



SASKATCHEWAN ASSOCIATION OF NURSE PRACTITIONERS

NP

MENTORSHIP PROGRAM ORIENTATION MANUAL

NP Mentorship Program
Orientation Manual

Mentorship Benefits, Roles,
and Responsibilities

Eligibility Criteria and
Program Requirements

Mentorship Process and
Application Forms

Mentor/Mentee Agreement
and Mentorship Action Plan

Evaluation and NP Mentorship
Program Summary

men·tor·ship

/'men(t)ər,SHip/ (noun)

1. the guidance provided by a mentor, especially an experienced person in a company or educational institution.
2. a relationship between two people where the individual with more experience and knowledge is able to pass along what they have learned to a more junior individual within a certain field.

ORIENTATION MANUAL v.2023

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SK Association of Nurse Practitioners

ABOUT

The SANP Mentorship Program was developed by the SANP Mentorship Executive to provide support and valuable advice to new Nurse Practitioners (NPs) at a critical point in their careers. The SANP completed a pilot project for the 2022-2023 year, with its official launch in 2023-2024. Mentors share their experiential knowledge to assist mentees in their transition from graduate studies to their new clinical role. This experience may include guidance and advice on career transition, clinical resources, procedural skills, and work-life balance. Mentorship goals are set by the mentee, and each mentor/mentee relationship will set their own parameters.

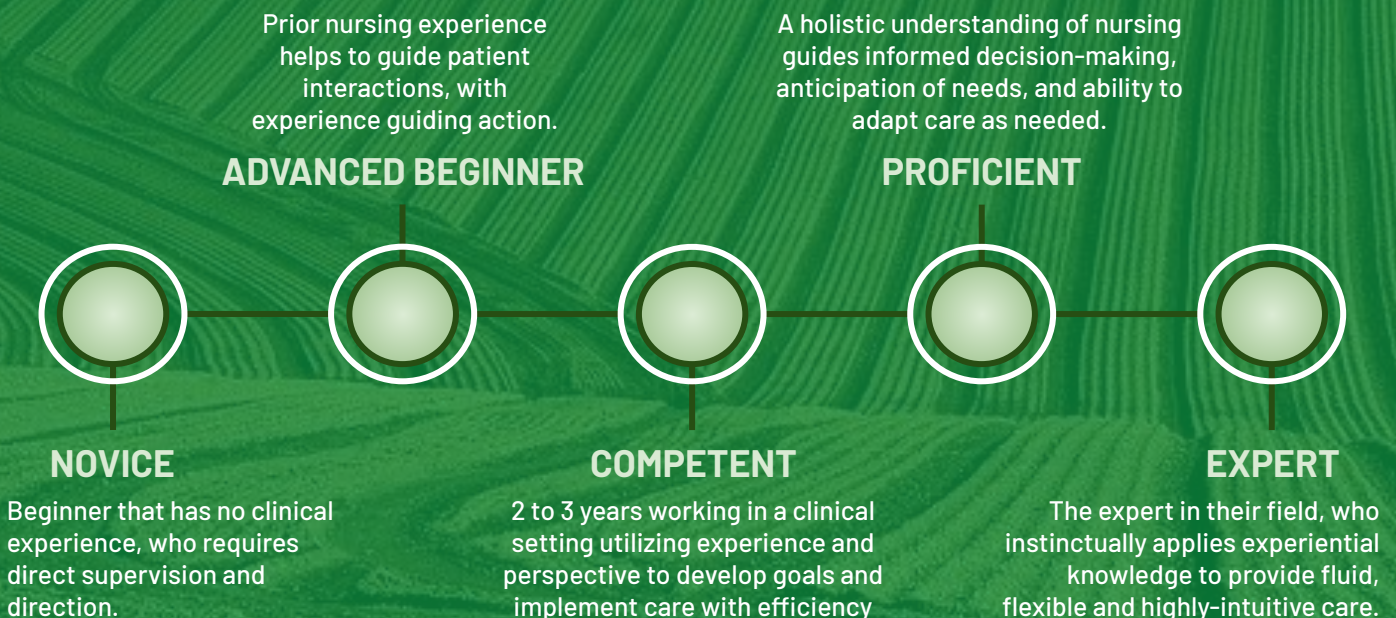
When matched with the mentor, mentees are strongly encouraged to take the lead in the relationship to ensure that they are making the most of the experience. When matched, both parties meet on a regular basis and have contact through email, phone or in-person meetings. The duration of the mentor/mentee relationship is from October to May, but can continue after the program has concluded if desired by both parties. The program is NOT an employment program, and the mentor/mentee relationship is considered to be voluntary.

