who has the knowledge and the know-how but not enough in-depth experience (Benner, 1984).

*Evidence-based practice:* A combination of the following three factors: best research evidence, best clinical experience, and consistency with patient values (Academy of Medical-Surgical Nurses, 2010).

*Mentee:* A mentee is a nurse with an aspiration to learn, an ability to receive constructive criticism and training, a capacity to characterize individual and professional career aspirations, and a motivation to take chances (Association for Nursing Professional Development (ANPD), n.d.) The mentee displays a want for achievement and pursues thought-provoking projects and new jobs. The mentee pursues the guidance and advice of a knowledgeable nurse mentor (ANPD, n.d.).

*Mentor:* A collaborative partner who is a role model and motivator providing support, help, enthusiasm, inspiration, and nurturing in a nonstructured learning environment (Nurse Mentoring, 2010).

*Mentoring:* A one-to-one committed association that involves formal or informal support, guidance, coaching, teaching, role modeling, counseling, advocating, and networking. Mentoring can take place within and/or outside the clinical setting and includes personal and career guidance (American Nurses Association (ANA), n.d.).

*Novice nurse:* A nurse with no experience in the situations in which he or she is expected to perform lacking the confidence to demonstrate safe practice requiring continual verbal and physical cues (Benner, 1984).

*Nurse resident:* A newly hired ADN, diploma, or Bachelors' of Science in

Nursing (BSN) nurse with less than 1 year of experience in the profession or specialty.

*Residency program:* A program designed with clinical and educational elements, clinical rotations, and competency based outcomes (Flinter, 2012).

### **Assumptions**

Assumptions for this project were the following:

- Most new graduate nurses are at the advanced beginner level of Benner's from novice to expert theory in knowledge of EBP
- The ADN, diploma, or BSN graduate nurse has had minimal opportunity to apply EBP at the bedside prior to graduation from his or her academic program
- Mentors who received their degree before the EBP movement in 2001 have limited knowledge of EBP
- Mentors want to facilitate the success of the nurse resident

Assuming that all of the above are true, with the assistance from a mentor trained in the facilitation of an EBP project, the nurse resident will be able to provide safe and effective patient care at the bedside with the implementation of an EBP project at the unit level.

### **Scope and Delimitations**

The population involved in this project included mentors and nurse residents. The project will be implemented on specified acute care units within the hospital. Based on an evaluation after initial implementation, the program may be disseminated to other acute care units within the hospital, and potentially be incorporated into the company providing

the residency program.

### **Limitations**

The limitations and biases that were foreseen in this project were that (a) ADN, diploma, and BSN nursing students had limited exposure to development/implementation of EBP, (b) the definition of EBP was limited to be only research-based evidence and, (c) there were different terms used to describe the problem related to nurse residents in the residency program and their knowledge and application of EBP. In addition, the existing nurse residency program is already developed and is active in a third cohort at this hospital. Therefore, there are already tools in place for the nurse resident, such as

- EBP knowledge, implementation, and collaboration training
- Pre and post nurse resident workshop survey measuring EBP knowledge and comfort level and project implementation knowledge
- Process sheet for how the EBP project will be carried out and requirements
- Requirements/resources for EBP presentation
- Rubric for EBP project and presentation

It is expected that through this project, these existing tools will be expanded upon for use within the mentoring program.

### **Significance of the Project**

EBP has been deemed the gold standard for providing safe and effective care at the bedside (Nurses Services Organization [NSO], 2014). Significant to this project was the well-being of patients as the nurse resident progresses from advanced beginner to expert in the provision of evidence-based care at the bedside. The Institute of Medicine

(IOM, 2011) recommended the implementation of nurse residency programs to bridge the transition-to-practice gap, which will help to bring EBP to the bedside. An added significance of this project is that the project facility's leadership evaluated a component of the nurse residency program and determined that modification needed to be made which speaks to a mandate of the IOM's (2011) recommendation, which states that

Health care organizations that offer nurse residency programs and foundations should evaluate the effectiveness of the residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes. (p. 236-37)

Although the nurse mentors had knowledge from their clinical nursing experience, they lacked specific education, skills, and support to succeed as a mentor of EBP (McDermid, Peters, Jackson, & Daly, 2012). Forsman, Rudman, Gustavsson, Ehrenberg, and Wallin (2010) showed that the majority of nurses use little research in the first 2 years after their graduation. According to Jewell (2013), nursing competency levels increased when there was mentor interaction, and the mentor interaction helped the novice nurse gain professional nursing knowledge, proficiency, and confidence. There are advantages to using a mentor, in addition to a preceptor, in guiding the nurse resident in the implementation of EBP at the bedside. In order to do guide the nurse resident in the implementation of EBP, a curriculum for mentoring EBP within the nurse residency program was designed.

Despite the known gap between research and clinical practice, there is minimal literature on curriculum development for mentors within a nurse residency program that

educates nurse residents on the use of EBP. Health care organizations need to apply interventions that not only add to nurses' EBP knowledge and skills, but also support their thinking regarding the value of evidence-based care. EBP mentors may be significant stakeholders in fast-tracking an effort with regard to evidence-based nursing practice (Melnyk et al., 2012). With the added knowledge of EBP at the bedside, the nurse resident is expected to provide better patient care and to develop and grow professionally, which will be evidenced by higher patient satisfaction scores and increased nurse retention.

### **Reduction of Gaps**

There is a gap between the graduate nurse and the transition into practice (Dyess & Sherman, 2009). For the purposes of this project, a gap was identified in the nursing education of new nurses in regards to their knowledge and understanding of EBP and the translation of that evidence into practice. The new nurse is expected to implement an EBP project as part of the project facility's current nurse residency program; however, most new nursing graduates lacked the preparation to do so. To close this gap, the leadership of the project facility recommended that an educational program be developed for mentors in the new nurse residency program in order to help the new nurse learn more about EBP and practice evidence-based nursing at the bedside. The lack of an educational component for mentors in the nurse residency program posed another gap. Both gaps were filled by developing a curriculum for mentors regarding how to facilitate development and implementation of EBP project by with the nurse resident at the bedside. Putting into action applicable guidance and education on EBP for the nurse



resident, by a knowledgeable mentor in addition to the preceptor, is expected to help nurse residents, the institutions that hire them, and the patients and caregivers who rely on their skills and services (Kossman, 2011).

According to McDermid et al (2012), education, skills and support to succeed as a mentor are lacking in those that are chosen as mentors, even though they are bringing knowledge from their clinical nursing experience. In addition, Forsman et al. (2010) showed that the majority of nurses use little research in the first 2 years after their graduation. Despite the gap between research and clinical practice, there was minimal literature to support the curriculum development of a mentoring program within a nurse residency program that educates nurse residents on the use of EBP.

### **Indications for Social Change**

Health care organizations need to apply interventions that not only add to nurses' EBP knowledge and skills, but also support their thinking about the value of evidence-based care. EBP mentors may be significant stakeholders in fast-tracking an effort to infuse evidence-based care into nursing practice (Melnyk et al., 2012). With the added knowledge of EBP at the bedside, the nurse resident is expected to be able to provide better patient care, but was also able to and to develop and grow professionally. Because of the nurse residency program being part of a system-wide initiative outside the scope of this DNP project, the results of this may speak to social change by prompting use of evidence to guide practice which will improve the quality and safety of health care provided...thus catalyzing social change in how healthcare is delivered and improving population outcomes of health.

## Summary

ADN programs lack the curriculum that teaches EBP. Diploma programs and BSN programs lack the optimal experience for nursing students to practice EBP at the bedside. Because of this deficiency, hospital leadership has determined that there is a gap in the transition to EBP for the nurse resident. One of the requirements of the nurse residency program is the implementation of an evidence-based project; however, during the first two cohorts of the nurse residency program, nursing leadership identified a gap in the new nurses' knowledge and experience to accomplish the project. Also, a gap existed in the nurse residency program because, while there is an EBP project to complete, there is no education for the nurse resident to facilitate the success of the project. Both gaps (the new nurses' knowledge and experience and the mentor education to facilitate the EBP project by the nurse resident) were bridged by developing an educational curriculum for mentors on facilitating EBP with nurse residents through the implementation of an EBP project at the bedside. Preceptors were included in the initial introduction to EBP during the mentor workshop, as a courtesy, to become familiar with the purpose and role of the mentor and to have a consistent understanding in the expectation of the nurse resident's goal in the EBP project.

In Section 2, I will present a literature review on graduate nurse residencies, theories that support the nurse resident, and the use of mentors in the nursing profession specific to the professional development of the nurse resident. A review of the literature will include multiple seminal works and peer reviewed literature.

## Section 2: Literature Review

### **Introduction**

The problem addressed in this project was the lack of knowledge or experience of the nurse resident in implementing an EBP project at the bedside. The purpose of this project was to develop a design-only project in which Masters of Science in Nursing prepared mentors were added to the residency program to facilitate establishing the required evidence-based project.

### **Search Strategy**

A search of the scholarly literature was initiated using the Cumulative Index of Nursing and Allied Health (CINAHL), PubMed, Medline, and Google Scholar. The following search terms were used to explore the aforementioned databases: (a) *graduate nurse residency*, (b) *preceptors*, (c) *mentors*, (d) *evidence-based practice*, and (e) *Benner's theory from novice to expert*.

Multiple seminal works that have influenced the scholarly nursing communities' thinking and peer-reviewed literature were included in the review from 1996 to 2015. In addition, selected classic publications were included in the review. Using a thematic review of literature, I started with a review of graduate nurse residencies, followed by the primary stakeholders of the nurse residency, and then a literature review of the theories that support the graduate nurse resident. An extensive literature search was conducted on the use of mentors in the nursing profession specific to the professional development of the new nurse. Literature was reviewed and an interview was conducted to explore the expected academic knowledge of EBP of associate-, diploma- and bachelor's-prepared

nurses.

In order to conduct an organized literature review, I first searched personal inquiry, wanting to know about graduate nurse residencies and their defined purpose, goals, structure, and success rates. Although preceptors were not used in this EBP-focused project, information was still needed as to the comparable differences between the preceptor and mentor. This led to a literature search of mentors, their distinction from preceptors, their defined roles and purposes, and the availability of data related to the success of mentoring. Because an EBP project is a requirement for the completion of the nurse residency program, it was imperative for me to have knowledge and scholarly reference on the subject matter. Realizing that Benner's (1984) from novice to expert theory would be the theory of choice, the search was conducted and finalized with a literature search on Benner's seminal work.

### **Nurse Residency Programs**

Nurse residency programs are intended to improve retention and to offer the necessary tools to elevate graduate nurse success and productivity. Kramer (1974) found that role conflict was a problem for new nurse graduates during the first 18 months of employment and described the new work experience of the graduate nurses as being a "reality shock" (p. 249). Many new nurses are able to resolve this conflict when they see ways to influence the work environment and are more satisfied with their jobs (Kramer, 1974). Kovner et al. (2007) conducted a study in an attempt to improve the understanding of turnover percentages in hospitals and the effect of new nurses on them and found that graduate nurses are frequently overcome in the first year of hire by the stresses of nursing

practice, mainly in the hospital setting. Kovner et al. further determined that a majority of newly licensed RNs are relatively content and have no plans to change jobs. Other nurses described insufficient confidence, struggles with work relationships, and dissatisfactions with regard to the work environment, insufficient time and direction for fostering organizational, and priority-setting skills as high level stressors.

Residency programs have been recommended by the IOM (2011) to support the new graduate nurses' transition to practice. The IOM further recommended that through collaboration from state boards of nursing, accrediting bodies, the federal government, and other health care organizations that nurse residencies should be supported after the completion of a prelicensure or advanced practice degree program or the transition into a new practice area.

