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Mentorship Education for Advanced Practice Registered Nurses

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
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Abstract

Mentorship Education for Advanced Practice Registered Nurses

by

Eleanor F. Dunlap

MS, University of Maryland School of Nursing, 2013

BS, Villa Julie College, 2008

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Mentorship is vital part of the nursing profession. The evidence suggests that competent mentors aid in facilitating role transitions, improving job satisfaction, enhancing patient care, and decreasing nursing turnover. Advanced practice registered nurses (APRNs) have the skill and knowledge to provide safe, high-quality, patient-centered care; however, they may be lacking in mentorship abilities. Currently, there is no formal mentorship training in the organization, which may cause variability in the mentoring of new staff. The focus of this project was to create a staff educational intervention to improve the mentoring competency of surgical APRNs. The project practice focused question asked if a formal APRN mentorship training program geared towards the six elements of mentoring (as measured by the Mentoring Competency Assessment [MCA]) increased the mentoring competency of APRNs serving in a mentorship role. Benner's Theory guided the planning and development of this project, while the MCA was used for the pre- and postintervention self-reflection survey. The educational intervention was based on the pretest lowest scores. Eighteen APRNs were recruited to participate. Following a pretest survey, participants experienced an educational intervention geared towards mentoring and mentoring competencies. Using a Wilcoxon Singed Rank test, there were statistically significant differences in six of the 26 individual items and in the overall pretest mean scores and the posttest mean scores ($z = -3.41$, $p < 0.01$), indicating that the APRN mentorship training increased the mentoring competency of the APRNs in all mentorship domains. Educating APRNs in mentorship competencies may enhance mentorship abilities and result in positive patient and organizational outcomes.

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Section 1: Nature of the Project

Introduction

According to the American Association of Nurse Practitioners ([AANP], 2020), there are over 290,000 advanced practice registered nurses (APRNs) licensed in the United States with close to 30,000 new APRNs completing academic programs annually. With this rapid growth of APRNs entering the workforce, organizations such as the American Academy of Colleges of Nurses (AACN) is encouraging intra- and interprofessional mentorship of new professionals entering the workforce to assist with transitioning into new practice roles (AACN, 2015). In most organizations, there is no uniform or formal mentorship training for APRNs who are precepting and mentoring novice practitioners as most healthcare systems "fail to create a strategic plan to support and empower APRNs" (Institute of Medicine, 2010).

Mentorship is vital part of the nursing profession as hands-on experience during training and transitions is essential for success. In nursing, mentoring can be traced back to Florence Nightingale, who introduced mentoring in nursing (Olaolorunpo, 2019). Mentorship is operationally defined as a relationship between two people where one has more knowledge and experience that is passed to the other, and the literature has demonstrated that it positively influences both academic outcomes and professional development within the field (Harbman et al., 2016). Mentors act as teachers transitioning from the theoretical to clinical settings and assist in developing skills in clinical assessment, problem-solving, and collaboration, in addition to processing the emotional nature of the work (Ledlow & Coppola, 2014).

This project was focused on mentorship education for APRNs who are formally and informally involved in mentorship at an academic medical center by providing an educational intervention geared towards mentoring and mentorship skills to practicing APRNs. The educational intervention promotes positive social change by developing future generations in healthcare, which is in alignment with Walden's goals. The intervention primarily focused on improving the mentoring abilities of the APRN related to six specific domains: effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development (Fleming, 2013). As a result of the education, I hope the enhanced abilities of the APRN will support their performance as mentors and that the novice APRNs, the patients, and the institution will be positively impacted.

Problem Statement

APRNs have the knowledge and skills required to provide high-quality care through the implementation of evidence-based practice and organizational leadership (AACN, 2004). In comparison, novice APRNs, those with less than 2 years of experience, may have limited practical application outside of the academic arena. Strong mentorship has been linked to enhanced mentee productivity, self-efficacy, and career satisfaction (Ledlow & Coppola, 2014). Mentoring is a practice rooted in evidence that is a multifaceted process that has been found to benefit both the mentor and the mentee (Schroyer et al., 2016). This program was designed to improve the quality of mentoring and improve the quality and autonomy of novice APRNs.

The literature supports that there is a practice gap during transitions from academia to the workforce and even when entering a new professionally (Alghamdi & Baker, 2020). Some of the themes that emerge related to workforce transition include the educational background, prior work experience, mentorship, and support network (Faraz, 2016). When a novice APRN is entering clinical practice, they can suffer from feelings of inadequacy and imposter syndrome as they adjust to the new role, and they often feel unprepared for practice during the first year (Jarrell, 2016). Peer mentorship and formal mentorship programs are associated with improved APRN role transition (Barnes, 2015a). Key pieces of the mentor relationship include support, feedback, and modeling collaborative relationships (Eller et al., 2014). More information is needed in the literature about the structure and content of successful mentoring and mentorship programs.

In a study by Jarrell (2016), over 198 APRNs in Texas were surveyed regarding professional development and mentorship. Novice APRNs reported feeling that having a mentor would benefit their professional development needs while seasoned ANRPs felt that having a mentor would help with ongoing professional development. On a severity index, the need was greater for the novice APRN when compared to the seasoned APRN. Both groups, novice and expert APRNs, indicated that they felt ongoing education and support were needed to meet professional development goals. They endorsed mentoring as a promising modality for professional development.

Not all mentoring relationships are successful, and they can lead to dysfunction or power struggles (Green & Jackson, 2014). A negative experience in a mentoring

relationship can lead to increased turnover and issues with team dynamics. Green & Jackson (2014) recommended education, training, and coaching before initiating a mentorship relationship to avoid these issues. However, there is no formalized mentorship training in most healthcare institutions, leading to a fluctuating experience for novice APRNs. The variability of experiences that novice APRNs may encounter can lead to negative experiences.

After careful review of the literature and discussions with the organization's APRN leadership, mentorship competency was noted to be affecting novice practitioners. As a result, I created an educational intervention that addresses the six domains of mentoring competency (Fleming, 2013) geared towards increasing the mentoring competency of APRNs who serve in a mentorship role. I hope that through the educational intervention, mentoring competency will increase and that the enhanced knowledge of mentorship will be translated to the successful mentoring of novice APRNs.

Purpose Statement

This project's practice focused question was:

PFQ: Will a formal APRN mentorship training program geared towards the six elements of mentoring (as measured by the MCA) increases the mentoring competency of APRNs who serve in a mentorship role?