THEORETICAL FRAMEWORK

Mentorship strongly aligns itself with Benner's theory From Novice to Expert (1982). Although newly graduated NPs meet entry-level competencies, the transition from beginner practitioner to a competent and proficient NP takes time and support.

Benner (1982)

FROM NOVICE TO EXPERT



MENTORSHIP BENEFITS

Mentorship has been shown to increase a mentee's sense of personal accomplishment, decrease feelings of exhaustion and burnout, and increase compassionate self-improvement. Mentorship can also benefit mentors and organizations. Mentors often feel a sense of personal satisfaction from helping medical learners, increasing personal growth, and job satisfaction. Organizations with strong mentorship programs can also benefit from greater retention and a reputation for offering integrated development services.

ACTING AS A MENTOR

NPs serving as mentors should:

- foster a sense of safety and trust,
- be available, attentive, committed and fully present,
- provide leadership,
- be objective, nonjudgmental, and supportive,
- acknowledge that the mentee is in the driver's seat,
- get to know your mentee: remember what it was like to be a graduate/novice NP, and
- respect confidentiality and privacy of the mentorship relationship.

BENEFITS OF BEING A MENTOR

Throughout the mentorship program, mentors will have the opportunity to:

- improve your own leadership skills,
- share your experience and knowledge,
- reflect upon your career,
- build your professional network,
- gain the satisfaction of helping someone else, and
- increase personal learning and professional growth.

BENEFITS OF BEING A MENTEE

Mentoring benefits a GNP or new NP by providing:

- increased knowledge about the nurse practitioner role, including its values and culture,
- increased personal knowledge and organizational awareness,
- access to an effective learning practice that stimulates goal-oriented planning, and
- increased networking opportunities.

MENTOR/MENTEE CONFIDENTIALITY

Mentors and mentee are responsible for identifying and observing areas of confidentiality for both the mentee and the mentor, which may include personal or privileged information. The mentor or mentee may contact the SANP Mentorship Executive if any concerns arise through the duration of the program.

MENTOR ROLES AND RESPONSIBILITIES

A good mentor:

- is patient, enthusiastic and respectful,
- has a desire to share knowledge and experiences,
- has strong communication skills,
- stimulates the graduate NPs own thinking and reflection, and supports their personal development,
- is available and willing to connect with the mentee,
- gives appropriate guidance and feedback, and
- is open-minded, flexible, empathetic, and encouraging.

A mentor is not:

- someone that the mentee approaches for a job,
- a counselor or therapist, or
- a personal healthcare advisor.

MENTEE ROLES AND RESPONSIBILITIES

Key expectations for mentee:

- come to the relationship prepared,
 - successful mentorship experiences happen when the mentee has questions in mind or activities to suggest when meeting with their mentor.
- it is important to have an idea of what you would like to learn as well as know what kind of mentoring relationship you want (ie. formal vs informal),
- communicate your expectations clearly at the start of your relationship.
- embark on your mentorship relationship with three goals that will help you outline what you would like to achieve over the term of the experience,
- define the boundaries of your mentoring relationship early on, and
- remember that your mentor is a professional role model and guide (and not a counselor).

The mentorship program will allow the mentee to:

- expand professional and personal networks,
- discover new strengths and build on existing ones,
- enhance your engagement in the broader community,
- learn from the experience and acquired wisdom of a committed supporter, and
- learn to identify your professional development needs, setting goals and learning objectives to meet them.

ELIGIBILITY CRITERIA

To apply for the SANP Mentorship Program, mentees need to:

- be registered in good standing with the College of Registered Nurses of Saskatchewan (CRNS) as a NP
- be less than 12 months from completing graduate nursing studies, or
- be registered in good standing with the CRNS as a Graduate Nurse Practitioner (GNP), and
- hold an Active Membership with the SANP.