Goode, Lynn, Krsek, and Bednash (2009) argued that new graduate nurses should not be required to go into the field of nursing without some form of a residency program to assist them in the transition from graduate nurse to practicing nurse. Bratt (2009) reviewed the outcomes of a residency program with employee turnover rates of 30% to 61% and realized that the execution of a residency program produced a mean of 84% retention after 2 years of employment.

The University Health System Consortium and the AACN (2010) both evaluated nurse residency programs that they developed. After 1 year, UHC and the AACN found that the organization and communication skills of the nurse residents were improved along with a reduction in stress. The turnover rate of nurse residents in both of these programs was considerably lower (9%-12%;  $N=655$ ), than the estimated turnover rate of

35-60% reported in an earlier survey conducted by Casey et al. (as cited in Goode et al., 2009).

Versant (2012) reported that there was a reduction in turnover rates along with a cost savings to many hospitals that implemented nurse residency programs. The UHC and the AACN showed a 95.6% retention rate for nurses who engaged in their nurse residency program. This reduction in turnover can be regarded as a significant achievement compared to published reports revealing turnover rates of 30% within the first year of employment in settings without nurse residency programs (AACN, 2010; Welding, 2011).

### **Preceptors**

Alspach's (2000) definition of a preceptor is "an experienced and competent staff nurse who has received formal training to function in this capacity and who serves as a role model and a resource person to new staff nurses" (p. 2). The length of time with a preceptor is short term and is aimed at assisting the newly qualified nurse to adjust to the role of professional nurse (Carlson, Pilhammer, & Wann-Hanson, 2010). Preceptors teach others in difficult and frequently hectic situations.

The function of the preceptor goes further than evaluating the use of theoretical knowledge to practice situations (Patton, Thompson-Isherwood, & Thrisk, 2009). Nurse preceptors are asked, mainly by educational institutions, to assist, manage, and evaluate the knowledge and clinical competency of students in a way that continues to enhance the students' professionalism, values, objectives of lifelong scholarship and patient safety, the purposes of academia, the guidelines within health care organizations, and the

proficiencies required by professional regulating bodies (Warren & Denham, 2010).

## **Mentors**

Ferlie and Shortell (2001) identified four core elements that must be present in order for EBP to be embraced and effective within an organization. These core elements will be included in the mentoring program in order to continually improve the nurse's ability to apply EBP at the bedside. Those core elements include organizational, leadership, effective teams, and environment (Ferlie & Shortell, 2001). The practice of using mentors in the clinical setting has been deliberated in nursing literature and has been recognized as a helpful feature in the incorporation of new nurses into the practice environment (Ferguson, 2011; Jakubik, 2008; Mills, Francis, & Bonner, 2008).

Mentorship, as noted by Benner, Surphen, Leonard, and Day (2010), is a critical element to the development of an experienced practitioner. Mentors refer to "The informal learning relationship in the workplace, often not formally evaluated, that arises or is established between an experienced nurse and a newly qualified nurse in the workplace to facilitate the transition of the new nurse into practice" (Ferguson, 2011, p. 119).

Halfer, Graf, and Sullivan (2008) considered the financial effect of a residency program, which they called a mentoring program and discovered that retaining nurses through a mentoring program produced a positive financial impact for the organization. The staff turnover rate was reduced to 12% over a 2-year period with an estimated cost savings of \$40,000 per nurse retained (Halfer et al., 2008). Halfer et al. stated, "Designed to provide additional learning opportunities and clinical mentoring, these structured new

graduate nurse programs have been associated with a positive effect on retention” (p. 244).

Improving the organizational use and development of MSN-prepared mentors can add to the successful incorporation of the recent representatives of the nursing profession and enrich their advancement and retention in practice (Ferguson, 2011). Using grounded theory as the qualitative method of data collection, analysis, and theory development, Ferguson examined new nurses’ experiences of developing clinical judgment in professional practice. The study include RNs ( $N=25$ ) who were graduates of five different baccalaureate programs; employed in rural and urban hospital settings; and worked in medical-surgical, obstetrics, pediatrics, or psychiatry units. Data were collected over a 16-month period by audio-recorded interviews that were guided by general interview questions. Ferguson determined that new nurses were seeking mentors who were “good practitioners” who could guide them in decision making, critical thinking, and EBP, as well as support them in professional development (p. 120).

### **Evidence-based Practice**

Evidence-based practice is a systematic approach to problem-solving for nurses that is characterized by the use of the best evidence currently available for clinical decision-making in order to provide the best patient-centered care (Solomons & Spross, 2011). Using a stratified random sample of nurses ( $N=749$ ) across the United States, Pravikoff, Tanner, and Pierce (2005) studied nurses’ awareness of access to evidence, how they acquired evidence, and whether they had the skills to do so. They determined that nurses do not comprehend or give merit to research and have little to no training



regarding ways to find evidence to base their practice (Kaplan, Zeller, Damitio, Culbert, & Bayley, 2014).

Although evidence-based practice is linked to better quality of care and better patient outcomes, the incorporation of EBP application into everyday clinical practice continues to be lacking in consistency, and the gap between research and bedside practice is still significant (Wallen, Mitchell, Melnyk, Fineout-Overholt, Miller-Davis, Yates, & Hastings, 2010).

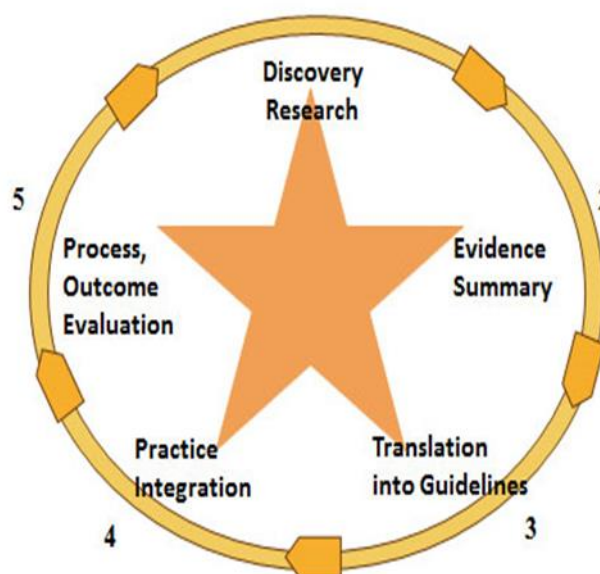
At the beginning of the national EBP effort in 2001, nurse scientists established models to categorize concepts regarding EBP. Multiple EBP models were created by nurses to recognize multiple viewpoints of EBP. Forty-seven well-known EBP models can be found in the literature. These frameworks influence the design and application of methods aimed at supporting evidence-based decision-making. Once examined, these models can be classified into four thematic areas:

- (1) EBP, research utilization, and knowledge transformation processes;
- (2) strategic/ organizational change theory to promote uptake and adoption of new knowledge;
- (3) knowledge exchange and synthesis for application and inquiry and
- (4) designing and interpreting dissemination research.

(Mitchell, Fisher, Hastings, Silverman, & Wallen, 2010. p. 287).

One well-known nursing model for EBP is the Academic Center for Evidence-Based Practice (ACE) Star Model of Knowledge Transformation (see Figure 1) (Stevens, 2004). The ACE Star Model highlights critical elements in converting one type of knowledge to the succeeding, integrating the most reliable research evidence with clinical

knowledge and patient preferences, thus attaining EBP.



*Figure 1.* ACE Star Model of Knowledge Transformation. Copyrighted material (Stevens, 2012). Reproduced with expressed permission.

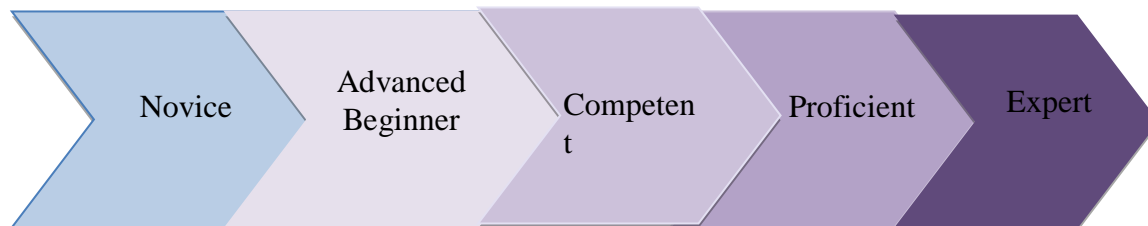
Multiple authors agree with the Academy of Medical-Surgical Nurses (AMSN) (2014) that EBP is the diligent use of current best evidence affecting decisions about patient care (Melnyk & Fineout-Overholt, 2011). According to Melnyk and Fineout-Overholt (2011), EBP is also a problem-solving method to clinical practice and organizational problems that incorporate:

- A systematic investigation for and analytical assessment of the most applicable evidence to answer a clinical question
- One's particular clinical knowledge
- Patient preferences and beliefs (Melnyk & Fineout-Overholt, 2011).

### **Benner's Theory: From Novice to Expert**

The theoretical framework of from novice to expert, developed by Patricia Benner

(1984), followed the Dreyfus model of skill acquisition and development bringing those concepts through the theory into nursing, which suggests that nurses advance through five stages of development including novice, advanced beginner, competent, proficient, and expert (see Figure 2). The new nurse transitioning into professional practice is thought to be an advanced beginner (Benner, 1984). The advanced beginner is a recently graduated nurse who is most likely working through a new employee onboarding process such as a nurse residency program. Benner's suggestions for this stage of development incorporates the need of the newly graduated nurse to have support in the clinical arena by setting priorities and safeguarding that patient needs do not go unmet because the new nurse is unable to distinguish what is most important in providing care (Benner, 1984).



*Figure 2: Benner's Model From Novice to Expert*

Benner (1984) supported novices performing with experts; however, her only explanation on approaches to teaching and learning in practice was to say that students needed clear groundwork in biological and social sciences and in nursing arts and science. Benner further stipulated that novices need instructions to direct their execution and assistance in establishing priorities.

Current research validates Benner's conclusions and further develops how the

new nurse graduate can be effectively transitioned into practice. Research has shown that the novice stage of development is a time of learning and stress (Duchscher, 2008; Etheridge, 2007; Hodges, Keeley, & Troyan, 2008; Lavoie-Tremblay et al., 2008). In the first few months of practice, the new graduate nurse, mentioned in a study ( $N=11$ ) conducted by Hodges et al., (2008), was that the most difficult phase of the transition into practice was acquiring competence and confidence in new circumstances within the area of patient care. During this time of transition, new nurses rely heavily on their preceptor to act as a resource.

Benner's model was utilized for this DNP project in the new graduate nurse residency program which includes nurses in the advanced beginner stages of nurse development. In this stage, an advanced beginner includes those who are new grads in their first jobs who have the knowledge and the know-how but not enough in-depth experience (Benner, 1984). In addition to Benner's model, a collaborative team approach was also used, as described in Section 3: Approach/Methods, for the development of a curriculum for the mentor workshop to include the stakeholders of the project. Using a collaborative team approach of interprofessional education to help develop nurses as future interprofessional team members is a recommended suggestion by the Institute of Medicine (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011).

This literature review was conducted to summarize current knowledge regarding graduate nurse residencies including preceptors, mentors, evidence-based practice, and Benner's framework of novice to expert. The use of mentors was examined, and their value supports incorporating mentors into the nurse residency program to facilitate new

nurse transition in providing evidence-based practice at the bedside. Section 3 presents the approach and methods to facilitate the development of an educational curriculum to for mentors to meet this need.