Mentoring is a collaborative learning relationship between professionals with mutual goals and shared accountability for the success of the relationship (Academy of Medical-Surgical Nurses [AMSN], 2012). APRNs act as mentors in various ways, from precepting

APRN students, onboarding novice APRNs, and through acting as leaders within the institution. Mentoring is a process where the experienced individual assists in the learning and development of a less experienced individual by being a guide, expert, counselor, wise teacher, and role model (AMSN, 2012). With no standardized mentorship training available for APRNs, there is variability in the skills of the mentor, hence an inconsistency in the outcomes of the relationship.

Mentor and mentee perception of the expected relationship, goals, and accomplishments may vary. This project provided targeted mentorship training to surgical APRNs based on a needs assessment completed by the APRNs at this academic institution. The education opportunity was provided through didactic education and focused on the six domains of mentoring competency: effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development. Additionally, examples of how to foster a positive mentor/mentee relationship were highlighted.

Nature of the Doctoral Project

Developing a formalized mentoring program for APRNs is an essential step toward creating a more supportive transition to the professional work environment. Transitioning from academia to the clinical setting can be challenging given the differences in roles and responsibilities, tasks, culture, and system processes (Barnes, 2015a). As a novice APRN, the two factors that influence the transition from a nurse and student to APRN are experience and formal orientation (Barnes, 2015a). Benner (1982), noted that the transition from novice to expert is a shift that can occur several times as a

nurse moves through their career and professional milestones, making mentorship needed across the professional lifespan.

With no standard mentorship training for APRNs, a novice APRN may be partnered with a mentor with varying degrees of experience, confidence, and competence in the mentoring. The steps of this project included the planning, implementation, and evaluation of mentorship training for APNs. Before the project began, the director of the advanced practice group for the institution was informed of the project's objectives and the parameters in relation to the framework (Appendix A). The MCA survey (Appendix B), a 26-item skills inventory that asks for self-refection regarding confidence in mentoring according to the six domains of maintaining effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development (University of Wisconsin-Madison, Institute for Clinical and Translational Research, 2013) served as the tool for measurement.

The goal of the staff education was focused on guiding APRNs in their professional, personal, and interpersonal growth. The MCA was given to the group of surgical APRNs before and after an educational intervention to see if there is an increase in competency as measured by the six domains. The hope was that the mentoring relationship, communication, understanding, professional development, expectations, independence, and diversity domains learned would improve and be translated into practice.

Significance

Numerous stakeholders were impacted by this staff education project. The most immediately affected was the APRN mentor, who gained increased mentoring competence as a result of the educational intervention. The mentees gained valuable improvements from the mentoring relationship that led to improving patient care through clinical assessment skills, problem-solving, collaborative relationships with others, and reduced job stress. With a focus on high-quality healthcare, novice practitioners are emerging into the workforce at an increased rate and in need of mentorship as they transition to their new role.

This staff education project promoted positive social change by developing future generations in healthcare, which aligns with Walden's goals. Providing APRNs with improved confidence and competence in mentoring novice APRNs will improve quality care, job satisfaction, job retention, and leadership. The Institute of Medicine (2010) noted that nurses should be equipped to lead in all aspects of healthcare. Leadership involves being able to influence people to accomplish goals through communication, process, goal attainment, and motivation (Huber, 2014). Mentorship training for APRNs will allow for improved collaborative relationships that foster independent practice. While the initial benefactor of this education will be the mentor and mentee APRNs, the patients and organization will also benefit as the quality of care delivered improves.

Summary

APRNs are expected to have the skills and confidence to lead change across a complex healthcare system. At this time, there is no formal mentorship training to guide

novice APRNs in this transition and assist in disseminating the knowledge and skills needed to be successful. Novice APRNs require additional guidance and support to develop into an expert clinical practitioner, which mentorship can provide.

Section 2: Background and Context

Introduction

With no uniform formalized mentorship training, there is variability in how novice APRNs are transitioned into the workforce and new roles (Martin, 2020). Formalized mentoring programs for APRNs need to be developed to support novice APRNs transition into the professional work environment (Barnes, 2015a). The change to new roles and responsibilities, tasks, culture, and system workflows from academia to the clinic setting can be challenging for a novice APRN (Barnes, 2015a). The collaborative learning relationship between professionals in a mentoring environment with shared goals and accountability can lead to success (AMSN, 2012). This project's practice focused question was:

> PFQ: Will a formal APRN mentorship training program geared towards the six elements of mentoring (as measured by the MCA) increase the mentoring competency of APRNs who serve in a mentorship role?

This section looks at the theory surrounding the creation of this project, its relevance to the nursing practice, local and contextual background, and the role of the project team.

Concepts, Models, and Theories

Mentoring is essential to the nursing profession, particularly as nurses extend their education and advance to APRNs. Success of new graduate APRNs relies on mentorship as novice providers develop confidence and competence in their new roles. Benner's novice to expert theory can be used to describe the journey professional nurses or APRNs encounter in the workplace.

Benner begins by describing that nursing profession and roles of the nurse have grown in complexity over time, which makes it impossible to standardize, routinize, or delegate much of the nurse's responsibilities (Benner, 1982). With increased acuity of patients and roles, the drive to decrease length of hospitalization, and increased specialization, all coupled with the proliferation of rapidly changing healthcare technology requires APRNs to be highly competent and current in their knowledge (Benner, 1982). It is this complexity of the role and wide variety of responsibility that mandates ongoing career development (Benner, 1982). This makes the transitions that occur during the journey from novice to expert particularly important.

The Dreyfus model of skill acquisition is noted by Benner as a tool that can be used to understand of the differences between the novice and experienced nurse (Benner, 1982). The Dreyfus model accounts for the increments in task performance based on education and experience. This forms a basis for the development of clinical knowledge and skill acquisition and development, noting that an individual passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and finally expert. As a person moves through the levels, two changes occur: there is movement from the reliance on abstract principles to concrete experience as paradigms and there is a change in the way the clinical experience is seen from a fragmented view to a more completed picture.

The novice is the most junior stage in Benner's (1982) Dreyfus model. A novice nurse has no experience in the situations in which they are expected to work and perform tasks. A novice is taught objectifiable, measurable parameters to begin along with rules to

guide their practice. The concrete actions and tasks a novice is able to perform does not allow for discretionary judgment or clinical reasoning.

Following the novice, the advanced beginner can demonstrate marginally acceptable performance, and based off prior experience in actual situations, can begin to recognize the recurrent meaningful situational components (Benner, 1982). A mentor can provide guidelines for this by highlighting when learning opportunities arise. The learner needs to have had some experience with prior situations in order to be able to start making connections and advance out of task-oriented behaviors. The advanced beginner continues to need support in the clinical setting including setting priorities because the knowledge basis is focused on general guidelines and the advanced beginner is just starting to perceive recurrent meaningful patterns in clinical practice.