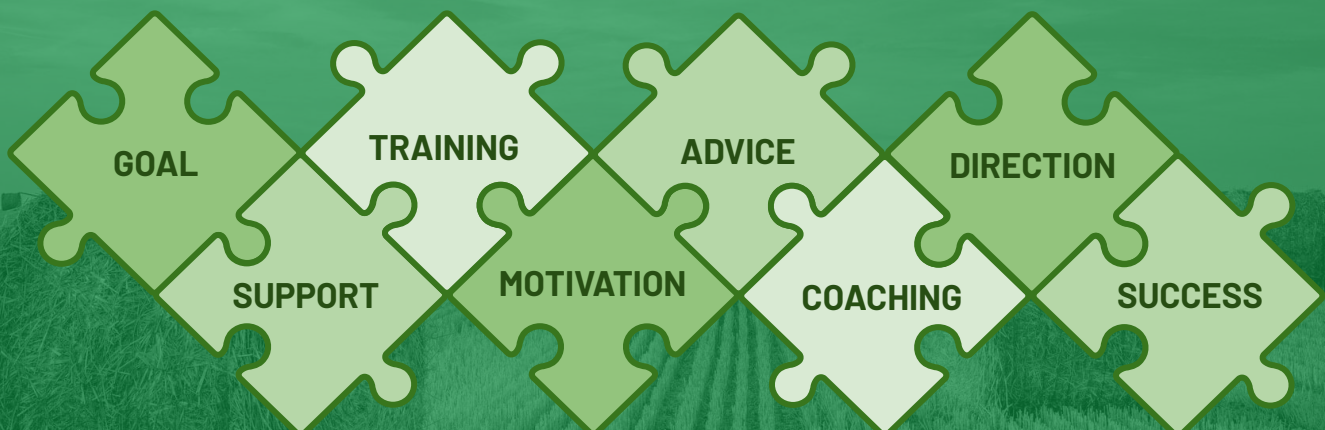
Mentors should:

- be registered in good standing with the College of Registered Nurses of Saskatchewan (CRNS) as a NP,
- have a minimum of 5 years experience as a NP, and
- hold an Active Membership with the SANP.

PROGRAM REQUIREMENTS

Both mentor and mentee are required to:

- participate in an initial program overview meeting (virtual),
- schedule a mentor/mentee planning session to discuss mentee goals and learning objectives,
- establish individual relationship terms while taking into account the unique needs of both the mentor and mentee,
- provide feedback in pre- and post-mentorship surveys,
- participate in a midterm and final mentorship virtual meeting of all program members,
- provide a time commitment for October to May of the mentorship year, with suggested time commitment of:
 - one to three hours per month, and
 - agreement to respond to communication within 72 hours.



MENTORSHIP PROCESS

Cooper and Wheeler (2010) have developed the Five-Phase Mentoring Relationship Model for nurses to build a mentoring relationship. The process begins by the mentee and mentor reflecting on, and articulating a clear purpose for wanting to enter into a mentorship relationship, and moves through the remaining four stages, with the purpose informing each stage of the process. The process is an iterative one, which involves assessing and reassessing goals throughout.

FIVE-PHASE MENTORING RELATIONSHIP MODEL

PHASE ONE: PURPOSE

Why do I want a mentor?
Why do I want to be a mentor?

PHASE TWO: ENGAGEMENT

Finding and being a mentor:
Where do I begin?

PHASE THREE: PLANNING

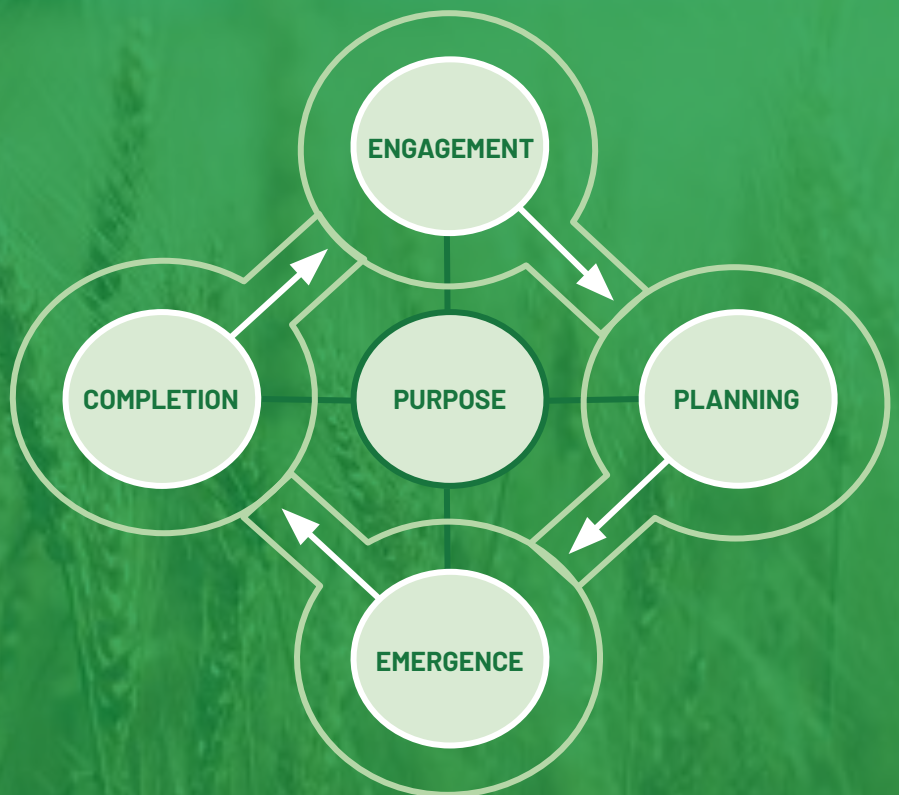
Developing your Mentoring Action Plan:
How can I achieve my goals?
How will we work together?