### Section 3: Approach/Methods

#### **Introduction**

The purpose of this project was to develop a design-only project in which Masters of Science in Nursing prepared mentors were added to the residency program to facilitate establishing the required evidence-based project. The development of an educational curriculum for mentors on EBP was presented as an additional component to the existing nurse residency program. A curriculum was developed for mentors, and by using a collaborative team approach, a mentoring toolkit was designed and put into place to enhance the workshop. With guidance from the mentor, the nurse resident will have a better understanding of EBP.

#### **Approach and Rationale**

A team was identified (with input from the director of education) with the following positions acting as members: director of education, clinical nurse educators, the executive director for the residency program, members of the QI department, and clinical managers. The recruitment of these members began after I had completed the needs assessment, in collaboration with the chief nursing officer (CNO), based on the preparation and knowledge level of the ADN, diploma, or BSN nurse in developing and implementing an EBP project. Recruitment of members was based on the goals and objectives of the project, with consideration as to who were the best people to meet the needs of the project.

Meetings were held weekly during development stages of the mentoring curriculum and will be held biweekly after implementation of the mentoring program in

the nurse residency program. Not only were these meetings brain-storming sessions, but they also promoted team building and fostered collaborative relationships. Collaborative relationships require a flexible agenda for stakeholder management and an emphasis on stakeholder collaboration (Knox & Gruar, 2007). According to Wilson, Bunn, and Savage (2010), collaborating relationships involve creating exchanges of mutually beneficial value across salient stakeholder groups, interactions through direct relationships and within networks, and building mutual commitment and trust.

Members of the team provided input regarding what should be included in the mentoring curriculum based on the needs assessment of the hospital. I developed a self-assessment tool for the mentor to self-assess his/her knowledge of EBP. With the use of this self-assessment tool, the mentor and the workshop facilitator could identify where individual learning needs existed and should be addressed. In order to meet the responsibility of a knowledgeable facilitator of EBP, hospital leadership, along with the team members, determined that mentors needed to be, at minimum, a master's-prepared nurse. Potential mentors were identified, recruited, and selected on a volunteer basis as additional staff members in the nurse residency program. The selection pool of potential mentors included either clinical nurse educators, nurse managers, directors, or administrative nurses. During the implementation phase of the mentor curriculum, after the selected mentor has committed to the program, the selected mentors will be introduced to the purpose, mentoring relationship, process, and educational goals and objectives.

Using a learner-centered model, a mentoring toolkit was created with input from the team. The purpose of the mentoring toolkit is to instruct the mentor on the role of the mentee and mentor, learning process, length of relationship, mentoring relationship, setting, focus, and goals. In addition, the mentor will participate in and take part in the following:

1. EBP knowledge, implementation, and collaboration training workshop for the mentor (Appendix C)
2. Pre and postmentor workshop EBP knowledge and comfort level measurement tool (Appendix G and H)
3. Evaluation of nurse resident's EBP project as well as EBP presentation (Appendix J)
4. Suggestions for improvements

Upon completion of my coursework, the mentoring program will be implemented. Each mentor will complete the 4-hour mentoring workshop as a part of this project and will then be paired with a mentee who is a nurse in the nurse residency program. The relationship will last for a minimum of 6 months, but may continue for up to 1 year. Evaluation of the mentee will be conducted by the mentor at 3- and 6-month intervals and/or at the conclusion of the relationship using a pre-established evaluation tool (Appendix I).

Evidence of a successful mentoring program will be defined over a 6-month to 1-year period wherein the mentee will be engaged in a QI committee where initiative will be taken by the mentee to effect change at both the unit-based level and within



the organization. Success of the nurse resident's development and implementation of an EBP project with the mentor will be measurable through committee meeting attendance and proof of organization and development of an EBP improvement plan through collaboration and professional engagement.

Participating in a mentoring workshop enables the mentor to become well-versed in guiding the nurse resident through the design and implementation of an EBP project at the unit level. Assuming that the mentor has knowledge and experience of EBP, the workshop is designed to enhance that knowledge, but more importantly, incorporate that knowledge into the mentor/mentee relationship. By completing the development and implementation of an EBP with subsequent evaluation by the stakeholders, the requirements of the nurse residency program will be met.

During the first two cohorts of the existing nurse residency program, leadership determined and confirmed that nurse residents were not equipped with the knowledge to develop an EBP project on their own without proper guidance. Through more rigorous questioning into the ADN and BSN curricula at various academic institutions, the project facility's leadership came to the conclusion that, although EBP is introduced at these levels, the development and implementation of an EBP project is not fully introduced until the master's level of nursing education. Hence, there was the need for mentors to be a master's-prepared nurse. According to the AACN (2011), the master's-prepared nurse leads the health care team in the implementation of EBP. This is a process in which nurses are engaged in "identifying questions needing answers, searching or creating the evidence for potential solutions/innovations, evaluating the outcomes, and identifying

additional questions” (AACN, 2011, p.16).

With this understanding of academic nursing curriculum content at all levels, changes to the current nurse residency program are needed so that the nurse resident is better able to meet their requirements of implementing an EBP project. In order to meet these needs, changes were made to the current nurse residency process (the nurse resident’s development and implementation of an EBP project and the training of a mentor to help facilitate the EBP project) and the exact steps to be taken in future nurse resident cohorts are as follows:

1. The nurse resident will identify a unit-based problem that he/she feels needs to be addressed (or are interested in) and present that problem to their mentor.
2. The mentor, along with the nurse resident, will develop the probing question in a PICO format.
3. The mentor, along with the nurse resident, through a thorough research of EBP on the topic in question, will design and develop an EBP project that will meet the needs of fulfilling the nurse resident’s identified problem.
4. The nurse resident, with guidance from the mentor, will implement his/her EBP project at the unit level.
5. Both mentor and nurse resident will evaluate the implemented EBP project to determine if the needs of fulfilling the nurse resident’s identified problem were met.
6. Once completed, the mentor and nurse resident will present the results of

their combined efforts of an EBP project, at the unit level of the hospital, to the involved stakeholders at a unit-based council meeting.

At the formal end of the mentor/mentee relationship, a final evaluation of the nurse resident's EBP project will be conducted by the mentor that not only demonstrates the benefits of the relationship, but the change in knowledge of the nurse resident regarding EBP (Appendix J). In addition, the same evaluation tool that was used in the mentor workshop to assess the mentor's knowledge on EBP will be used at the formal end of the relationship to determine the knowledge of the mentor in the facilitation of an EBP project. I will measure any change in knowledge or comfort level with EBP implementation by the nurse resident to determine if the gap from graduate/new nurse to the transition to practice was bridged.

The Institute of Medicine Committee on Quality of Health Care in America suggests that healthcare professionals working in interprofessional teams can best interconnect and speak to the multifaceted and demanding needs of today's patients (Bridges et al., 2011; IOM, 2001). To facilitate bridging the gap from new nurse to practice, a team approach was used to help with development and implementation of a mentoring curriculum as part of the nurse residency program. The scope of health care requires that health professionals work collaboratively and with other specialties. Collaboration originates from consideration and awareness of the functions and influences that each specialty brings to the experience (AACN, 2015). "Such professional socialization and ability to work together is the result of shared educational and practice experiences" (AACN, 2015, para. 1).

## **Summary**

In this section the strategies were defined for the development of the DNP project intended to promote safe, effective bedside care by facilitating the novice nurse's ability to provide evidence-based practice at the bedside. With the approach and method previously outlined, the requirement of implementing an EBP project by the nurse resident, with the guidance from a mentor, will be met.

Section 4 will define the projects' findings, discussion, and implications. This section will further explain the process, content validation, and evaluation of the project and myself as a scholar, practitioner and project developer.

## Section 4: Findings, Discussions, and Implications

### **Introduction**

The purpose of this project was to develop a design-only project in which Masters of Science in Nursing prepared mentors were added to the residency program to facilitate establishing the required evidence-based project. The goal of this project was to promote safe, patient-centered care by facilitating the nurse resident's ability to provide EBP at the bedside. In order to meet the objectives, a curriculum was developed to guide the mentors to potentiate success of the EBP project among nurse residents. The process evaluation for the components of the project was an ongoing process throughout the development. Content was validated by an educational expert on the following products: a mentor facilitation guide (Appendix B), a mentor workshop curriculum (Appendix C), a mentoring toolkit (Appendix E), an implementation plan (Appendix F), and evaluation tools (Appendix G, H, I and J). All were designed and developed by myself and will be conducted after my graduation from Walden University. A summative evaluation of the process and the students' leadership efforts was also conducted. Both types of evaluations led to the acceptance of the project by the stakeholders. The evaluation/findings and discussion of the project will be presented further in this section.

### **Evaluation/Findings and Discussion**

With the development of a mentoring workshop to educate mentors on EBP and assist in the facilitation of an EBP project with the nurse residents, choosing Benner's from novice to expert theory became an obvious fit with the project. Whether the nurse resident was a new graduate, an experienced nurse transferring to a new department, an

associate level, diploma, or bachelors-prepared nurse made no difference; all nurses entered the nurse residency at an advanced beginner level.

### **Expert Review and Content Validation**

#### **Project Objective**

The objective of this project was to facilitate EBP care by nurse residents with guidance from a master's-prepared nurse who has had training, through the mentoring workshop, in the facilitation of an EBP project. I developed a mentoring workshop curriculum with a team of stakeholders from the organization so that all mentors involved in the program would have the same training and goals. The training of mentors in the facilitation of an EBP project will help to guide the nurse resident in the development and implementation of an EBP project.

The team was made up of stakeholders that included the director of education, clinical nurse educators, the executive director for the residency program, members of the QI department, and clinical managers. Meetings were held weekly during development stages of the mentoring curriculum and will be held biweekly after initial implementation of the mentoring program in the nurse residency. Not only were these meetings brainstorming sessions, but they also promoted team building and fostered collaborative relationships. Collaborative relationships require a flexible agenda for stakeholder management and an emphasis on stakeholder collaboration (Knox & Gruar, 2007). According to Savage, Bunn, Gray, Xiao, Wang, Wilson, & Williams (2010), collaborating relationships involve creating exchanges of mutually beneficial value across salient stakeholder groups, interacting in direct relationships and within networks,

and building mutual commitment and trust.

### **Process Evaluation**

The process evaluation is ongoing throughout the project, and during meetings with stakeholders of the project and the leadership team, the development of curriculum was discussed and leadership made no recommendations to change the existing curriculum as it was presented, showing support for the current curriculum that was developed for the purpose of the project. Leadership was encouraged for the future and ongoing implementation of this project, and they were satisfied with the way the workshop will be implemented, making no recommendations at this time for the implementation, but they did voice concerns for the evaluation plan. Their concern was that there appeared to be no way to evaluate the nurse resident's knowledge on EBP after he/she had been mentored in the development and implementation of an EBP project. Leadership felt that presenting an EBP project alone did not provide an evaluation measure of change in nurse residents' EBP knowledge level. The project facility's leadership proposed the idea of a pre/post EBP knowledge test for the nurse residents as one form of data collection to evaluate the success of the program.

Leadership at the unit level is excited for the resident nurse to be able to present his/her EBP projects hospital-wide. For the future, leadership would like to see the nurse resident present his/her EBP project in QI council meetings and performance improvement (PI) meetings. There was also discussion regarding graduates of the nurse resident program presenting their EBP projects to future cohorts of the nurse residency program.