Being competent at a role can take time. A competent APRN starts to see their actions in term of long-range goals or plans (Benner, 1982). The plan is based on conscious and abstract analysis of the problem and gives perspective on solving the problem at hand. There continues to be limited speed or flexibility in the competent stage; however, there is a feeling of mastery of task and skills needed to perform daily duties. At this stage, simulations and role play help achieve efficiency and organization through practice in planning and coordinating multiple, complex aspects of the job. Benner (1982) noted that the competent level continues to need support and reinforcement and that rushing this stage can lead to turnover or feelings of inadequacy and frustration.

Being proficient occurs when the nurse is able to practice and master the skills of competence (Benner, 1982). A proficient performer is able to perceive situations as a whole and is guided by maxims. Through experience, the proficient nurse knowns what to expect and can make judgments and plans based on past experiences. This allows for the understanding of when adverse events are occurring. The holistic understanding allows for more rapid decision making because the nurse has a perspective based on experiences and guidance.

An expert has an intuitive grasp of the situation and is able to isolate the root of the problem without needing analytical practices to reach an understanding of the situation (Benner, 1982). Due to the expert's extensive background and experience, decisions can be made and tasks accomplished without focus on the individual steps. The expert operates with a deeper understanding, allowing for the expanding of scope of practice and translation of practice to others in the competent stage, facilitating their movement to the proficient stage. Experience, in addition to formal education preparation, is required to develop competency in nursing and move through these stages. For the purpose of this project, a novice APRN was defined as having less than 1 year of APRN experience or has less than 1 year in their current role as an APRN. The mentor in this project can be formal or informal, a preceptor, manager, or coworker.

Relevance to Nursing Practice

The role of the APRN is defined nationally by the AANP through the scope of practice. The APRN practice includes the assessment, diagnosis, and management of acute and chronic medical conditions, the ordering and interpreting of lab and diagnostic

testing, medication management, coordination of care, and counseling and education of patients, families, and communities (AANP, 2015). Licensed APRNs are independent practitioners who work autonomously in coordination with other healthcare professionals (AANP, 2015). Education for APRNs follows established educational standards ensuring that core competencies in clinical practice and professional development are reached so that APRNs are equipped to provide safe, high-quality, cost-effective, patient-centered care (AANP, 2015). The difference between clinical competence in academia and the workforce makes the mentorship of novice APRNs essential as patient care continues to become more complex.

As Benner (1982) described, a novice is in the first level of proficiency with no experience in the role they are performing. The transition from academia to clinical practice for an APRN can be daunting, requiring critical thinking and multitasking to efficiently care for patients. It is through mentorship that novice APRNs learn how to navigate this new role and provide the safe, high-quality, cost-effective, patient-centered care that is expected.

Mentoring has been shown to improve role transition, job satisfaction, and job retention in APRNs while facilitating socialization, emotional well-being, and the acquisition of new skills (Pop, 2017). Pop (2017), interviewed novice mentees and their mentors about their view on mentoring and their experience in a mentoring relationship. The data collected was developed into a three-phase theory of mentoring: forming the relationship, developing the relationship, and mentoring outcomes. Important themes included assimilation of the mentees into the new community, assisting in defining the

novice APRN role, and the mutual relationship of mentoring allowed for the redefine practice as the novice transitioned.

Feeling prepared for complex clinical practice is one obstacle for a novice APRN. Novice APRNs report feeling overwhelmed, frustrated, and inadequate in their new roles (Barnes, 2015a). Research on the preparation of APRNs to enter the workforce is limited, but it has been noted that APRNs feel less satisfied with their education than other practical nurses, clinical nurse specialists, or certified registered anesthetists (Hart & Bowen, 2016). Hart & Bowen (2016), surveyed over 600 APRNs asking how well novice APRNs felt their education programs prepared them for clinical practice and found that 43% of the respondents felt "somewhat prepared," with 42.2% feeling better than "somewhat prepared," and 14.8% "less prepared." When asked if the novice APRN would be interested in a postgraduate residency program, over 76% of respondents were in favor of the idea, indicating that formal mentoring may be an important step in the transition (Hart & Bowen, 2016). These results were validated by Hart & Macnee's (2004) national APRN survey that showed 87% of the respondents would be "definitely" or "possibly" interested having a postgraduate residency program if one had been available.

Whether it be a new graduate APRN or an APRN that is changing institutions or departments, transition shock can occur. Transition shock, described as "disorienting, confusing, and doubt-ridden chaos," can occur after an APRN enters the workforce due to the disconnect between academia and actual practice (Fitzpatrick & Gripshover, 2016 p. e419). This shock can lead to feelings of anxiety, uncertainty, and fatigue, which in

turn can cause dissatisfaction in one's job, suboptimal job performance, and possibly failure in this new role (Fitzpatrick & Gripshover, 2016). While there is cost to the APRN who is experiencing this transition shock, there is also cost to the workplace. Employment turnover rates for APRNs have been estimated at nearly twice those of physician colleges attributed to the extensive hands-on training that physicians receive during residences (Fitzpatrick & Gripshover, 2016). The literature supports having and strong mentoring relationship to facilitate novice APRNs successful role transition, preventing transition shock or imposter syndrome. It is through looking at the domains of the mentors, acting in this mentoring role that targeted education can be developed and disseminated to improve the mentoring relationships at an institution.

Local Background and Context

The organization in which this intervention was conducted is a 750-bed academic medical center on the East Coast located in an urban community. The organization is the largest of two academic institutions in the city with multiple specialties. It is a three-time designated Magnet hospital and routinely had numerous quality improvement and process improvement projects underway. The community surrounding the organization is urban and diverse, housing numerous universities and industries. The advanced practice provider group in the organization consists of 350-400 APRNs and physician assistants, with experience ranging from 3-30 years of professional experience. At any given time over 50 APRNs are acting as mentors at this time for new graduate APRNs, student APRNs, and APRNs who have transitioned roles. For this DNP project, I focused on a

subset of the advanced practice provider group, the surgical APRNs. There are 23 surgical APRNs who work across six different subspecialties.

Role of the Doctor of Nursing Practice Student

I am a masters-prepared acute care nurse practitioner and I work as a surgical nurse practitioner at the organization in which the DNP project took place. I report to my direct manager in the vascular surgery department and to the director of advanced practice providers at the institution. Through my role as a senior nurse practitioner, I have been involved in several quality improvement and process improvement projects throughout the institution and in my department along with providing educational opportunities and learning for the staff nurses. I created and facilitated the staff education based off the available literature and with the help of the lead of the novice APRN group. Data collection was completed via survey monkey and analyzed using descriptive and inferential statistics. The results of the DNP project will be shared with hospital leadership and the director of the director of advanced practice providers at the institution once approved by Walden University. I have no relationship or conflict with the APRNs receiving the staff education.

