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Gap Analysis, Development, and Evaluation of an Advanced Practice Clinician Mentorship Program

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A DNP project submitted in partial fulfillment of the
requirements for the degree of

Doctor of Nursing Practice

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Abstract

Purpose: The purpose of this five-step quality improvement project is to identify and address gaps between the current and desired state of an advanced practice clinician (APC) onboarding process. Specific aims: (1) determine organization-specific needs of APCs, (2) develop a mentorship program for newly hired APCs, and (3) conduct a program evaluation (process and outcomes). **Background:** Although the APC workforce is rapidly growing, health care organizations struggle with high APC turnover. Effective mentorship has been shown to help APCs, who are either new to practice or new to an organization (Pop, 2017). **Design:** A needs assessment survey was distributed to 380 APCs (Step 1). A one-to-one mentorship program pairing seasoned APCs to newly hired APCs was developed and implemented (Step 2). Three months after participation, a process evaluation survey was completed by the first cohort of mentee-mentor pairs (n = 20) (Step 3). Enrollment is ongoing. Mentee-mentor pairs will be sent an outcomes evaluation survey regarding their job satisfaction and intent to stay at the end of their participation (Step 4). Quantitative data were analyzed using descriptive statistics and crosstabs with Pearson's chi-square test of significance. Qualitative data were analyzed using the conventional approach to content analysis (Hsieh & Shannon, 2005). SHS data on first-year APC turnover rates pre- (-3, -2, and -1 years) and post- (+1, +2, and +3 years) implementation will be gathered for comparison until the project conclusion (Step 5). **Results:** 90 of 380 SHS APCs completed the needs assessment survey. There was a significant association between a desire to have been mentored upon hire and willingness to mentor sometime in the future or immediately ($\chi^2 (2, N = 90) = 6.131, p = .047$ and $\chi^2 (2, N = 90) = 7.774, p = .021$, respectively). Twenty mentees and mentors provided positive input on the utility of the program in the process evaluation survey. **Conclusions:** The first cohort found participation in the mentorship program productive. **Implications:** This quality improvement project will provide evidence-based recommendations for the development and implementation of APC mentorship programs.

Keywords: advanced practice clinicians, mentorship, job satisfaction, turnover

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Introduction

The United States is experiencing a critical shortage of health care providers. As the population ages, the demand continues to grow. An increasing share of health care services are being provided by advanced practice clinicians (APCs), which include nurse practitioners (NPs) and physician assistants (PAs). APCs are qualified to bridge gaps in health care access through provision of high-quality, cost-effective care (Bauer, 2010). Although this workforce is rapidly growing, health care organizations struggle with high APC turnover. According to a Cejka Search and American Group Medical Association survey, the first-year APC turnover rate was 11.5%, almost twice the first-year physician turnover rate of 6.8% in 2012 (PR Newswire Association, 2013). Such turnover can be disruptive and costly for health care organizations. Direct replacement costs can be as high as 50 to 60% of a single employee's annual salary, while total cost, including that associated with lost productivity, can range from 90 to 200% of that individual's annual salary (Cascio, 2006). Furthermore, replacing an APC can be a lengthy process because it generally involves recruiting, interviewing, credentialing, training, and onboarding the next hire (Morgan et al., 2020). Poor transition experiences and a lack of structured support during the onboarding process can contribute to APC turnover (Barnes, 2015; Morgan et al., 2020). A growing number of health care organizations are exploring APC retention strategies including mentorship. Effective mentorship has been shown to help APCs, who are either new to practice or new to an organization, successfully transition into their new roles (Pop, 2017).

Project Purpose and Aims

The purpose of this project is to identify and address gaps between the current and desired state of the APC onboarding process at a local health care organization. The aims of the project are to complete a needs assessment that will help determine organization-specific onboarding needs of APCs, develop a mentorship program for newly hired APCs, and conduct a program evaluation (process and outcomes). Specifically, the question guiding the project is: Does improving the APC onboarding process

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through inclusion of a mentorship program increase job satisfaction and decrease turnover rates of APCs?

Background and Significance

Introduction to Mentorship

Mentorship is a practice that is found in many disciplines, careers, and environments. The concept originates with the character Mentor in Homer's *Odyssey*. In this Greek epic poem, Odysseus entrusts his young son Telemachus to the care of Mentor, an old companion, as he goes to fight in the Trojan War. The word mentor has been used to denote a trusted counselor or guide since (Merriam-Webster Dictionary, 2021).

Mentorship is considered a unique relationship between a novice and an expert that promotes role socialization and success of the novice (Hayes, 2005; Hill, 2011). In this relationship, the expert provides guidance while creating a supportive environment to facilitate the growth and development of the novice (Barker, 2006).