After graduation from Walden University, I will carry out the Implementation Plan of the DNP Project (Appendix F), Pre-Mentor Workshop Assessment (Appendix G), Post-Mentor Workshop Assessment (Appendix H), Nurse Resident (Mentee) Program Evaluation (Appendix I), Evaluation of Nurse Resident Evidence-Based Practice Project (Appendix J), and Project Stakeholder Questionnaire (Appendix K) to meet the stated outcomes of the project, which are to develop a curriculum (Appendix C) to guide the MSN-prepared mentor to facilitate an EBP project for the nurse resident.

### **Content Validation**

The Pre-Mentor/Post-Mentor Workshop Survey Assessment (Appendices G and H), Nurse Resident (mentee) Program Evaluation Survey (Appendix I), Evaluation of Nurse Resident's EBP project (Appendix J), and the Project Stakeholders Questionnaire (Appendix K) were all reviewed by Dr. Allison Terry, PhD, MSN, RN. Dr. Terry is currently serving as the Assistant Dean of Clinical Practice and Associate Professor of Nursing at Auburn University at Montgomery, Alabama and is a contributing faculty member at Walden University.

The nurse residents' self-evaluation of EBP knowledge will be guided by Benner's theory from novice to expert, which was the framework for this project. In order to measure the effectiveness of what the nurse residents learned after implementing their EBP project, the nurse residents will present their project (with the mentor) at the unit level, demonstrating and proving positive patient outcomes based on their own evaluation of the project. The nurse residents' understanding of EBP, measured by the results of the EBP knowledge self-evaluation and successful implementation of an EBP project, will



further define the success of the mentor and mentoring program, in addition to positive patient outcomes.

### **Summative Evaluation**

Focusing on the outcomes of my project, I developed a summative evaluation (Project Stakeholder Questionnaire; Appendix K) that was taken by the stakeholders ( $N=9$ ) involved in the design and development of the mentoring curriculum for the project. A questionnaire was hand-delivered to the stakeholders with a 100% return rate. Questions were designed to evaluate me as a project leader and to determine if the project problem, goal, and outcomes/objectives were clear and met. All questions were answered with a yes/no (polar) response, with the exception of one question measuring degree of effectiveness. The total number of questions was 11. Four questions were related to the project's problem, goal, and outcomes/objectives, five questions related to me as a leader, and the final two questions were in response to the stakeholders' feelings. The following questions with the related response were included in the questionnaire:

- Was the problem made clear to you in the beginning? Yes = 100%
- Did the DNP student analyze and synthesize the evidence-based literature for the team? Yes = 100%
- Was the stated goal met? Yes = 100%
- Were the stated objectives met? Yes = 100%
- How would you rate the DNP student's leadership throughout the process? 100% of the respondents replied with *very effective*.
- Were meeting agendas sent out in a timely manner? Yes = 100%

- Were meeting minutes submitted in a timely manner? Yes = 100%
- Were meetings held to the allotted time frame? Yes = 100%
- Would you consider the meetings productive? Yes = 100%
- Do you feel that you had input into the process? Yes = 100%
- Please comment on areas where you feel the DNP student excelled or might learn from your advice/suggestions.

Only one respondent had a comment suggesting that “In an effort to save time, present a timeline and stick to the timeframe allotted for the project. Other than that, the student presented clearly and professionally.” According to the results of the questionnaire, effective leadership was demonstrated throughout the project and was clear and concise in the presentation of the project problem, goal and objectives.

Ferguson (2011) found that mentoring nurse residents facilitates their commitment to the goals of the nursing unit, promotes them in their learning process, assists them in their connections with other health care professionals within the organization, and makes certain that they have an introduction to the practices of the nursing unit.

### **Applicability to Health Care**

Developing and implementing a mentor workshop for the existing nurse residency program will add to the development and growth of the nurse resident. Ferguson (2011) stated that “new nurses need supportive learning networks for development of their clinical judgement, and mentors are able to provide the context for that support.” (p. 122). With the effective mentoring of nurse residents, the organization will find that their

development and retention in the profession will be enriched.

### **Implications for Practice**

Developing and implementing a mentor workshop for the existing nurse residency program has an impact on nursing practice and impacts social change within the practice of nursing as it relates to the implementation of EBP at the bedside in order to improve patient care.

#### **Impact on Practice/Action**

If evidence presented in the current literature is accurate, guiding nurse residents in the implementation of an evidence-based practice project, by a trained mentor, the focus on patient centered care should increase. With the added knowledge of EBP at the bedside, not only should the new nurse be able to provide better patient care, but should also develop and grow professionally.

#### **Impact on Social Change**

Introducing the importance of evidence-based concepts and frameworks for practice change early in the nursing career will offer a good foundation for career growth in a profession where change is pervasive (Hansen, 2011). These ideas will aid in making improvements in nursing care quality, which is essential for positive social influences of nursing.

The development of a mentor workshop, that will be implemented and evaluated after the I graduate from Walden University, will assist nurses in the nurse residency program to implement their required EBP project. With the nurse resident's improved understanding of development and implementation of EBP, the quality of patient-

centered care will be improved. The results of this project may speak to social change through dissemination to a larger population of advanced beginner nurses in the healthcare system.

### **Strengths and Limitations**

#### **Strengths**

Being effective in bringing evidence to practice is a key component of the DNP Essentials (Zaccagnini & White, 2011). Well-documented insufficiencies in the transition to practice of the new nurse made for supportive arguments as to the strength of this project. Another strength was the support of the participating organization and their leadership.

#### **Limitations**

Being limited to only design strategies without actual implementation and evaluation before the close of writing this project has been a barrier to presenting actual findings to the stakeholders. Another limitation is that the actual design of the project includes only one cohort within the nurse residency program.

#### **Recommendations for Remediation of Limitations**

In order to remediate the limitations of the project, it is recommended that the mentor workshop be conducted through multiple cohorts within the existing site and then branch out to multiple sites. If, in the future, leadership would want to compare and contrast the effectiveness of mentoring within the nurse residency program, and, if said mentoring does indeed improve the new nurses' knowledge and understanding of EBP, multiple cohorts would be necessary for data collection.

## **Analysis of Self**

### **As Scholar**

As a scholar, I identified the need to address lack of EBP skills among nurse residents in a nurse residency program. Doing so is intended to assist nurse residents as they transition into fully practicing nurses. Just as important was to bring an understanding of EBP to the bedside for the new nurse—and for the mentor. I was able to incorporate Benner's theory from novice to expert into practice in order to produce a scholarly project. The use of this theory not only increased my knowledge as a scholar, but for the purposes of meeting DNP Essentials I and III, I was able to identify a practice issue and link the issue to scholarship (AACN, 2006).

### **As Practitioner**

As a practitioner, my EBP bedside knowledge has grown, continually learning from others. I am committed to the success of the nurse resident so that the nursing profession will grow with nurses who are also committed to the future of nursing and the populations served. Collaborating with nurse residents, their mentors, and organizational leadership has aligned me with DNP Essential VI (AACN, 2006).

### **As Project Developer**

Developing a project from the ground up has been met with many barriers that influenced the direction the project. There was difficulty in taking what is in one's mind and putting to task the expectation of the intended results. To take one's own intentions, and change them to the assessed needs of the organization, becomes a humbling experience. Through this process, I have learned to adapt to change in order to meet the

needs of others, and find this flexibility a needed quality of a good project leader. This project has given me multiple occasions to utilize critical thinking skills, research and utilize methods and models, and apply theories into practice. As the leader of this project, the activities and experiences have aligned with meeting the standards of DNP Essentials I, II, and VI (AACN, 2006).

### **Future Professional Development**

This project has not only contributed to my own personal growth, but professional growth, as well. This project has only confirmed that nursing is a lifelong learning process, which coincidentally aligns with DNP Essential VIII (AACN, 2006). As an educator, I feel a responsibility, not only for my own professional development, but for the future of the nursing profession to “guide, mentor, and support other nurses to achieve excellence in nursing practice” (AACN, 2006, p. 17).

### **Summary**

The concept of mentoring is nothing new, and is often a gratifying experience for those engaged in the process. Mentoring can provide a sense of job satisfaction and enhance the nursing profession (Myall, Levett-Jones, & Lathlean, 2008). The use of mentors to facilitate an EBP project alongside the nurse resident, as an addition to preceptors in a graduate nurse residency program, is new to the nurse residency program associated with this project. Mentoring relationships have been effective in helping to develop the new nurse as they grow personally and professionally in their new roles. An opportunity occurs for a multi-stakeholder endeavor in transforming nurses’ professional development and expanding health care quality and affordability as a result of nurse

residency programs (Kossmann, 2011).

The new nurse, whether at the associate, diploma, or bachelors' level, has minimal knowledge of how to design and implement an EBP project. With the implementation of this project, mentors will be properly trained, through a workshop, on how to facilitate an EBP project alongside the nurse resident. This will be initially presented, developed and implemented by myself, along with stakeholders. After initial implementation, the stakeholders will be able to continue on with the program, as it is designed, for future cohorts using the tools that I have developed.

With a better understanding of EBP, the nurse resident will be able to provide patient care that will increase patient outcomes and patient satisfaction. The mentor, is the shepherd that facilitates the transformation in bridging the gap of the new nurse into practice.

Section 5 will present the scholarly product for dissemination to be shared with a wider audience in the nursing profession. The abstract for this product was written for future submission in the scholarly journal, *Evidence-based Practice*.

#### Section 5: Scholarly Product for Dissemination.

Included in this section is a scholarly product for dissemination. An article was written for submission in the journal *Evidence-Based Practice*. The format for this article

follows the instructions for authors (Appendix L) as stated in the journal.

**Developing Evidence-Based Practice Knowledge and Facilitating Evidence-Based Practice Implementation Among Mentors and Nurse Residents Within a Hospital-Based Nurse Residency Program**

**Implications for Practice and Research**

Guiding new graduates in the implementation of an evidence-based practice project, by a trained mentor, will allow for increased patient-centered care for the populations that they serve. Future research needs to take a look at nursing curriculum of the Associate and Bachelor's level nursing programs. If the transition gap into practice can be closed earlier in the new nurse's career by implementing a mentoring curriculum that incorporates the design and implementation of an EBP project, the graduate nurse would have a higher level of understanding and comfort in implementing EBP at the bedside.

**Context**

A gap exists in the ability of the nurse resident to provide evidence-based care at the bedside (Pravikoff, Tanner, & Pierce, 2005). If graduated nurses are unable to implement an EBP project, then they may be unable to properly understand/provide EBP care in practice. The problem addressed in the project is the lack of experience/knowledge of the nurse resident in implementing an evidence-based practice project at the bedside during the nurse residency program. To address this gap in practice, a hospital in the southeastern United States, identified a need for the development of a mentoring component to the existing nurse residency program. As a part of this project, a mentoring workshop was developed to aid the mentor in the facilitation of an EBP project



with the nurse resident, and the nurse resident in understanding the development and implementation of EBP at the unit level.

## **Methods**

The purpose of this DNP project was to facilitate evidence-based patient care by nurse residents with guidance from a Master's prepared nurse mentor that was selected by hospital leadership, and has attended the required mentor workshop. The development of an educational curriculum for mentors on evidence-based practice was presented as part of the nurse residency program. A curriculum was developed for a workshop for mentors, and by using a team approach, a mentoring curriculum was designed and put into place to enhance the workshop. The final goal of this project was to develop a curriculum to guide the MSN prepared mentor to facilitate an evidence-based practice project for the nurse resident, resulting in facilitation of evidence-based patient care by the nurse resident.