The motivation for this staff education project on mentorship is grounded by the transition from novice to expert APRN as outlined by Benner. The literature supports the use of mentors to ease the novice APRNs transition. In practice, mentors often get little to no training or guidance in how to effectively mentor novice APRNs. Effective mentorship can foster a learning environment and limit transition shock. This may lead to

job and role satisfaction which in turn promotes safe, high quality patient care quality, and retention.

There is the opportunity for bias, especially since I work at the institution and know the staff members that will be involved in the project. In order to protect the identity of the participants, no identifying information was collected and all the data was reported in the aggregate. All surgical APRNs received the intervention to prevent selection bias in the subgroup and will retain the right to participate in the project.

Role of the Project Team

The project team consisted of the lead of the novice APRN group, my onsite preceptor who is doctorial prepared senior nurse practitioner in critical care, and myself. I have met with the lead of the novice APRN group and my preceptor for this project and they both validate the value of this program. Additionally, I have met with the director of advanced practice providers at the institution and she supports the intervention and agrees to help in any way needed.

The project team reviewed the staff education intervention to determine its content validity (see Polit & Beck, 2006). The MCA survey itself is a reliable and valid tool (Fleming, 2013) that measures the six domains of mentorship competency. Once the content validity of the educational intervention is established, the pre-test will be distributed to the group of surgical APRNs. A reminder was sent via email to the group two days prior to the close of the pre-test. Following the pre-test data collection, the educational intervention was emailed to the 23 surgical APRNs. Following review of the educational intervention, the surgical APRNs were asked to re-take the MCA survey. I

compared the pre- and post-test data to see if there is an increase in the mentoring competency of APRNs who serve in a mentorship role.

Summary

The transitions that an APRNs go through as they again are a novice at a new role can lead to transition shock. Having a mentor to guide and facilitate this transition can lead to improved job satisfaction, improved patient care, and decrease in turnover. Mentors need training to be able to effectively assist in these transitions and help novice APRNs improve competence and confidence in their practice. This educational intervention was targeted to a subset of the mentors within the institution.

Section 3: Collection and Analysis of Evidence

Introduction

As APRNs move from being a novice to expert provider, it is mentors, both formal and informal, that help pave the way for safe, high quality, patient centered care. With no formal or standardized mentor training, there is a disparity in the quality of mentoring that novice APRNs receive. The PFQ for this staff education project was:

> PFQ: Will a formal APRN mentorship training program geared towards the six elements of mentoring (as measured by the MCA) increase the mentoring competency of APRNs who serve in a mentorship role?

This section focuses on narrowing the PFQ, clarifying the purpose of this project, and providing the operational definitions and key aspects. I explore an analyze the sources of evidence behind the project. I will share the outcomes with the institution so that changes to APRN mentorship training can evolve.

Practice-Focused Question

The literature notes that novice APRNs need support and mentorship during transitions. While APRNs who are not novice to their roles are tapped to serve as mentors, there is a knowledge gap surrounding what makes an effective mentor. This knowledge gap can result in novice APRNs receiving suboptimal mentorship and lead to role strain, job dissatisfaction, and job retention issues. The practice focus question for this staff education project was:

PFQ: Will a formal APRN mentorship training program geared towards the six elements of mentoring (as measured by the MCA) increase the mentoring competency of APRNs who serve in a mentorship role?

The AANP noted that over 30,000 new graduate APRNs transitioned from registered nurse (RN) to APRN in 2019 (AANP, 2020). The literature shows that novice APRNs will experience a significant role shift during the first year of practice. There is a knowledge gap in defining the factors involved in a successful role transition; however, successful mentorship during the change has been noted to improve its success (Pfund et al., 2016). When looking at new graduate APRNs, the scope of practice change from RN to APRN and level of skill acquisition needed can place even an experienced RN in a position to encounter a challenging, transition into a new role. Being mindful of the scope of practice differences between RNs and APRNs is needed to understand the role transition that occurs. Benner's (1982) theory of transition outlines that an RN begins as a novice and transitions into an expert over time and through experience. Benner's theory suggests that the experienced RN feels established in the role of RN and will then have to transition into a novice again as a new graduate APRN or as an APRN who changes roles. This change in professional identity can lead to an individual's loss of confidence, which can hinder successful role development. Consequently, this impaired role development can affect employment continuity and the decision to remain in the profession within the first year of practice (Cusson & Strange, 2008).

The concept of transitions in nursing have been described as multidimensional and complex (Barnes, 2015b). Meleis et al. (2000), defined transitions as the period of

change between two stable states and the accompanying self-redefinition. While transitions can occur at any time, they are known to occur when changing jobs or career paths (Barnes, 2015b). There are four defining attributes of APRN transitions: absorption of the new role, the shift to prescriber of care from provider of care, dual identities, and conflicting emotions (Barnes, 2015b). Barnes (2015b), defined the APRN role transition as a process in which conflicting emotions occur during a time of personal development while the APRN learns the new role, gains autonomy, and accepts responsibility over patient care. During this process, there are personal and environmental antecedents that can lead to a successful or unsuccessful role transition (Barnes, 2015b). Person antecedents include education, experience, engagement, and willingness to receive constructive criticism and feedback (Barnes, 2015b). Environmental antecedents include role similarities, support, and formal orientation (Barnes, 2015b). Mentorship of the novice APRN is an essential part in the environmental antecedents and is directly related to successful role traditions.

Sources of Evidence

To address the PFQ, I conducted electronic searches to identify literature and studies relevant to the group staff education program. Databases for the literature search were CINAHL, CINAHL Plus, ProQuest, & MEDLINE. The search terms that I used to access the articles were *mentor, mentorship, nurse practitioner, novice, education,* and *advanced practice.* Boolen terms such as “and” and “or” were used to connect information and broaden the search. Articles included primary and peer-reviewed sources published in English between 2014 and 2020, while those published earlier were

excluded. The articles were selected based on the successful application of group education to improve nursing mentor knowledge.

Articles regarding mentorship, APRN mentorship, and benefits of staff education were review to provide the evidence of how staff education can increase nursing mentorship competence. The evidence collected from the review of the literature was critically appraised to evaluate credible information, which was followed by a synthesis of evidence. I applied the synthesized evidence in the development of the project. The evidence collected was therefore used to develop the content of the group education program for increasing mentorship competency across the six domains. This literature review consists of discussions of evidence that supports the project.