Mentorship in Health Care

Mentorship can be helpful in all professions, but it is of particular importance in health care because it has the ability to improve the overall quality of health care delivery. Its value has been recognized in various health care fields including medicine, dentistry, pharmacy, physical therapy, and nursing. In nursing, mentorship has been considered an effective means of supporting the personal and professional growth of nurses, especially during the transitional phase of practice. Teaching and training models like preceptorship and residency are not the same as mentorship. Preceptorship refers to a period of practical training that nursing students undergo during their education, while residency refers to a period of postgraduate training that some nurses undergo once they have obtained a license to practice. Unlike preceptorship and residency, the focus of mentorship is not so much on curriculum and exposure to certain clinical experiences but rather on role socialization and development of a nurturing

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relationship. For this reason, mentorship can enrich the transition experience of those who are new to an organization regardless of their clinical experience.

Mentorship in Advanced Nursing Practice

Mentorship for registered nurses has been well-studied especially as it pertains to nursing research, academics, and leadership. However, only a limited number of studies exist on mentorship in advanced nursing practice (Harrington, 2011). The few that are available do show a clear benefit.

Mentorship can be valuable to NPs who are new to practice. In particular, it has been identified as a vital component of the first year of practice. Although graduate school provides essential knowledge and skills required to be a beginning-level practitioner, a steep learning curve exists for novice NPs during their first year of practice. Novice NPs who are mentored have been shown to undergo a smoother role transition and have been found to be more knowledgeable and adept at meeting the demands of the health care system (Barker, 2006). Sullivan-Bentz et al. (2010) conducted a descriptive qualitative study to examine the role transition and support requirements of novice NPs in their first year of practice. Twenty-three NPs who graduated from the Ontario Primary Health Care Nurse Practitioner program as well as 21 coparticipants including NPs, physicians, and managers (n = 44) were interviewed. They found that a supportive environment through mentorship positively affected the transition of novice NPs into primary care practice.

In addition, mentorship can be beneficial to experienced NPs. In a qualitative research study, Pop (2017) interviewed NP mentees and mentors (n = 16) to generate a theory of mentoring anchored in lived experiences of mentoring participants in a hospital setting. Three phases of the mentoring process emerged from the data—forming the relationship, developing the relationship, and mentoring outcomes. The results showed that a well-designed and implemented mentorship program can be helpful for NPs, who are either new to practice or new to an organization.

Mentorship Outcomes

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Mentorship can benefit the mentee, mentor, and organization in various ways. By fostering a positive work environment, it can lead to an increase in job satisfaction and decrease in turnover for NPs, which in turn can result in better patient outcomes and ultimately create a safer health care system (Horner, 2017).

Job Satisfaction

The benefits of mentorship in the workplace include personal and professional development, increased networking skills and opportunities, career advancement, and improved work-life balance (Quinn, 2016). From a social and cultural standpoint, mentorship can also give rise to meaningful connections and create a sense of belonging for those who are involved. Vital and Alves (2010) examined the impact that welcoming practices have on the motivation and satisfaction of health care employees. In their study, the integration process for new employees showed a statistically significant and positive effect on employee motivation and satisfaction (n = 114). More specifically, welcoming practices contributed to their sense of belonging and understanding of the workplace culture.

Mentorship can help incorporate such practices into the onboarding process for new employees. In a nonexperimental mixed-methods study, Horner (2017) examined the association between mentorship based on Watson's Caring Model and NP job satisfaction. An online survey containing demographic and mentoring variables was administered to NPs who practiced in a large, urban health care setting (n = 37). All participants (100%) who had a mentor upon hire reported that the mentoring experience provided a sense of connection and community and that it positively influenced their job satisfaction.

Mentors themselves have realized gains from the mentoring relationship. Wolak et al. (2009) investigated the experiences of mentors in a mentorship program. All agreed that the mentoring experience provided them with opportunities to teach and learn and encouraged them to remain up-to-date on their clinical skills and knowledge so they could offer evidence-based clinical support to their mentees. Similarly, in a study by Myall et al. (2008), mentors reported the role of the mentor to be a

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validating and rewarding experience, which contributed to their job satisfaction. The mentoring relationship also offers mentors the opportunity to give back to the organization and profession (McKinley, 2004).