## **Findings**

With the development of a mentoring workshop to educate mentors on EBP and assist them in the facilitation of an EBP project with the nurse resident, choosing Benner's from novice to expert theory became an obvious fit with the project. Whether the nurse resident was a new graduate or an experienced nurse transferring to a new department, or, was an Associate level, Diploma, or Bachelors prepared nurse, made no difference; all nurses entered the nurse residency program at an advanced beginner level.



## References

- Academy of Medical–Surgical Nurses. (2010). Evidence-based practice: An independent study short course for medical-surgical nurses. Retrieved from [https://www.amsn.org/sites/default/files/documents/practice-resources/evidence-based-practice/Evidence\\_Based\\_Practice\\_Module\\_I.pdf](https://www.amsn.org/sites/default/files/documents/practice-resources/evidence-based-practice/Evidence_Based_Practice_Module_I.pdf)
- Academy of Medical–Surgical Nurses. (2014). Practice resources: Evidence-based practice. Retrieved from <https://www.amsn.org/>
- Alsopach, J. (2000). *From staff nurse to preceptor: A preceptor development program* (2<sup>nd</sup> ed.). Aliso Viejo, CA: AACN.
- American Association of Colleges of Nursing. (2004). *AACN position statement on the practice doctorate in nursing*. Washington, DC: Author.
- American Association of Colleges of Nursing. (2006). The essentials of doctoral education for advanced nursing practice. Retrieved from <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
- American Association of Colleges of Nursing. (2010). UHC/AACN nurse residency program. Retrieved from [www.aacn.nche.edu/Education/nurseresidency.htm](http://www.aacn.nche.edu/Education/nurseresidency.htm)
- American Association of Colleges of Nursing. (2011). The essentials of master's education in nursing. Retrieved from <http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>
- American Association of Colleges of Nursing. (2012). *New careers in nursing mentoring program toolkit*. (2<sup>nd</sup> ed.). Washington, DC.: Robert Wood Johnson Foundation.
- American Association of Colleges of Nursing. (2015). Interdisciplinary education and

practice. Retrieved from

<http://www.aacn.nche.edu/publications/position/interdisciplinary-education-and-practice>

American Nurses Association. (n.d.). ANA request for proposals: Mentoring programs for nurses. Retrieved from

<http://www.nursingworld.org/DocumentVault/NewsAnnouncements/ANA-Demonstration-Mentoring-Program-Memo.pdf>

Association for Nursing Professional Development. (n.d.). Nurse mentoring: Creating a professional legacy. Retrieved from

<http://c.ymcdn.com/sites/www.anpd.org/resource/resmgr/Docs/NurseMentoring.pdf>

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.

Benner, P., Surphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.

Bratt, M. M. (2009). Retaining the next generation of nurses: The Wisconsin nurse residency program provides a continuum of support. *The Journal of Continuing Education*, 40(9), 416-425. doi:10.3928/00220124-20090824-05

Bridges, D., Davidson, R., Odegard, P., Maki, I., & Tomkowiak, J., (2011).

Interprofessional collaboration: Three best practice models of interprofessional education. *Medical Education Online*, 16. doi:10.3402/meo.v16i0.6035

Caramanica, L., & Feldman, H. (2010). Postbaccalaureate nurse residency: EBP in

- action. *Research and Theory for Nursing Practice: An International Journal*, 24(2), 97-100. doi:10.1891/1541-6577.24.2.97
- Carlson, E., Pilhammar, E., & Wann-Hansson, C. (2010). Time to precept: Supportive and limiting conditions for precepting nurses. *Journal of Advanced Nursing*, 66(2), 432-441. doi:10.1111/j.1365-2648.2009.05174.x
- Casey, K., Fink, R., Krugman, M., & Propst, J. (2004). The graduate nurse experience. *Journal of Nursing Administration*, 34(6), 303-311. Retrieved from <http://journals.lww.com/jonajournal/pages/default.aspx>
- Driever, M. (2002). Are evidence-based practice and best practice the same? *Western Journal of Nursing Research*, 24, 591-597. doi: 10.1177/019394502400446342
- Drinka, T., Miller, T., & Goodman, B. (1996). Characterizing motivational styles of professionals who work on interdisciplinary healthcare teams. *Journal of Interprofessional Care*, 10, 51-61. doi: 10.3109/13561829609082682
- Duchscher, J. (2008). A process of becoming: The stages of new nursing graduate professional role transitions. *The Journal of Continuing Education in Nursing*, 34(4), 441-450. doi:10.3928/00220124-20081001-03
- Duchscher, J. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing*, 65(5), 1103-1113. doi:10.1111/j.1365-2648.2008.04898.x
- Dyess, S., & Sherman, R. (2009). The first year of practice: New graduate nurses' transition and learning needs. *Journal of Continuing Education In Nursing*, 40(9), 403-410. doi:10.3928/00220124-20090824-03

- Etheridge, S. (2007). Learning to think like a nurse: Stories from new nurse graduates. *The Journal of Continuing Education in Nursing*, 28(2), 24-30. Retrieved from <http://europepmc.org/abstract/med/17269436>
- Fawcett, J., (1999). *The relationship of theory and research*. Philadelphia, PA. F.A. Davis.
- Ferguson, L. (2011). From the perspective of new nurses: What do effective mentors look like in practice? *Nurse Education in Practice*. 11, 119-123.  
doi:10.1016/j.nepr.2010.11.003
- Ferlie, E., & Shortell, S. (2001). Improving the quality of health care in the United Kingdom and the United States: A framework for change. *Milbank Quarterly*, 79 (2), 281-315. Retrieved from <http://www.milbank.org/the-milbank-quarterly>
- Flinter, M. (2012). From new nurse practitioner to primary care provider: Bridging the transition through FQHC-based residency training. *Online Journal of Issues in Nursing*, 17(1). doi: 10.3912/OJIN.Vol17No01PPT04
- Forsman H, Rudman A, Gustavsson P, Ehrenberg, A., & Wallin, L. (2010). Use of research by nurses during their first two years after graduating. *Journal of Advanced Nursing*, 66, 878-890. doi:10.1111/j.1365-2648.2009.05223.x
- Goode, C., Lynn, M., Krsek, C., & Bednash, G. (2009). Nurse residency programs: An essential requirement for nursing. *Nursing Economic\$,* 27(3), 142-148. Retrieved from [www.nursingconomics.net](http://www.nursingconomics.net)
- Halfer, D., Graf, E., & Sullivan, C. (2008). The organizational impact of a new graduate pediatric nurse mentoring program. *Nursing Economic\$,* 26(4), 243-249.

Retrieved from [www.nursingeconomics.net](http://www.nursingeconomics.net)

- Hall, P. (2005). Interprofessional teamwork: Professional cultures as barriers. *Journal of Interprofessional Care, 19*, 188-196. doi:10.1080/13561820500081745
- Hansen, J. (2011). *Nurse residency program builder: Tools for a successful new graduate program*. Danvers, MA: HC Pro.
- Higgins, G., Spencer, R. & Kane, R. (2010). A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Education Today, 30*(6), 499-508. doi:10.1016/j.nedt.2009.10.017
- Hodges, H., Keeley, A., & Troyan, P. (2008). Professional resilience in baccalaureate-prepared acute care nurses: First steps. *Nursing Education Perspectives, 29*(32), 80-89. Retrieved from <http://www.nlnjournal.org/>
- Ingersoll, G. (2000). Evidence based medicine: What it is and what it isn't? *Nursing Outlook, 48* (4), 151-152. Retrieved from <http://www.nursingoutlook.org/>
- Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.
- Institute of Medicine (IOM). (2011). Initiative on the future of nursing. Recommendation 3: Implement nurse residency programs. Retrieved from <http://www.thefutureofnursing.org/recommendation/detail/recommendation-3>
- Institute of Medicine Committee on Quality of Health Care in America. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- Jakubik, L. (2008). Mentoring beyond the first year: Predictors of mentoring benefits for

pediatric staff nurse protégés. *Journal of Pediatric Nursing*, 23(4), 269-281.

doi:10.1016/j.pedn.2007.05.001

Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse*

*Education in Practice*, 13(4), 323-327. doi:10.1016/j.nepr.2013.04.006

Joint Commission Report. (2010). Robert Wood Johnson Foundation Initiative on the

Future of Nursing, at the Institute of Medicine. Retrieved from

[http://www.jointcommission.org/assets/1/18/RWJ\\_Future\\_of\\_Nursing.pdf](http://www.jointcommission.org/assets/1/18/RWJ_Future_of_Nursing.pdf)

Kaplan, L., Zeller, E. Damitio, D. Culbert, S, & Bayley, K. (2014). Improving the culture

of evidence-based practice at a magnet hospital. *Journal for Nurses in*

*Professional Development*, 30(6), 274-280. doi: 0.1097/NND.0000000000000089

Knox, S., & Gruar, C. (2007). The application of stakeholder theory to relationship

marketing strategy development in a non-profit organization. *Journal of Business*

*Ethics*, 75(2), 115-135. doi:10.1007/s10551-006-9258-3

Kossmann, S. (2011). Nurse residencies: Building a better future for patients and nurses.

Robert Wood Johnson Foundation. Retrieved from

[http://www.rwjf.org/en/blogs/human-capital-blog/2011/10/nurse-residencies-](http://www.rwjf.org/en/blogs/human-capital-blog/2011/10/nurse-residencies-building-a-better-future-for-patients-and-nurses.html)

[building-a-better-future-for-patients-and-nurses.html](http://www.rwjf.org/en/blogs/human-capital-blog/2011/10/nurse-residencies-building-a-better-future-for-patients-and-nurses.html)

Kovner, C., Brewer, C., Fairchild, S., Poornima, S., Kim, H., & Djukic, M. (2007).

Newly licensed RNs' characteristics, work attitudes, and intentions to work.

*American Journal of Nursing*, 107(9), 58-70. doi:

10.1097/01.NAJ.0000287512.31006.66

Kramer, M. (1974). *Reality shock: why nurses leave nursing*. St. Louis, MO: Mosby.



- Krause-Parello, C., Sarcone, A., Samms, K., & Boyd, Z. (2013). Developing a center for nursing research: An influence on nursing education and research through mentorship. *Nurse Education in Practice*, *13*(2), 106-112.  
doi:10.1016/j.nepr.2012.08.004
- Lavoie-Tremblay, M., Wright, D., Desforages, N., Gelinias, C., Marchionni, C., & Drevniok, U. (2008). Creating a healthy work place for new-generation nurses. *40*(3).*Journal of Nursing Scholarship*, 290-296. doi:10.1111/j.1547-5069.2008.00240.x
- Lotz, K. (2010). The ABCs of evidence-based practice: Integrating evidence-based practice into associate degree nursing curriculum. *Teaching and Learning in Nursing*, *5*, 95-97. doi:10.1016/j.teln.2010.01.004
- Macke, E. (2011). *Effective mentoring of new registered nurses*. (Master's thesis, Ball State University). Retrieved from  
[http://cardinalscholar.bsu.edu/bitstream/handle/123456789/195221/MackeE\\_2011-1\\_BODY.pdf?sequence=1](http://cardinalscholar.bsu.edu/bitstream/handle/123456789/195221/MackeE_2011-1_BODY.pdf?sequence=1)
- Macnee, C. L. (2004). *Understanding nursing research: Reading and using research in practice*. Philadelphia, PA: Lippincott, Williams & Wilkins.
- McDermid, F., Peters, K., Jackson, D., & Daly, J. (2012). Factors contributing to the shortage of nurse faculty: A review of the literature. *Nurse Education Today*, *32*(5), 565-569. doi:10.1016/j.nedt.2012.01.011
- Melnyk, B. M., & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing & healthcare: A guide to best practice* (2<sup>nd</sup> ed.). Philadelphia, PA: Lippincott

Williams & Wilkins.