At this time, there is no formal mentorship training for APRNs at this institution. APRN mentors can be student preceptors, preceptors for newly hired experienced or novice APRNs, or leaders within the institution. The staff education intervention was given to the surgical APRN team to assess if the targeted education can improve mentoring competence. Inclusion criteria for this project were the 23 surgical APRNs who needed to consent to take part in the staff education. The competence of the staff education project was measured by comparing the deidentified pre- and postintervention MCA surveys.

Evidence Generated by the Doctorial Project

Following Walden Institutional Review Board approval (02-23-21-1037743), the DNP project team was identified. Using the literature as a guide, the team reviewed an outline of the DNP project, educational intervention, and MCA survey. The educational

intervention was developed using the literature and the University of Wisconsin-Madison Mentor Evaluation Training Assessment Tools (University of Wisconsin-Maddison, 2013). The MCA survey is a reliable and valid assessment that measures mentoring competency (Fleming, 2013). The team reviewed the educational intervention program to establish the content validity for the intervention (see Polit & Beck, 2006). Alterations were made based on feedback from the stakeholders until approved.

Participants and Procedures

Once the DNP project team established the content validity for the educational intervention and MCA survey, an email explaining the goals of the DNP project along with the pretest was sent to an identified group of 23 surgical APRNs (Appendix B). The pretest contained five demographic questions in order to describe the sample in addition to the MCA survey. Participation was voluntary and no identifying information was collected as part of the project. As part of the pretest, the participants were asked to create a unique identifier so that the pretest data could be matched to the posttest data. Participants were asked to complete the pretest within a 2-week window with a reminder email sent before the window closed.

Following the collection of the pretest, the educational intervention and the link to the posttest data were emailed to the 23 surgical APRNs. To maintain anonymity, participants who did not complete the pretest were allowed to review the materials if they so desired. Any participant who did not complete the pretest was not asked to complete the posttest. If a participant did complete the posttest without completing the pretest, those data were discarded as there was not match with the pretest data. The demographic

questions were used to describe the sample, and the pretest and posttest data were used to determine if there was an increase in the mentoring competency of APRNs who serve in a mentorship role.

Instrument

The MCA survey is a 26-item skills inventory that asks for self-reflection in confidence across six domains: maintaining effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development (University of Wisconsin-Madison, Institute for Clinical and Translational Research, 2013) using a Likert scale of 1 to 5 where 1 equals "not skilled at all" and 5 equals "extremely skilled." Scores on the MCA range from 26 to 130, with higher scores indicating a higher level of mentoring competency. The MCA tool is a reliable and valid tool with a Cronbach alpha of 0.90 (Fleming et al, 2013). I obtained permission from Dr. Fleming (Appendix C) to use the MCA as part of this DNP project.

Protection

For this project I obtained approval from the Walden University Institutional Review Board. There was no foreseeable risk or benefit that would occur from participating in this project. All surgical APRNs were offered the opportunity to participate in the project and had access to the educational intervention even if the individual did not wish to participate. No identifying information was asked or collected, and all data was reported in the aggregate.

Analysis and Synthesis

Following data collection, I analyzed the data to determine if the educational intervention increased the mentoring competency of APRNs who serve in a mentorship role. I described the sample using descriptive statistics and used inferential statistics to determine if there was an increase in the mentoring competency of APRNs who serve in a mentorship role. All results were reported in the aggregate and contained no identifying information.

Summary

Mentorship in nursing is used as novice practitioners enter a new role to provide guidance, share clinical experiences, and assist in confidence building. With no formalized mentorship training for APRNs, there is variability in the competence and confidence of mentors, which can affect the quality of mentorship of novice APRNs. For this DNP project I used established evidence from the literature and the validated MCA survey as the foundation for the educational intervention and pre- and posttest surveys. The need to improve the competence and confidence of APRN mentors is important to lessen role strain and improve the chance of the novice APRN being successful in the new role. This section described the sources of evidence for this educational intervention, the participants, procedures, and instrument. After analyzing the pre- and postintervention data, future recommendations will be made to the institution.

Section 4: Findings and Recommendations

Introduction

There is knowledge gap that occurs during the transitions from academia to the workforce as an APRN and again when entering into a new role (Alghamdi & Baker, 2020). This knowledge gap can lead to novice APRNs getting sub optimal mentorship in their new role which can cause role strain, job dissatisfaction, and retention issues. There in a gap in defining the factors involved in a successful role transition; however, successful mentorship during transitions has been noted to improve the success of transitions (Pfund et al., 2016). Assessing the knowledge gap involves reviewing the competence of a mentor facilitating the transition for the novice APRN. The practice focus question for this staff education project was:

> PFQ: Will a formal APRN mentorship training program geared towards the six elements of mentoring (as measured by the MCA) increase the mentoring competency of APRNs who serve in a mentorship role?

The literature supports that staff education can increase mentorship competence among APRNs. To assess the competence of the surgical APRNs, the MCA survey, a 26-item skills inventory that elicits self-reflection about a person's confidence in mentoring in six domains: maintaining effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development was administered (University of Wisconsin-Madison, Institute for Clinical and Translational Research, 2013). I emailed a pretest survey of the MCA to 23 surgical APRNs at a large inner city academic medical center. Based on the results of the pretest,

which 18 APRNs completed, a staff educational intervention was developed using a PowerPoint and based on the six items with the lowest scores. The power point was sent to the surgical APRNs, and a Zoom "lunch and learn" was coordinated to discuss mentoring strategies. The surgical APRNs who participated were then send a posttest MCA survey so that the results could be analyzed by comparing the deidentified data to see if there was an increase in the mentoring competency of APRNs who participated in the staff educational intervention.

Findings and Implications

The project team for this intervention consisted of the director of the advanced practice provider group, the lead of the novice APRN committee, and myself. The team reviewed the findings from the presurvey and determined that the six items with the lowest scores should be the focus of the staff educational intervention. Additionally, the team reviewed the PowerPoint that would be the structure of the educational intervention to provide content validity. The MCA survey itself is a reliable and valid tool (Fleming, 2013).

To establish content validity for the DNP project, the educational intervention was adapted from the University of Wisconsin-Madison Institute for Clinical and Translational Research (2013) Mentorship Training. The project team, which consisted of APRN stakeholders, evaluated the educational program that was created along with the pretest and posttest to create content validity of the educational intervention. The project team agreed that the educational content related to the domains of the MCA survey and provided knowledge that can be used to mentor novice APRNs.