Turnover

Low job satisfaction in NPs has been associated with an increased intent to leave (Barnes, 2015). In addition, poor transition experiences and a lack of structured support during onboarding have been linked to high turnover (Morgan et al., 2020). In a seminal study, Brown and Olshansky (1998) reported that nine novice NPs that participated in their study (n = 35) changed or planned to change positions because of organizational and interprofessional difficulties. Sullivan-Bentz et al. (2010) also found that one-third of their study participants, who were new graduate NPs in their first year of practice (n = 23), changed employment due to problems with acceptance of their role in their place of practice or interprofessional conflict. Whether it is the intent to leave or actual departure, turnover is disruptive to patient care (Kacel et al., 2005). On the other hand, assisting NPs who are in a transitional phase through mentorship can lead to retention of highly qualified NPs. The support provided during this time seems to be of particular importance when it comes to retaining NPs (Barnes, 2015; Sullivan-Bentz et al., 2010).

Quality of Care

Mentorship can shorten the adjustment period of NPs and accelerate their productivity, thus facilitating practice and effective patient care (Horner, 2017). Novice NPs often feel inadequate during their first year of practice, which can affect their ability to provide optimal care. However, mentorship can provide the support they need and help them become seasoned providers by setting appropriate expectations, facilitating consultation and advice, and boosting their self-confidence (Brown & Olshansky, 1998; Kelly & Mathews, 2001). Successful role transition can lead to more qualified NPs remaining in their positions, thereby improving continuity of care and availability of health care services (Pleshkan & Hussey, 2020).

Mentorship Considerations

Characteristics of Successful Mentorship

Mentoring Relationships. Characteristics of effective mentoring relationships include voluntary participation; mutual respect for each other's time, effort, and qualifications; commitment to developing a successful mentoring relationship; reciprocity and mutual reward; personal connection; and shared values like similar ideas and interests around each other's approach to clinical work and personal life (Beecroft et al., 2006; Ramani et al., 2006; Straus et al., 2013).

Ideally, mentees would have the opportunity to choose their own mentors as those who do have been shown to gain more from the relationship (Hayes, 2005; Kelly & Mathews, 2001). If possible, mentees should spend some time with potential mentors before the relationship begins to determine if it would be a good fit. Clear expectations should be outlined at the onset of the relationship and revisited over time (Barker, 2006; Gray & Smith, 2000). In the study by Horner (2017), respondents preferred face-to-face interactions to most, followed by phone call, then text and email for methods of mentoring. Face-to-face interactions can be especially important in the beginning, but regular interactions have been found to be more important than how the interaction occurs (Beecroft et al., 2006). Finally, in the study by Pop (2017), a blended approach incorporating a combination of both formal and informal mentoring led to better relationships between mentees and mentors.

Mentees. Characteristics of effective mentees have been identified as enthusiastic, willing to learn, and be challenged by their mentors; ready to take responsibility for "driving the relationship;" and able to communicate clearly what they are hoping to gain from the relationship (Straus et al., 2013). They often come prepared for meetings with their mentors. For example, they think before meeting their mentors about issues they need help with or attend meetings with a list of topics for discussion (Barker, 2006). They are active listeners, are open to feedback, possess critical thinking skills, and have

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the ability to adapt. They are also respectful and appreciative of their mentor's input and time. (Barker, 2006; Hayes, 2005; Straus et al., 2013)

Mentors. Characteristics of effective mentors have been identified as honest and trustworthy; enthusiastic and willing to invest time and energy for the professional growth and development of mentees; genuinely interested and engaged with mentees during each meeting; accessible (i.e., approachable and available); focused on goals and issues identified by mentees; and able to identify potential strengths and limitations of mentees (Barker, 2006; Gray & Smith, 2006; Pop, 2017; Ramani et al., 2006; Straus et al., 2013). For example, a good mentor "understands what the mentee is trying to accomplish in their career, what their limitations are" (Straus et al., 2013).

Effective mentors orient mentees to the organization and how it functions, introduce mentees to various members of the organization and their roles, involve mentees in a broad range of activities, proactively check in to see how mentees are doing, make sure mentees are getting adequate support, challenge them, and warn them of potential pitfalls that others in similar positions have encountered (Pop, 2017; Ramani et al., 2006). They also facilitate goal setting for mentees and prompt clarification when needed, develop a clear idea of what mentees want and desire in their career path, help mentees develop a long-term plan, and provide career guidance (Barker, 2006; Myall et al., 2008; Straus et al., 2013). They provide critical feedback; a formal evaluation may not be necessary but constructive feedback can be helpful (Gray & Smith, 2000). They understand that mentees may not follow every bit of advice. Finally, they provide a sense of connection and belonging, help mentees reflect on appropriate balance between work and personal life, and serve as a role model for mentees who may become mentors themselves one day (Horner, 2017; Straus et al., 2013).