Melnyk, B. Fineout-Overholt, E., Gallagher-Ford, L. & Kaplan, L. (2012). The state of evidence-based practice in U.S. nurses: Critical implications for nurse leaders and educators. *Journal of Nursing Administration*, 42(9), 410-417. doi:

10.1097/NNA.0b013e3182664e0a

Mills, J., Francis, K., & Bonner, A. (2008). Getting to know a stranger-rural nurses' experiences of mentoring: A grounded theory. *International Journal of Nursing Studies*, 45, 599-607. doi:10.1016/j.ijnurstu.2006.12.003

Mitchell, P., Wynia, M., Golden, R., McNellis, B., Okun, S., Webb, C., Rohrback, V. et al. (2012). *Core principles & values of effective team-based health care*.

(Discussion Paper). Washington, DC: Institute of Medicine. Retrieved from [www.iom.edu/tbc](http://www.iom.edu/tbc)

Mitchell, S. A., Fisher, C. A., Hastings, C. E., Silverman, L. B., & Wallen, G. R. (2010).

A thematic analysis of theoretical models for translational science in nursing: Mapping the field. *Nursing Outlook*, 58(6), 287-300.

doi:10.1016/j.outlook.2010.07.001

Myall, M., Levett-Jones, T., & Lathlean, J. (2008). Mentorship in contemporary practice:

The experiences of nursing students and practice mentors. *Journal of Clinical Nursing*, 17(14), 1834-1842. doi:10.1111/j.1365-2702.2007.02233.x

Nurses Services Organization (NSO). (2014). Evidence-based practice protects against litigation. Retrieved from

[http://www.nso.com/pdfs/NSO\\_APN2\\_Online\\_FINAL.pdf](http://www.nso.com/pdfs/NSO_APN2_Online_FINAL.pdf)

- O'Neil, E. H., & the PEW Health Professions Commission. (1998). *Recreating health professional practice for a new century: The fourth report of the Pew Health Professions Commission*. San Francisco, CA: Pew Health Professions Commission.
- Paton, B., Thompson-Isherwood, R., & Thirsk, L. (2009). Educational innovations. Preceptors matter: An evolving framework. *Journal of Nursing Education, 48*(4), 213-216. doi:10.3928/01484834-20090401-08
- Phoenix, B. (2013). Developing a culture of mentoring in psychiatric mental health nursing. *Journal of the American Psychiatric Nurses Association, 19*(4), 215-216. doi: 10.1177/1078390313497797
- Polit, D., & Beck, C. (2009). *Nursing research: Principles and methods* (7<sup>th</sup> ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Polit, D., & Hungler, B. (1999) *Nursing research: Principles and methods* (6th ed.). Philadelphia, PA, Lippincott.
- Pravikoff, D. S., Tanner, A. B., & Pierce, S. T. (2005). Readiness of US nurses for evidence-based practice: Many don't understand or value research and have had little or no training to help them find evidence on which to base their practice. *AJN The American Journal of Nursing, 105*(9), 40-51. Retrieved from <http://journals.lww.com/ajnonline/pages/default.aspx>
- Sackett, D., Richardson, W., Rosenberg, W., Haynes, R. (1997). Evidence-based medicine: How to practice and teach EBM. New York: Churchill Livingstone.
- Sackett, D., Rosenberg, W., Gray, J., Haynes, R., & Richardson, W. (1996). Evidence

based medicine: What it is and what it isn't. *British Medical Journal*, 312, 71-72.

Retrieved from <http://www.bmj.com/>

Savage, G., Bunn, M., Gray, B., Xiao, Q., Wang, S., Wilson, E., & Williams, E. (2010).

Stakeholder Collaboration: Implications for Stakeholder Theory and Practice.

*Journal Of Business Ethics*, 9621-26. doi:10.1007/s10551-011-0939-1

Schaffer, M., Sandau, K., & Diedrick, L. (2013) Evidence-based practice models for

organizational change: Overview and practical applications. *Journal of Advanced*

*Nursing*, 69(5), 1197–1209. doi:10.1111/j.1365-2648.2012.06122.x

Small, D., Small, R., (2011). "Patients First! Engaging the Hearts and Minds of Nurses

with a Patient-Centered Practice Model" *OJIN: The Online Journal of Issues in*

*Nursing* Vol. 16, No. 2, Manuscript 2. doi: 10.3912/OJIN.Vol16No02Man02

Solomons, N., & Spross, J. (2011). Evidence-based practice barriers and facilitators from

a continuous quality improvement perspective: An integrative review. *Journal of*

*Nursing Management*, 19(1), 109-120. doi:10.1111/j.1365-2834.2010.01144.x

Stetler, C., Ritchie, J., Rycroft-Malone, J., Schuktz, A., & Charns, M. (2007). Improving

quality of care through routine, successful implementation of evidence-based

practice at the bedside: An organizational case study protocol using the Pettigrew

and Whipp model of strategic change. *Implementation Science*, 2(3).

doi:10.1186/1748-5908-2-3

Stevens, K. R. (2004). *ACE star model of knowledge transformation*. Academic Center

for Evidence-based Practice. University of Texas Health Science Center San

Antonio. Retrieved from: [www.acestar.uthscsa.edu](http://www.acestar.uthscsa.edu)

- Stevens, K. R. (2012). Stevens Star Model of Knowledge Transformation. The University of Texas Health Science Center San Antonio.
- Stevens, K. (2013). The impact of evidence-based practice in nursing and the next big ideas. *OJIN: The Online Journal of Issues in Nursing*, 18(2), 4. doi: 10.3912/OJIN.Vol18No02Man04
- Terry, A. J. (2012). *Clinical research for the doctor of nursing practice*. Sudbury, MA: Jones & Bartlett Learning.
- Twibell, R., St. Pierre, J., Johnson, D., Barton, D., Davis, C. Kidd, M., & Rook, G. (2012). Tripping over the welcome mat: Why new nurses don't stay and what the evidence says we can do about it. *American Nurse Today*, 7(6), 357-365. Retrieved from <http://www.americannursetoday.com/tripping-over-the-welcome-mat-why-new-nurses-dont-stay-and-what-the-evidence-says-we-can-do-about-it/>
- Ulrich, B., Krozek, C., Early, S., Ashlock, C. H., Africa, L. M., & Carman, M. L. (2010). Improving retention, confidence, and competence of new graduate nurses: Results from a 10-year longitudinal database. *Nursing Economics*, 28(6), 363-375. Retrieved from <http://www.nursingeconomics.net/cgi-bin/WebObjects/NECJournal.woa>
- Unknown. (2010, May). Nurse mentoring. *Healthcare Review*. Retrieved from <http://www.healthcarereview.com/2010/04/nurse-mentoring/>
- Vermont Nurses Internship Project (VNIP). (2003). Preceptor development. Retrieved from <http://www.VNIP.org/preceptor.html>
- Versant. (n.d.). Evidence-based Outcomes of the Versant RN residency. Retrieved from

www.versant.org

- Wallen, G., Mitchell, S., Melnyk, B., Fineout-Overholt, E., Miller-Davis, C., Yates, J., & Hastings, C. (2010). Implementing evidence-based practice: Effectiveness of a structured multifaceted mentorship program. *Journal of Advanced Nursing*, 66(12), 2761-2771. doi:10.1111/j.1365-2648.2010.05442.x
- Way, D., Jones, L., & Busing, N. (2000). *Implementation strategies: Collaboration in primary care – family doctors and nurse practitioners delivering shared care*. Toronto, Canada: Ontario College of Family Physicians.
- Welding, N. (2011). Creating a nursing residency: Decrease turnover and increase clinical competence. *MedSurg Nursing*, 20(1), 37-40. Retrieved from <http://www.medsurnursing.net/cgi-bin/WebObjects/MSNJournal.woa>
- Wolff, A., Pesut, B., & Regan, S. (2010). New graduate nurse practice readiness: Perspectives on the context shaping our understanding and expectations. *Nurse Education Today*, 30(2), 187-191. doi:10.1016/j.nedt.2009.07.011
- Zaccagnini, M. E., & White, K. W. (2011). *The doctor of nursing practice essentials: A model for advanced practice nursing*. Sudbury, MA: Jones and Bartlett Publishers.

## Appendix A: Institutional Review Board (IRB) Approval Letter

Dear Ms. Breit,

This email is to notify you that the Institutional Review Board (IRB) confirms that your study entitled, "Promoting Evidence-Based Knowledge at the Unit Level for the Graduate Nurse Resident," meets Walden University's ethical standards. Our records indicate that your project does not include the types of activities that require a traditional IRB review. This Confirmation of Ethical Standards (CES) has an IRB record number of 06-01-15-0427054.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the IRB materials that have been submitted as of this date. This includes maintaining your current status with the university and this confirmation of ethical standards is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to your project, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for projects conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with these policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to you.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden web site or by emailing [irb@waldenu.edu](mailto:irb@waldenu.edu):  
<http://researchcenter.waldenu.edu/Application-and-General-Materials.htm>

Please note that this letter indicates that the IRB has approved your project. You may not move forward with your project, however, until you have received the Notification of Approval to Conduct the Project e-mail. Once you have received this notification by email, you may move forward with your project.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

[http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d)

Sincerely,

Libby Munson

Research Ethics Support Specialist

Office of Research Ethics and Compliance

Email: [irb@waldenu.edu](mailto:irb@waldenu.edu)

Fax: [626-605-0472](tel:626-605-0472)

Phone: [612-312-1341](tel:612-312-1341)

Office address for Walden University:

100 Washington Avenue South

Suite 900

Minneapolis, MN 55401



## Appendix B: Mentor Facilitation Guide

### **Purpose**

The purpose of mentoring within the residency is to guide the nurse resident in identifying specific evidence-based practice strategies that will improve patient outcomes.

Traditional mentoring can be defined as the process by which one person, usually of superior rank and outstanding achievement, guides the development of an entry level individual. Success of the mentor/mentee relationship results in meaningful dialogue and tangible action toward mutually defined goals.

Mentor attributes include being an advocate, coach, teacher, guide, role model, valued friend, door-opener, benevolent authority, available resource, cheerful critic, and career enthusiast.

The mentoring component of the residency should begin approximately 12 weeks into the immersion period of the residency and continue throughout the first year of practice, and ends in the development of nurse leaders at the bedside who drive evidence-based quality and safe practice resulting in improved patient outcomes.

### **Mentor Sessions**

Mentor sessions allow organizations to group residents and utilize resources wisely.

During the first mentor session, trained mentors engage residents in meaningful dialogue to identify potential quality and safety patient improvement projects in alignment with the organization's goals. At the completion of the first mentor session, residents will:

- Identify an area of interest to create a quality or safety improvement project to carry out over the remaining weeks of the residency or first year of practice.
- Receive an overview of the PICO process for evidence-based practice to help organize their thinking toward achieving their goal.

Subsequent mentor sessions will occur quarterly and involve introducing residents to networking opportunities to facilitate their project. This can include joining quality and safety committees, unit based councils, or creating short term task forces (usually no more than 3 additional members) to address their initiative. Subsequent mentor sessions provide continued follow up and support to ensure the resident achieves mutually agreed upon project aims.

Communication between mentor session participants can be accomplished through quarterly face-to-face meetings, email, coffee clutches, or social media platforms.