A total of 18 surgical APRNs, (N = 18) with more than 2 years of experience participated in the staff educational intervention. Fifteen of the participants were female (n = 15) and 3 were male (n = 3) with the average age of the participants being 40.5 years of age (SD = 8.23) with an age range of 30 to 61 years (Tables 1 and 2). On average, the APRNs had 6.86 years of experience (SD = 3.73) with a range of 2 to 16 years and had been in their current role an average of 3.44 years (SD = 2.58) with a range of 1 to 11 years (Table 2). The APRNs indicated that on average, they had 5.69 years of formal mentoring experience (SD = 3.91) with a range of 0.5 to 16 years. When asked to rate their individual level of expertise using Benner's theory, 39% of the APRNs (n = 7) self-reported as experts; 28% (n = 5) described themselves as either proficient or competent; and 5.6% (n = 1) described themselves as an advanced beginner (Table 3).

Table 1

Gender of Advanced Practice Registered Nurses

	Frequency	Percent
Male	3	16.7%
Female	15	83.3%
Total	18	100%

Table 2

Descriptive Statistics

	Minimum	Maximum	Mean	Standard deviation
Age (years)	30	61	40.5	8.234
Years as APRN	2	16	6.861	3.7330
Years in current role	1	11	3.444	2.5889
Years formally mentoring	0.5	16	5.694	3.9150

Table 3

Benner's Novice to Expert Self-Reported Stages

	Frequency	Percent
Advanced beginner	1	5.6%
Competent	5	27.8%
Proficient	5	27.8%
Expert	7	38.9%
Total	18	100%

Prior to the educational intervention, the participating surgical APRNs were asked to complete the MCA self-assessment survey. This 26-item tool serves as an outcome measure for mentor competency. The MCA survey's 26 items evaluate mentoring competency in six areas: maintaining effective communication, aligning expectations, assessing understanding, fostering independence, addressing diversity, and promoting professional development. Each item is rated using a seven-point Likert scale of 1 to 5 where 1 = Not at all skilled and 5 = Extremely skilled. The average individual score was calculated for each item as well as an overall average score (Table 4). Following the educational intervention, the APRNs were asked to complete the MCA a second time. Using a Wilcoxon Signed Rank Test, the pretest scores for each item and the overall average pretest score were compared to the posttest score for each item and for the average posttest score. Six of the 26 individual items were statistically different between pretest and posttest scores. Overall, there was a statistically significant difference in the pretest mean score (3.67, $SD = 0.62$) and the posttest mean score (3.86, $SD = 0.55$; $z = -3.41$, $p < 0.01$) (Table 5). These findings indicated that the formal APRN mentorship training staff education program geared towards the six elements of mentoring (as measured by the MCA) increased the mentoring competency of APRNs.

Table 4

Mentoring Competency Assessment Pre- and Postsurvey Results

	Pretest mean (*SD*)	Posttest mean (*SD*)
Maintaining Effective Communication		
Active listening	4.16 (0.70)	4.27 (0.67)
Providing constructive feedback	3.88 (0.83)	3.94 (0.64)
Developing a trusting relationship	4.11 (0.67)	4.22 (0.73)
Accommodating communication styles	3.55 (0.78)	3.66 (0.84)
Pursuing strategies to improve communication	3.66 (0.91)	3.83 (0.79)
Coordinating with other mentors	4.05 (0.73)	4.05 (0.73)
Aligning Expectations		
Setting clear relationship expectations	3.66 (0.84)	3.66 (0.84)
Aligning expectations	3.66 (0.77)	3.66 (0.77)
Consider mentor-mentee differences	3.72 (0.83)	3.77 (0.89)
Setting research goals	3.38 (1.44)	4.11 (0.68)
Developing strategies to meet goals	3.72 (0.83)	3.77 (0.81)
Assessing Understanding		
Assessing mentee knowledge	3.77 (0.73)	3.83 (0.71)
Estimating mentee ability	3.33 (0.77)	3.83 (0.62)
Enhancing mentee skills	3.38 (0.70)	3.88 (0.58)
Fostering Independence		
Motivating mentees	3.77 (0.80)	3.77 (0.81)
Building confidence	3.83 (0.86)	3.94 (0.73)
Stimulating creativity	3.50 (0.86)	4.00 (0.77)
Acknowledging mentee's professional contributions	3.83 (0.96)	3.83 (0.99)
Negotiating path to independence	3.55 (0.78)	3.72 (0.83)
Addressing Diversity		
Accounting for biases and prejudices	3.72 (0.89)	3.77 (0.81)
Accounting for different backgrounds of mentors & mentees	3.88 (0.90)	3.88 (0.90)
Promoting Professional Development		
Helping network effectively	3.55 (0.78)	3.55 (0.78)
Setting career goals	3.72 (0.89)	3.83 (0.79)
Helping establish a work/life balance	4.00 (0.77)	3.94 (0.64)
Understanding impact as role model	3.88 (0.83	3.88 (0.83)
Helping mentees acquire resources	2.72 (1.3)	3.66 (0.69)
Average Scores		
Average	3.67 (0.62)	3.86 (0.55)

Table 5

Wilcoxon-Signed Rank Test

MCA domain and question	Pretest mean (*SD*)	Posttest mean (*SD*)	z-score	Sig (p)
Aligning Expectations				
Setting Research Goals	3.38 (1.44)	4.11 (0.68)	-2.919	0.004
Assessing Understanding				
Estimating Mentee Ability	3.33 (0.77)	3.83 (0.62)	-2.714	0.007
Enhancing Mentee Skills	3.38 (0.70)	3.88 (0.58)	-3.000	0.003
Fostering Independence				
Stimulating Creativity	3.50 (0.86)	4.00 (0.77)	-2.460	0.14
Promoting Professional Development				
Helping Establish Work/life balance	4.00 (0.77)	3.94 (0.64)	-2.887	0.004
Average Score				
Average Score	3.67 (0.62)	3.86 (0.55)	-3.41	p = 0.001

The results of this DNP project demonstrated how an educational intervention geared toward mentoring competencies can increase the knowledge among a group of APRNs. Through this educational intervention, the surgical APRNs were given the knowledge to improve their competence in mentoring. My hope is that the additional knowledge will be realized by the APRNs and, as a result, integrated into practice. Given that the literature supports that a stronger, competent mentorship is associated with enhanced mentee productivity, self-efficacy, and overall career satisfaction (Ledlow & Coppola, 2014), I hope and expect that the knowledge gained through the intervention will be translated into practice.

The findings generated from this staff educational intervention provided feedback regarding the areas of mentorship which could use improvement, and was the basis for evaluating the mentoring training provided. The data shows that a formal mentorship training program did in fact improve the knowledge of the mentors at this institution.

Through improving the quality of mentoring, the overall quality and autonomy of novice APRNs will lead to improved care for the patients. This project aligns with DNP Essential VIII, Advanced Nursing Practice which states the goal is to improve patient outcomes through DNP nurses having advanced levels of clinic judgment, systems level thinking, and providing evidence-based care (ANCC, 2006). The ANCC (2006), also mentions the need mentoring of others to assist in working through complex transitions.