PHASE FOUR: EMERGENCE

Engaging in the conversation:
How am I doing?
What are we learning?

PHASE FIVE: COMPLETION

Celebrating accomplishments
What are my next steps?



Cooper & Wheeler (2010)

FORMS AND DOCUMENTATION

The following pages include copies of the Mentee and Mentor Application forms. In addition, the SANP Mentorship board representatives have drafted a recommended Mentor/Mentee Agreement for review in the initial mentor/mentee planning session, as well as a Mentorship Action Plan, adapted from RNAO NP *The NP Mentorship Program Process*, for the mentee to document and keep track of mentorship goals and learning objectives identified in the beginning of the mentorship relationship.

APPLICATION FORM

SURNAME		FIRST NAME	
EMAIL			
PHONE NUMBER		CITY/TOWN	
GENDER: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/>	PRONOUNS: SHE/HER <input type="checkbox"/> HE/HIM <input type="checkbox"/> THEY/THEM <input type="checkbox"/>		
LANGUAGE: ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER <input type="checkbox"/>	NURSING EXPERIENCE: 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+ <input type="checkbox"/> YEARS		
PREFERRED METHOD OF COMMUNICATION: EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> VIDEO <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER <input type="checkbox"/>			
PREFERRED FREQUENCY OF COMMUNICATION: MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> OTHER <input type="checkbox"/>			
SOFT SKILLS YOU WOULD LIKE TO IMPROVE: INTERPERSONAL COMMUNICATION <input type="checkbox"/> DIAGNOSTIC REASONING <input type="checkbox"/> CONFLICT RESOLUTION <input type="checkbox"/> TIME MANAGEMENT <input type="checkbox"/> NETWORKING <input type="checkbox"/> LEADERSHIP <input type="checkbox"/> DOCUMENTATION <input type="checkbox"/> OTHER <input type="checkbox"/>			
CLINICAL SKILLS YOU WOULD LIKE TO IMPROVE: MINOR SURGICAL PROCEDURES <input type="checkbox"/> ADVANCED PHYSICAL ASSESSMENT <input type="checkbox"/> RADIOLOGY INTERPRETATION <input type="checkbox"/> LAB INTERPRETATION <input type="checkbox"/> OTHER <input type="checkbox"/>			
SOMETHING ABOUT YOURSELF YOU'D LIKE TO SHARE WITH YOUR MENTOR (interests, volunteering, etc): _____ _____ _____			
If matching based on clinical area is important, please indicate special interest: _____			
DO YOU HAVE A SPECIFIC MENTOR IN MIND? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, please provide the NP's name and contact information: _____ _____			
BRIEFLY DESCRIBE WHAT YOU HOPE TO GAIN FROM MENTORSHIP: _____ _____ _____ _____			
<input type="checkbox"/> I understand that as a program participant, I may be asked to provide feedback for the purpose of evaluation, improvement, or to promote the program. I understand that my name will not be used in written reports, or to promote the program, unless I authorize the SANP to do so.			
<input type="checkbox"/> I understand that as a program participant, I will be expected to maintain an Active Membership with SANP.			
Applications are accepted until September 1st of the application year. Submitting an application does not guarantee participation in the program.			
SIGNATURE		DATE	

Please submit completed applications via email to sanp.assistant@gmail.com.