### **One-to-One mentoring**

As an alternative to continued mentor sessions, residents can be paired with an individual mentor for continued follow up and guidance based on common interests and goals.

Mentors can manage between 8 and 10 residents during any one year. The role and responsibility of one-to-one mentors remain the same as for the mentor sessions. One-to-one mentors introduce residents to networking opportunities to facilitate their project and provide ongoing follow up and support.

### **Mentor Process**

1. The driver behind identifying quality and safety areas for improvement lies in asking the resident if they have said, “*Why do we do it this way?*” during their immersion period

of the residency. Asking this question is the beginning of tapping the resident's spirit of inquiry and gaining a new perspective on traditional nursing practices.

2. Clarify the resident's question and objective of interest.
3. Using PICO, assist the resident to identify the problem or patient population of interest, the intervention, comparison, and relevant outcomes of interest.
4. Introduce the resident to personnel critical to investigating the area of interest e.g. quality and safety committees, and/or multidisciplinary partners including physicians, pharmacists, dietary, environmental services, physical/occupational therapy, etc.
5. Establish a manageable timeframe for monitoring progress.
6. Follow up with the resident on regular intervals to provide support, navigate and overcome barriers, and ensure success.
7. Share the resident's success at the completion of their project.
  - Assist them in writing abstracts for publication
  - Assist them to submit their project to local, regional or national conferences
  - Assist them to create a clinical exemplar or portfolio for performance appraisals
  - Profile their project at special events such as nurses' week

Appendix C: Outline of Mentor Workshop Curriculum PPT

Slide 1



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Slide 2



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Slide 3

**OBJECTIVES**

- Define the role and responsibilities of the mentor within the nurse residency program
- Differentiate traditional mentoring from mentoring within the nurse residency program
- Identify quality and safety priorities for your facility
- Translate a clinical question into a searchable question using PICO
- Discuss strategies to engage nurse residents in driving evidence based practice

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Slide 4

**WHAT IS A NURSE RESIDENCY?**

One-year in length beginning with 12 weeks precepted time

- 12 weeks clinical immersion divided into 3, four week trimesters
- 40 weeks post clinical immersion support

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Slide 5

**CHARACTERISTICS OF A MENTOR**

- Background
- What is a Mentor?
- What is a coach?
- What is a Mentee?

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Slide 6

**MENTOR VS COACH**

MENTOR	COACH
<ul style="list-style-type: none"><li>• On-going and long term</li><li>• Teacher</li><li>• Agreed upon goals</li><li>• Works on personal &amp; professional issues, career &amp; life</li><li>• Identifies development opportunities</li><li>• Concerned with career aspirations and needs</li><li>• Monitors for progress</li><li>• Creates opportunities</li></ul>	<ul style="list-style-type: none"><li>• Short-term focus</li><li>• Trainer</li><li>• Can set needs</li><li>• Works on job related tasks in hand</li><li>• Monitors for performance</li><li>• Identifies needs and opportunities for improvement</li></ul>

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Slide 7

**ESSENTIAL ELEMENTS**

- The mentor relationship is between individuals not groups
- The partners in the mentoring relationship get on well together
- They respect and trust each other
- Each partner is committed to the process
- Each partner has clear objectives, which are mutually discussed and understood at the onset of the mentoring relationship
- The structure of the relationship has been mutually agreed to include such factors as length, frequency, place of meetings and regular progress reviews
- A mentoring contract legitimizes the mentoring process in the organization. It is essentially a 3-party way position, the mentor and mentee within the organization and enables opportunities and suitable projects being identified so that a mentee has the opportunity to develop and demonstrate their competence in the real situation.

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Slide 8

**CRITICAL COMPONENTS FOR A SUCCESSFUL RELATIONSHIP**

- Commitment
- Trust and Confidentiality
- Openness
- Clear objectives
- Encouragement
- Developing a career path
- Feedback
- Sharing experiences
- Investing time (not just meetings but in preparation and follow up questioning)
- Demonstrate interest
- The mentor being a critical friend

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Slide 9

**ROLES & RESPONSIBILITIES**

- Professional role development
- Help the resident identify professional development opportunities
- Assist the resident in deciding which EBP issues are appropriate to be addressed
- Introduce the resident to others in order to develop professional networks
- Assist the resident in setting professional/career goals
- Communication
- Support and encourage the resident

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Slide 10

**WHAT YOU ARE ASKED TO COMMIT TO:**

- The mentoring program
- Committing time to mentoring
- Building a relationship with the mentee
- At least 1 meeting a month, 1 hour in length
- Being available by phone/email/text (within reason)
- Communicating openly
- Facilitating the residents learning
- Actively listening and giving feedback without judgment
- Working through any issues that arise in the mentoring relationship
- Evaluating the process

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Slide 11

**WHAT YOU CAN EXPECT TO GAIN:**

- A relationship
- Pride in being part of someone's growth and development in the nursing profession
- Insights on how others struggle with issues and make choices
- Practice in listening and giving feedback
- Practicing working through issues with others
- A chance to inspire others to be mentors while practicing your mentoring skills
- Feedback on how you facilitate growth for others
- Growth and development for yourself
- Satisfaction of sharing your knowledge and experiences

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Slide 12

**BARRIERS TO SUCCESSFUL MENTORING**

- Scheduling conflicts
- Work schedules
- Difficulty connecting with the mentor/mentee

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Slide 13

**COMMUNICATION SKILLS**

- **Encourage Feedback**
  - Tell mentees that you want feedback
  - Identify areas in which you want feedback
  - Consider scheduling feedback sessions
  - Use statements to encourage feedback
- **Provide Constructive Feedback**
  - Relax
  - Share your intentions
  - Clarify your expectations
  - Ask questions.
  - See the positive as well as the negative.

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Slide 14

**COMMUNICATION SKILLS**

- **Listen Up!**
  - Prepare to listen.
  - Pay attention
  - Show that you are listening.
  - Reflect on what has been said.
- **Promote Consensus**
  - Clarify the discussion.
  - Remain open to different views.
  - Remember there is no "I" in team
- **Reduce Misunderstanding**
  - Think before you speak.
  - Speak up
  - Be clear
  - Don't assume.

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Slide 15

**QI INITIATIVE**

**Why do we do it this way??**

- Help the resident with addressing the question
- QI initiative
- Change for the better

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Slide 16

**THE PROCESS**

- The *nurse resident* will identify a unit-based problem that they feel needs to be addressed (or are interested in) and present that problem to their mentor.
- The *mentor*, along with the nurse resident, will develop the probing question in a PICO format.
- The *mentor*, along with the nurse resident, through a thorough research of EBP on the topic in question, the mentor and resident will design and develop an EBP project that will meet the needs of fulfilling the nurse residents identified problem.
- The *nurse resident*, with guidance from the mentor, will implement their EBP project at the unit level.
- *Both mentor and nurse resident* will together, evaluate the implemented EBP project.
- Once completed, *the mentor and nurse resident* will present the results of their combined efforts of an EBP project, at the unit level, to the involved stakeholders at a unit-based council meeting.

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Slide 17

**PICO**

- **P- patient, population or problem**
  - What are the characteristics of the patient or population?
  - What is the condition or disease that you interested in?
- **I- Intervention or exposure**
  - What do you want to do with this patient (e.g. treat, diagnose, observe?)
- **C- Comparison**
  - What is the alternative (e.g. placebo, different drug, surgery?)
- **O- Outcome**
  - What are the relevant outcomes (e.g. morbidity, death, complications?) (Sackett, Richardson, Rosenberg, Haynes,1997)

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Slide 18

**PICO EXAMPLE**

<u>Patient/Problem</u>	<u>Intervention</u>	<u>Comparison Intervention</u>	<u>Outcome</u>
Patients in the surgical setting	Disposable B/P cuffs	Multi-use B/P cuffs	Decreased hospital acquired infection rates

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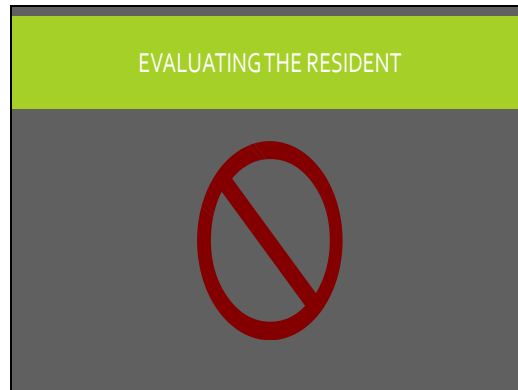
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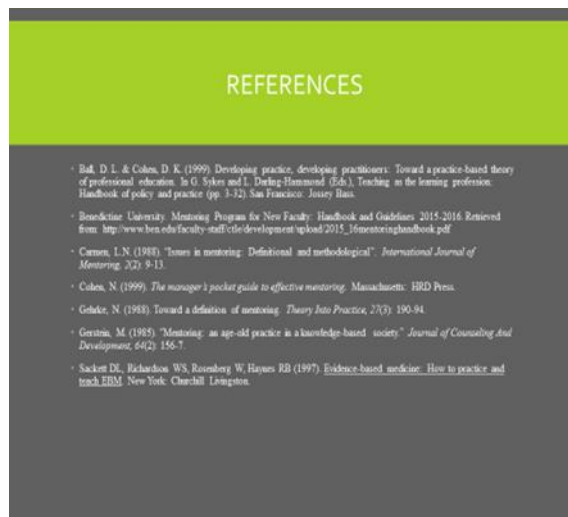
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Slide 19



Slide 20



## Appendix D: PPT Speaker Notes

**Slide 1:**

Welcome to the mentor workshop. This presentation is 1.0 hours with breaks. The restrooms are located\_\_\_\_

**Slide 2:**

Bayfront is participating in a nurse residency resource in order to create a sustainable successful nurse residency.

You were selected to participate in this workshop to begin a new process for mentoring nurse residents who are transitioning to the acute care practice setting. You were chosen because your leadership identified you as someone who possesses the necessary knowledge, skills and attitudes to welcome new nurses to practice at your facility. We will be asking you to think about the meaning of mentoring versus coaching, versus precepting, and consider alternative mentoring methods. If you are new to mentoring, we will provide you the tools and resources you need to be very strategic in the process of mentoring nurse residents.

**Have a flip chart prepared with the following experience levels across the top of two sheets of flipchart paper.**

Ask participants to share their name, where they work (unit) and how long they have been a practicing nurse. Note on the flipchart how many workshop participants have:

- 1-3 years' experience
  
- 4-10 years' experience
  
- >10 years' experience

Acknowledge the various levels of experience in the room. We will refer back to it when we discuss Patricia Benner's Novice-to-Expert practice.

**Slide 3:****Slide 4:**

A true residency program lasts anywhere from 9 months to 1 year. The first 12 weeks is time spent with a clinical preceptor. The remainder of the year is where the mentor comes into the mix. A mentoring relationship can last 6 months to 1 year in length.

**Slide 5:**

Mentoring has been defined as the process by which one person, usually of superior rank and outstanding achievement, guides the development of an entry level individual, seen as the protégé or the mentee (Benedictine University, 2015; Carmen, 1988; Gerstein, 1985; Gehrke, 1988). Additionally, the role is intended to be dynamic and interactive, thereby making the success of the relationship dependent on constructing meaningful dialogues and designing tangible actions (Ball and Cohen, 1999).

Advocate, coach, teacher, guide, role model, valued friend, door-opener, benevolent authority, available resource, cheerful critic, and career enthusiast. A reciprocal learning relationship in which a mentor and mentee agree to a partnership where they will work collaboratively toward achievement of mutually defined goals that will develop the mentee's knowledge and/or thinking.