There were limitations in implementing this staff educational project. With the COVID-19 pandemic ongoing, gathering in groups of large than 6 was prohibited. Instead of meeting in person for the pre survey, intervention, and post survey, email and Zoom video conferencing was used for the survey and platform for the educational intervention. This virtual platform may have impacted the number of participants and the level of engagement in the material.

The implications resulting from this intervention show that formal mentorship training can improve the knowledge and competence of APRNs. Providing APRNs with education that leads to improved confidence and competence in mentoring novice APRNs will allow improve quality care, job satisfaction, retention, and leadership. This can lead to positive social change by developing future generations, in addition to providing improved care to patients, the institution, and surrounding community.

Recommendations

The knowledge gap, lack of mentoring education given to APRNs acting as mentors to novice practitioners, was addressed in the staff educational intervention. To assist in closing this knowledge gap, this project identified a staff educational

intervention on mentorship training which was developed and implemented. The post-survey results indicate that the education led to a self-reported increase in mentoring competence. My recommendation is to provide mentoring education to all APRNs with more than two years' experience at the institution. Since mentoring can be through formal roles or informal relationships, all APRNs can benefit from this education. To continue the education as a targeting intervention for the specific individual involved, the smaller APRN teams should partake in the pre survey first, allowing for the educational intervention to be targeted to their specific deficits. Once the educational intervention has been disseminated to the current APRNs on staff, there should be quarterly offerings for the more junior staff as they grown into their new roles and become mentors themselves. The novice APRN group would be an ideal place to provide this education in an ongoing effort.

Contribution of the Doctoral Project Team

The doctorial project team consisted of the lead of the novice APRN group and the director of the advanced practice providers at the institution. An overview of the relevant information and evidence used to generate this project was presented to the project team. The evidence and tools used were evaluated, and the team contributed to the creation of the goals of the project. The team also validated the staff educational presentation which was adapted from the University of Wisconsin-Madison: Institute for Clinical and Translational Research (2013), *Mentorship Training*. Through inter-professional collaboration, the team communicated through emails and in person

meetings to maintain open lines of communication which led to the success of this project.

The project team assisted in sending out the survey information and links to the staff education intervention to the surgical ARPN group. The lead of the novice APRN group, who was also on the project team, observed the interactions of the APRNs while discussing the educational intervention and noted common themes that were discussed and ideas for future groups. The project team hopes that additional educational interventions can occur among other APRN cohorts to improve mentorship throughout the institution. I plan to assist with creating templates for other teams to take part in the MCA survey and will be on the mentorship committee to create ongoing educational interventions for not only the APRNs but also for nursing and the physician assistant group. This will lead to ongoing education beyond the scope of this DNP project.

Strengths and Limitations of the Project

There were strengths and limitations to the mentorship education project. First, a major strength of the project was the use of a validated mentoring survey to use to assess the mentorship competence of the APRNs. Being able to adapt the educational intervention from the University of Wisconsin-Madison: Institute for Clinical and Translational Research, provided a backbone for the intervention which gave content validity. Second, a strength was found in the zeal and enthusiasm of the APRNs who participated in the project. Last, the strong support of the organization's leadership team was simply positive.

There were several limitations noted. First, the nurses that were targeted for the project were recruited from a convinced sample of APRNs working in the surgical department from a single institution. While the intervention is reproducible, the results of this project may not be generalizable to other organizations. Second, the intervention itself was done virtually due to the COVID-19 pandemic. The results may be different if a staff education intervention could have been done in person. The virtual nature of the presentation also limited the time of the intervention to 60-minutes. This may have limited the opportunity for ongoing discussions or additional questions. Lastly, the analysis was completed using the average pretest score and posttest score. While one can conclude that the intervention may be responsible for an improvement in score, there may be other confounding factors that may contribute to the differences in scores. Thus, it is recommended that future projects replicate this project to ensure that generalizations of the project findings.

Section 5: Dissemination Plan

Translating research evidence to clinical practice is essential for effective and efficient advances in healthcare (Curtis et al., 2017). Curtis et al. (2017) noted that nursing-led research is recognized as a critical pathway to practical and effective ways of improving patient outcomes. The dissemination of research and new knowledge is needed for other professionals, units, and institutions to improve clinical care. This project will be disseminated to the organization at nursing grand rounds as a podium presentation with PowerPoint slides, allowing for leadership along with the nursing and APRN teams to be included.

Furthermore, I plan on disseminating my project by submitting abstracts to the local and national APRN groups for upcoming conferences. If accepted I will prepare either a podium presentation or poster presentation based on my findings from this project. The manuscript associated with this project will also be reworked and submitted to the *Journal for Nurse Practitioners*, the largest APRN journal available. I also will be discussing the findings from the mentoring educational intervention at the upcoming International Leadership Association: Healthcare Conference on a panel focusing on mentorship, precepting, and coaching. The conference draws attendees worldwide, which will expand the reach of these findings. Through sharing the findings of this project at several different venues, more individuals can benefit from the project.

Analysis of Self

The doctor of nursing practice (DNP) is the terminal degree in nursing focused on preparing nurses to practice at the highest level and impacting healthcare outcomes

through leadership, systems thinking, collaboration, policy, and patient care (Giardino & Hickey, 2020). Through the journey of the DNP program, personal and professional changes can be noted as a result of the curriculum, professional experiences, and collegial interactions, which expand the view of complex patient care needs, healthcare delivery systems, and collaborative practice (Giardino & Hickey, 2020). The idea of formal mentoring training came from observing substandard mentorship. In the literature, a mentor is described as an advisor, counselor, confidant, advocate, cheerleader, and listener (Lin et al., 2018).

As a practitioner, my goal was to improve the competence of APRN mentors, which would benefit the institution, the patients, the APRN team, and overall healthcare delivery. Having seen first-hand the benefits of effective mentorship and the cost of poor mentorship, I wanted to find a tool and experience that would bridge the knowledge gap and address this deficit. I have developed the necessary knowledge and skills to respond critically and effectively to ethical matters, evidenced-based decision making, and problem solving. Through the use of effective communication and collaboration, I was able to involve the project team, stakeholders, and the surgical APRN team in my project. The findings from this project will allow me to continue the work on mentorship training at this institution to make a difference in improving the patient care and the healthcare delivery system.

As a scholar, it was through leadership that I was able to develop and implement my project. The DNP education allows for students to advance their knowledge from the analytical, biophysical, psychosocial, and organizational sciences, in addition to

expanding veins and abilities in health policy, ethics, scholarship, writing, and executive leadership in the healthcare delivery system (ANCC, 2006). Applying scientific knowledge with evidence-based research findings allows for the translation of research into practice. Being able to contribute to improving mentorship at this institution has allowed me to contribute to the ongoing improvement in nursing practice.