APPLICATION FORM

SURNAME		FIRST NAME	
EMAIL			
PHONE NUMBER		CITY/TOWN	
GENDER: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/>	PRONOUNS: SHE/HER <input type="checkbox"/> HE/HIM <input type="checkbox"/> THEY/THEM <input type="checkbox"/>		
LANGUAGE: ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER <input type="checkbox"/>		NURSING EXPERIENCE: 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+ <input type="checkbox"/> YEARS	
PREFERRED METHOD OF COMMUNICATION: EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> VIDEO <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER <input type="checkbox"/>			
PREFERRED FREQUENCY OF COMMUNICATION: MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> OTHER <input type="checkbox"/>			
AREA OF PRACTICE (Check all that apply): PRIMARY CARE <input type="checkbox"/> LONG-TERM CARE <input type="checkbox"/> WOMEN <input type="checkbox"/> URGENT CARE <input type="checkbox"/> ACUTE CARE <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> NETWORKING <input type="checkbox"/> LEADERSHIP/MANAGEMENT <input type="checkbox"/> SPECIALTY PRACTICE <input type="checkbox"/> OTHER <input type="checkbox"/>			
PATIENT POPULATION: FAMILY/ALL AGES <input type="checkbox"/> GERIATRIC <input type="checkbox"/> NEONATAL <input type="checkbox"/> OTHER <input type="checkbox"/>			
HOW MANY YEARS HAVE YOU BEEN A NP? 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+ <input type="checkbox"/>			
SOMETHING ABOUT YOURSELF YOU'D LIKE TO SHARE WITH YOUR MENTEE (interests, volunteering, etc):			
DO YOU HAVE A SPECIFIC MENTEE IN MIND? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, please provide the GNP/NP's name and contact information:			
BRIEFLY DESCRIBE ANY AREAS OF CLINICAL EXPERTISE OR SPECIALTY PRACTICE:			
<input type="checkbox"/> I understand that as a program participant, I may be asked to provide feedback for the purpose of evaluation, improvement, or to promote the program. I understand that my name will not be used in written reports, or to promote the program, unless I authorize the SANP to do so.			
<input type="checkbox"/> I understand that as a program participant, I will be expected to maintain an Active Membership with SANP.			
Applications are accepted until September 1st of the application year. Submitting an application does not guarantee participation in the program. Thank you for your expression of interest in the NP Mentorship Program.			
SIGNATURE		DATE	

Please submit completed applications via email to sanp.assistant@gmail.com.

To get the most out of your mentor/mentee relationship, please review the following information during your first interaction. This will help set expectations for the mentorship program. Remember, every mentoring relationship is unique so it is important to discuss expectations at the beginning.

MENTEE SURNAME		FIRST NAME	
MENTOR SURNAME		FIRST NAME	
EMAIL		EMAIL	
PHONE NUMBER		PHONE NUMBER	
GENDER: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/>		GENDER: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/>	
PRONOUNS: SHE/HER <input type="checkbox"/> HE/HIM <input type="checkbox"/> THEY/THEM <input type="checkbox"/>		PRONOUNS: SHE/HER <input type="checkbox"/> HE/HIM <input type="checkbox"/> THEY/THEM <input type="checkbox"/>	
LANGUAGE: ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER <input type="checkbox"/>		LANGUAGE: ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER <input type="checkbox"/>	
PREFERRED METHOD OF COMMUNICATION: EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> VIDEO <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER <input type="checkbox"/>			
PREFERRED FREQUENCY OF COMMUNICATION: MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> OTHER <input type="checkbox"/>			
ACCEPTABLE RESPONSE TIME: 24 HOURS <input type="checkbox"/> 2 - 3 DAYS <input type="checkbox"/> 1 WEEK <input type="checkbox"/> OTHER <input type="checkbox"/>			
HOW TO COMMUNICATE NEED TO RESCHEDULE OR CANCEL AN EXPECTED MEETING/INTERACTION:			
MENTOR/MENTEE GOALS:			
PLAN FOR ACHIEVING GOALS:			
<p><input type="checkbox"/> It is recommended to have a brief discussion regarding signs the mentorship relationship may be experiencing conflict and potential actions to help resolve said conflict. We understand in the event a mentor/mentee concludes there is an irreconcilable difference, either party may contact SANP Mentorship representatives to discuss mentor/mentee mediation or withdrawal from the program.</p>			
MENTOR SIGNATURE		DATE	
MENTEE SIGNATURE		DATE	

MENTORSHIP ACTION PLAN

SURNAME

FIRST NAME

It is recommended to maintain a copy of this document for your records to and keep track of mentorship goals and learning objectives identified in the beginning of the mentorship relationship. Revisit these goals and objectives throughout the year to guide your mentorship relationship and assist you to get the most out of the mentorship experience.