But the intent of coaching is about raising performance. Coaching helps deepen the self-awareness of the coachee and leads him/her to commit to practical action through a wide range of styles and tools.

A "mentee" is someone who is counseled, guided, and advised

Successful mentoring is a dynamic process whereby each mentor-mentee pair learns to respect and trust the other's commitment and expertise, but individual choice and style play important roles. This individuality creates unique mentor pairs.

**Slide 6:**

**Slide 7:**

**Slide 8:**

It is important that mentors and mentees find their own ways of managing the relationship and agree a set of clear objectives to work towards.

**Slide 9:**

**Slide 10:**

**Slide 11:**

**Slide 12:**

**Slide 13:**

*Encourage Feedback*

*Tell mentees that you want feedback.* Encourage them to give you both good and bad news. Welcome disagreement on issues. Then, thank them for providing the information.

*Identify areas in which you want feedback.* Do communicate your desire for feedback on areas that can help your own communication style.

*Consider scheduling feedback sessions.* It is easier to prevent mistakes or problems.

*Use statements to encourage feedback.* Statements such as "Tell me more about that," or questions that can't be answered with yes or no will better foster a real conversation.

*Provide Constructive Feedback*

*Relax.* Remember your highest intentions are to bring out the best in your mentees.

Making an effort to relax will make a positive difference in the tone of your meeting. Be respectful.

*Share your intentions.* Remind your mentee that your feedback is NOT to tell them what they are doing wrong. Instead, you are trying to bring out the best in them.

*Clarify your expectations.* Unvoiced expectations create problems when it's time to provide feedback. Be clear.

*Ask questions.* When providing feedback, do not always assume that your Mentee understands or agrees with everything you have said.

*See the positive as well as the negative.* Remind your mentee of what their strengths are.

**Slide 14:**

*Listen Up!*

*Prepare to listen.* Effective listening requires preparation. Put aside papers, books, and other materials that may distract you. Make sure your mentee has your full attention.

*Pay attention.* Give your Mentee your undivided attention.

*Show that you are listening.* Especially if you are meeting over the phone, encourage your mentee to continue with small verbal comments like “Sounds good,” “Go on,” or even “Uh huh.”

*Reflect on what has been said.* Sometimes personal biases and beliefs can distort what we hear. As a listener, your role is to understand what is being said.

*Promote Consensus*

*Clarify the discussion.* Make sure that the activity is understandable, orderly and focused on one issue at a time.

*Remain open to different views.* Good Mentors often learn from their mentees. Also, mentors can serve as models for the behavior of others by not being over-opinionated.

*Remember there is no “I” in team.* Try to promote yourselves as a team. Talk about what we hope to accomplish and how we can work together to achieve our objectives.

*Reduce Misunderstanding*

*Think before you speak.* If you rehearse your thoughts, and it doesn’t sound right, don’t say it.

*Speak up.* Voice something when you do not understand something.

*Be clear.* Keep your message as simple as possible.

*Don’t assume.* Unless you say something, you usually cannot be entirely sure the other person knows what you’re thinking or feeling.

**Slide 15:**

Part of the mentoring process is to help the new resident with addressing a probing question and leading them towards a QI initiative with the intended goal of making a change for the better in finding the answers to that question.

**Slide 16:**

The process of mentoring the resident through an EBP project is much like the nursing process. The nurse resident identifies, the mentor develops, the mentor plans, the resident implements, and both evaluate.

**Slide 17:**

Start with the patient: clinical problems and questions arise out of patient care

Translate the clinical questions into a searchable question using PICO

At this point, break into groups, use flip board, have each group form a PICO question on a problem of their choice

Translate each groups PICO onto flip board and discuss



**Slide 18:**

PICO Question: Does the use of disposable blood pressure (B/P) cuffs have a direct influence on the decreased rate of nosocomial infections?

**Slide 19:**

Mentors don't evaluate!!!!

**Slide 20:**

Final thoughts: *A lot of people have gone further than they thought they could because someone else thought they could.*

**Slide 21:** References

## Appendix E: Mentor Toolkit

### Mentoring Toolkit

#### Directions for the Mentor

The following steps are suggestions for assisting your mentee in successfully developing an EBP project within the nurse residency program.

#### Activities

1. Attend the mentoring workshop.
2. Complete the Pre/Post Survey Assessment. This assessment will help to determine your mentoring strengths and areas that need further development.
3. Prepare for your first meeting with your mentee.
4. Schedule time to begin the mentoring relationship with your mentee
5. Exchange your background information, resumes/CVs and discuss significant life experiences. Get to know each other's' areas of expertise.
7. Jointly discuss an EBP project with your mentee
8. For subsequent meetings with your mentee, encourage your mentee to prepare questions for the meeting.
9. Remember to periodically check the progress of the relationship and the progress of picking an EBP project topic.
10. At 3 months, ask your mentee to solidify their EBP project topic.
11. During months 3-6, continue developing the EBP project with your mentee.
12. Begin to prepare your EBP project for presentation/publication at the unit-based level.
13. Have your mentee present their EBP project at the unit-based level.

14. Have your mentee self-evaluate their understanding/knowledge of EBP.
15. Let go of the relationship as it is, and embrace the new relationship as it is meant to be.

### Appendix F: Implementation Plan of the DNP Project

The CNO and I will perform a needs assessment for a mentoring program within the existing nurse residency program.

I, and hospital leadership will identify a team for the development of a mentoring workshop curriculum.

I will conduct weekly meetings with the team to develop a mentoring workshop curriculum.

Once the curriculum is designed, along with the mentoring toolkit, and pre and post surveys, selection of mentors will begin.

During week 10 of the nurse residency, the pre-selected mentors will attend a 4 hour mentor workshop, developed and facilitated by the DNP student, where they will be trained in the mentoring and facilitation of an EBP project.

After the workshop, mentors will be paired with a mentee for introductions, exchange of information, scheduling and plans for future meetings, and have an opportunity to discuss ideas, goals and expectations.

Mentoring will begin during week 12 of the nurse residency program, and last for a period of 6 months to 1 year.

Appendix G: Pre-Mentor Workshop Survey

**Pre-Mentor Workshop Survey Assessment**

**Susan Breit MSN, RN**

This survey is one of two that you will receive. Here we are interested in your perspective **before** you attend mentor training. You will receive another, similar survey once you have completed your relationship with your mentee.

Q1 How many years have you been in the nursing profession?

- 1-3
- 3-5
- 5-10
- More than 10

Q2 What is your highest earned degree in nursing?

- Associate
- Bachelors
- Masters
- Doctorate

Q3 What is your highest earned degree outside of nursing?

- Associate
- Bachelors
- Diploma
- Masters
- Doctorate











## Appendix H: Post-Survey Tool

**Post-Mentor Workshop Survey Assessment****Susan Breit MSN, RN**

This is the second of two surveys that you will receive. In this survey, we are interested in your perspective **after** you have completed your relationship with your mentee.

Q1 How many years have you been in the nursing profession?

- 1-3
- 3-5
- 5-10
- More than 10

Q2 What is your highest earned degree in nursing?

- Associate
- Bachelors
- Masters
- Doctorate

Q3 What is your highest earned degree outside of nursing?

- Associate
- Diploma
- Bachelors
- Masters
- Doctorate

- N/A

Q4 Have you ever served as a mentor in the past?

- Yes
- No

Q5 Currently, how would you rate the overall quality of your ability to serve as a mentor?

- Below average
- Average
- Above average

Q6 To what extent do you feel that you are currently meeting your mentees' expectations?

- Not at all
- Somewhat
- Completely

Q7 Please rate how skilled you feel you are in each of the following areas:

	Not at all	Somewhat skilled	Moderately skilled	Skilled	Extremely skilled	N/A







## Appendix I: Nurse Resident (Mentee) Evaluation Tool

**Nurse Resident (Mentee) Program Evaluation****Susan Breit MSN, RN**

Q1 Please rate your level of satisfaction with the following:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Mentor	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....

Q2 Please rate your level of agreement with the following statements.

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My mentor helped to meet my objectives.	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....
The information provided by my mentor will change the way in which I practice	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....
My mentor increased my understanding/knowledge of evidence-based practice.	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....
I am able to apply evidence-based practice at the bedside	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....
I would recommend this mentor to my colleagues.	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....

Appendix J: Evaluation of Nurse Residents EBP Project

**Evaluation of Nurse Residents EBP Project**

**(To be completed by Mentor)**

**Susan Breit MSN, RN**

Q1 Did the nurse resident present and EBP project applicable to a unit-based issue?

- Yes
- No

Q2 Was the EBP project presented in an understandable and professional manner to the intended audience?

- Yes
- No

Q3 Did the nurse resident show an increased knowledge of EBP by the end of the mentor/mentee relationship?

- Yes
- No

Q4 How would you rate the nurse residents:

	Exceeds Expectation	Satisfactory	Unsatisfactory
EBP project (overall)	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....
Delivery of presentation	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....
Professionalism	<input type="radio"/> .....	<input type="radio"/> .....	<input type="radio"/> .....

Q5 As a mentor, do you agree/disagree to the benefits of the mentor/mentee relationship?

- Agree
- Neither agree/disagree
- Disagree

Q6 Suggestions:



Appendix: K: Project Stakeholder Questionnaire

**Project Stakeholder Questionnaire**

**Susan Breit MSN, RN**

Problem: Lack of knowledge or experience of the nurse resident in implementing an evidence-based practice project at the bedside.

Goal: To promote safe, effective bedside care by facilitating the nurse residents' ability to provide EBP at the bedside.

Outcome/Objectives: For the DNP student to develop and implement a curriculum for a mentor workshop to include educating the mentor in facilitating an EBP project with the nurse resident.

Q1 Was the problem made clear to you in the beginning?

- Yes
- No

Q2 Did the DNP student analyze and synthesize the evidence-based literature for the team?

- Yes
- No

Q3 Was the stated goal met?

- Yes

- No

Q4 Were the stated objectives met?

- Yes
- No

Q5 How would you rate the DNP student's leadership throughout the process?

- Very Ineffective
- Ineffective
- Neither Effective nor Ineffective
- Effective
- Very Effective

Q6 Were meeting agendas sent out in a timely manner?

- Yes
- No

Q7 Were meeting minutes submitted in a timely manner?

- Yes
- No

Q8 Were meetings held to the allotted time frame?

Yes

No

Q9 Would you consider the meetings productive?

Yes

No

Q10 Do you feel that you had input into the process?

Yes

No

Q11 Please comment on areas where you feel the DNP student excelled or might learn from your advice/suggestions:

## Appendix L: Instructions for Authors

**Instructions for authors for submission of manuscript to*****Evidence-Based Practice*****1. Implications for Practice and Research**

- List the implications for nursing practice of this research
- List the implications for nursing research in the light of this study

This information should be presented in bulleted point form and will be included in a box at the start of the commentary. These should include implications for both research and practice. Please ensure there is at least one bullet point in each category and no more than four in total.

**2. Context (80-120 words)**

The context of the problem addressed by the paper - i.e. the research questions answered; the reason the study was carried out, how many people are affected by this condition, practice setting, country, etc.

**3. Methods (100-150 words)**

A brief description of the methodology used in the study. Depending on the type of research carried out this should include:

- Sample
- Data collection tools
- Procedure for collecting data (including blinding for RCTs)
- Methods of data analysis

Please do not include any critique of the methods in this section - any comments on the methods used should be included in the commentary section

**4. Findings (75 - 100 words)**

A brief description of main findings of the article and how they add to nursing knowledge.