As a project manager, I identified the gaps in practice and used the literature and evidence-based practice to develop the educational intervention to improve the competence of mentors. It was evidence from the literature that was the backbone of the project, from the validated survey to the educational intervention itself. Being the project manager allowed me to act as the leader of the project.

The scholarly journey to completing this DNP project was challenging. From the time-consuming literature reviews and scholarly writing to balancing family and work commitments, communication and time management were key. Keeping in contact with my project team and DNP faculty allowed for more flexibility as some months were busier than others. This also allowed for a more effective collaboration and opportunities for feedback and person and professional growth.

Summary

APRNs have the skill and knowledge needed to provide safe, high-quality, patient-centered care though using evidence-based practices and organizational leadership. Mentorship is known to provide context and experience that can facilitate the transition from academia to clinic practice and lessen the burden of a novice APRN. With no formal mentor training, there is variability in the effectiveness of this process. This

staff education project focusing on mentoring competency as measured by the MCA assessment showed that targeted mentoring education can improve the mentor's competency in these domains: effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development. The project outcomes were measured using the validated MCA survey for pre- and postintervention self-reflection by the mentors. The effects of competent mentorship can be felt by the individual APRN, the institution, the healthcare system, and community though receiving the highest quality care by competent providers. This new knowledge supports what is known in the literature and can be translated into hospital-wide mentoring education to improve the competency of all APRNs.

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Appendix A: Permission to Conduct Assessment

From: Dunlap, Eleanor <[redacted]>
Sent: Thursday, June 25, 2020 2:27 PM
To: McComiskey, Carmel [redacted]
Subject: DNP project on Mentor Training for APPs

Carmel:
As we discussed today, I am planning on doing my DNP project here at UMMC. I would like to look at the gap in mentorship training for APPs. I am going to use the Mentor Competency Assessment on survey monkey to get a needs assessment of the APP group, and based a staff education training on the result.
Thank you for your support

s://mail.umm.edu/owa/projection.aspx 1/2

RE: DNP project on Mentor Training for APPs

McComiskey, Carmel
Thu 6/25, 2:28 PM
Dunlap, Eleanor

Reply all

Carmel

Enterprise Vault

Thanks, Nora.
Happy to provide our work force to gain mentoring education and training!
C

Appendix B: Mentoring Competency Assessment Survey

Mentoring Competency Assessment (MCA)

Please note: This is intended for self-reflection. Your responses will not be captured if you complete this survey.

Mentoring Skills

Please rate how skilled you feel you are in each of the following areas: [Think about your skill generally, with all your mentees. Please only choose 'not applicable' (N/A) when a skill cannot be applied to any of your mentees.]

	Not at all skilled (1)	(2)	(3)	Moderately skilled (4)	(5)	(6)	Extremely skilled (7)	N/A
1. Active listening	○	○	○	○	○	○	○	○
2. Provide constructive feedback	○	○	○	○	○	○	○	○
3. Establishing a relationship based on trust	○	○	○	○	○	○	○	○
4. Identifying and accommodating different communication styles	○	○	○	○	○	○	○	○
5. Employing strategies to improve communication with mentees	○	○	○	○	○	○	○	○
6. Coordinating effectively with your mentees' other mentors	○	○	○	○	○	○	○	○
7. Working with mentees to set clear expectations of the mentoring relationship	○	○	○	○	○	○	○	○

	Not at all skilled (1)	(2)	(3)	Moderately skilled (4)	(5)	(6)	Extremely skilled (7)	N/A
8. Aligning your expectations with your mentees'	O	O	O	O	O	O	O	O
9. Considering how personal and professional differences may impact expectations	O	O	O	O	O	O	O	O
10. Working with mentees to set research goals	O	O	O	O	O	O	O	O
11. Helping mentees develop strategies to meet goals	O	O	O	O	O	O	O	O
12. Accurately estimating your mentees' level of scientific knowledge	O	O	O	O	O	O	O	O
13. Accurately estimating your mentees' ability to conduct research	O	O	O	O	O	O	O	O
14. Employing strategies to enhance your mentees' knowledge and abilities	O	O	O	O	O	O	O	O
15. Motivating your mentees	O	O	O	O	O	O	O	O
16. Building mentees' confidence	O	O	O	O	O	O	O	O
17. Stimulating your mentees' creativity	O	O	O	O	O	O	O	O
18. Acknowledging your mentees' professional contributions	O	O	O	O	O	O	O	O
19. Negotiating a path to professional independence with your mentees	O	O	O	O	O	O	O	O

	Not at all skilled (1)	(2)	(3)	Moderately skilled (4)	(5)	(6)	Extremely skilled (7)	N/A
20. Taking into account the biases and prejudices you bring to the mentor/mentee relationship	○	○	○	○	○	○	○	○
21. Working effectively with mentees whose personal background is different from your own (age, race, gender, class, region, culture, religion, family composition etc.)	○	○	○	○	○	○	○	○
22. Helping your mentees network effectively	○	○	○	○	○	○	○	○
23. Helping your mentees set career goals	○	○	○	○	○	○	○	○
24. Helping mentees balance work with their personal life	○	○	○	○	○	○	○	○
25. Understanding your impact as a role model	○	○	○	○	○	○	○	○
26. Helping your mentees acquire resources (e.g. grants, etc.)	○	○	○	○	○	○	○	○

University of Wisconsin-Madison Institute for Clinical and Translational Research. (2013). Mentoring Competency Assessment (MCA). Retrieved from https://uwmadison.co1.qualtrics.com/jfe/form/SV_5jMT4fhemifK01n

Appendix C: Permission to Use the Mentoring Competency Assessment

Re: Permission to use MCA survey

Michael F Fleming [redacted]

Mon 7/20. 2020 3[redacted] PM

To: Eleanor Dunlap <[redacted]>

yes

you have my permission to use the MCA for research or education

Michael Fleming

From: Eleanor Dunlap<[redacted]>
Sent: Sunday, July 19, 2020 9:30 AM
To: Michael F Fleming
Subject: Permission to use MCA survey

Dr. Fleming,

My name is Eleanor Dunlap, and I am a student at Walden University working on my Doctorate in Nursing Practice. For my dissertation, I am assessing the educational needs of advanced practice providers, based on years of experience, to be competent mentors. With your permission, I would like to use the Mentoring Competency Assessment (MCA) to assess the nurse practitioner competence level at a large teaching hospital on the east coast.

Please let me know if I have your permission to use the MCA survey or if you have any further questions or concerns.

Thank you for your consideration

Eleanor Dunlap