CAREER VISION: What do you see yourself doing in your career? Where do you envision yourself?

MEDIUM-TERM CAREER GOAL(S):

LONG-TERM CAREER GOAL(S):

MENTORSHIP ACTION PLAN

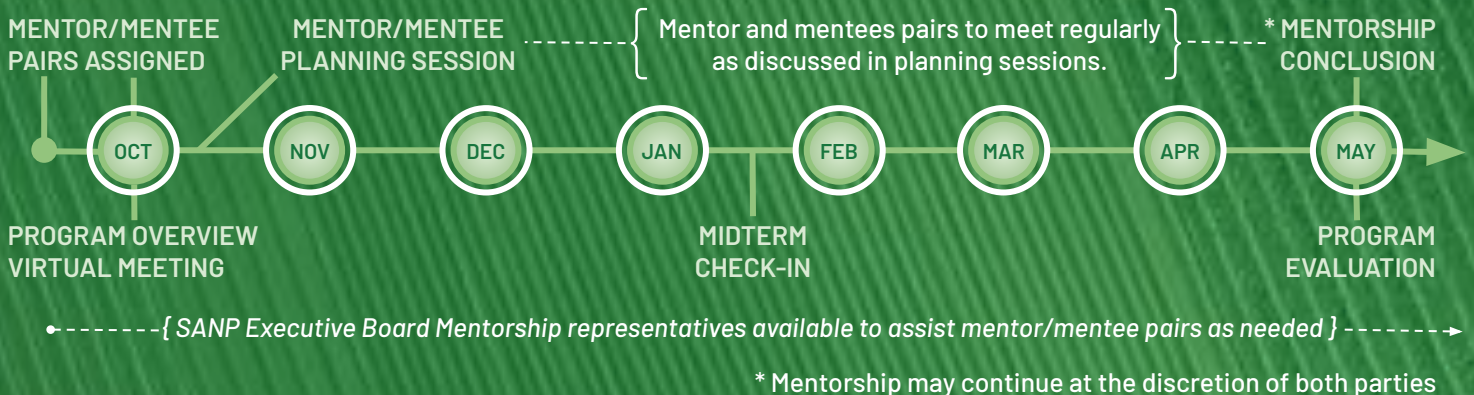
SHORT-TERM GOALS	ACTION STEPS	RESOURCES	TIMELINES	INDICATORS OF SUCCESS

* RETAIN A COPY FOR YOUR RECORDS (FOR PERSONAL USE).

EVALUATION

Both mentees and mentors will be requested to complete pre- and post-mentorship surveys. Information gathered will remain confidential, and assist the SANP Mentorship representatives to maintain and improve upon the NP Mentorship Program for future offerings. General feedback on the mentorship program is always welcomed, and may be sent via email to sanp.assistant@gmail.com. The SANP thanks mentee applicants for their interest in the mentorship program, and mentor volunteers for their contribution to assisting newly graduated GNPs and NPs in their transition from graduate studies to their new clinical role as Nurse Practitioners.

NP MENTORSHIP PROGRAM SUMMARY



Don't forget to check out SANPs **NP TOOLKIT**. A comprehensive resource for guidance on CNPE prep, registration and professional practice standards, administrative tools, recommended clinical practice guidelines and point-of-care resources, tips for writing professional referrals, and expanding your NP knowledge through continuing education. Available at www.sasknp.org.

REFERENCES

Benner, P. (1982). From Novice To Expert. *AJN, American Journal of Nursing* 82(3): 402-407.
 Cooper, M., & Wheeler, M. (2010). Building successful mentoring relationships. *Canadian Nurse* (September), 34-35.
 RNAO (2019). RNAO NP: NP Mentorship Package. Retrieved from https://rnao.ca/sites/rnao-ca/files/news/Mentorship_Package_-_FINAL_June_27_2019.pdf.