Characteristics of Unsuccessful Mentorship

Failed mentorships have been characterized by poor communication due to a lack of open communication, failure to communicate tactfully, or inability to listen; lack of time committed to the

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relationship or waning interest over time; personality differences; perceived or real competition; conflicts of interest due to competing agendas; and lack of experience or poor prioritization from the mentor who may not know how to prioritize the mentee's best interests (Barker, 2006; Straus et al., 2013). Consequences of such failed relationships are lack of collegiality, decreased job satisfaction, increased turnover, and disillusionment with medicine (Barker, 2006; Status et al., 2013). Mentees may need to find someone else to provide mentorship if the relationship is not able to provide what they need, and both mentors and mentees may become more cautious about participating in another mentoring relationship (Straus et al., 2013).

Barriers to Mentorship

Myall et al. (2008) explored the role of the mentor in contemporary nursing practice and found that more than half the mentors who took part in their study (n = 127) experienced significant constraints on their role as a mentor like increased workload and not having protected time away from clinical duties while participating in the mentorship. This can make the mentoring relationship feel like a burden or another obligation (Ramani et al., 2006). Other barriers include scheduling limitations, space constraints, and inadequate preparation for the mentorship role (Hayes, 2005). Specifically, a lack of training on how to be effective mentors can impact the mentoring relationship negatively (Pleshkan & Hussey, 2020). In addition, a lack of talented mentors can present a challenge (Horner, 2017). Minimal incentives or recognition for the role can contribute to this deficiency (Hayes, 2005). Many studies have recommended recognizing and rewarding mentors for their time and contribution (Sherk, 1999). Some even suggest compensation (Greene & Puetzer, 2002) although others have found that compensation does not affect mentoring outcomes significantly (Ramani et al., 2006).

Mentorship Program Development

Key components of effective mentorship programs have been identified as designation of a mentorship program coordinator (MPC), development of an operation manual, identification of

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resources needed, recruitment strategies, screening and matching of mentees and mentors, an orientation process, a training curriculum for mentors, a monitoring process, a termination process, and an evaluation process (Beecroft et al., 2006; Faron & Poeltler, 2007; Ragins et al., 2000; Ramani et al., 2006; Sherk, 1999; Tourigny & Pulich, 2005).

Designation of an enthusiastic MPC is recommended as the first step (Gerhart, 2011). The MPC can develop an operation manual or framework for the program that includes the key components of an effective mentorship program. The proposal can then be presented to the administration as organizational support is critical for the success of the mentorship program (Blixen, 2007).

Responsibilities of the MPC are many and include maintaining a database of mentees and mentors, coordinating orientation and training, monitoring, providing ongoing support, assisting with problem solving especially during the first year of implementation, advocating for resources including funding if necessary, and providing progress reports to the administration (Breci & Martin, 2000; Faron & Poeltler, 2007; Gerhart, 2011; Sherk, 1999).

In formal mentoring relationships, compatibility is particularly important (Ramani et al., 2006). Therefore, assessing professional and social compatibility in advance should be considered during the matching process (Barker, 2006; Hayes, 2005). The MPC can do so by gathering information on mentees and mentors and matching them based on their interests and career goals (Johnson, 2002; Ramani et al., 2006).

Several studies underscore the importance of preparing mentors for their role (Beecroft et al., 2006; Faron & Poeltler, 2007; Ragins et al., 2000; Ramani et al., 2006; Sherk, 1999; Tourigny & Pulich, 2005). Others support orientation of both mentees and mentors to the mentorship program in preparation of their mentorship roles (Faron & Poeltler, 2007; Greene & Puetzer, 2002; Sherk, 1999; Tourigny & Pulich, 2005). The orientation can provide a program overview to describe the roles and responsibilities of each participant and set clear expectations (Faron & Poeltler, 2007; Greene & Puetzer,

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2002; Sherk, 1999; Tourigny & Pulich, 2005). It can also provide guidelines for interaction, early termination, and closure of the relationship to participants (Gerhart, 2011; Sherk, 1999).

During the initial meeting, mentees and mentors can discuss expectations of the mentoring relationship and agree on goals, preferred mode of communication, and cadence and duration of meetings (Biereema & Merriam, 2002; Gerhart, 2011). A formal mentoring contract between mentees and mentors has been shown to be helpful given how intense of a time commitment the mentoring relationship requires (Barker, 2006; Ramani et al., 2006; Tourigny & Pulich, 2005).

Periodic evaluation is important to assess effectiveness of the program and address areas of concern on a regular basis. At the end of the mentoring relationship, feedback from both mentees and mentors can be elicited to determine whether they found the mentoring relationship helpful (Ramani et al., 2006).

Despite potential benefits, mentorship programs can fail if they are created without a robust plan. The needs, priorities, objectives, and resources of an organization must be taken into consideration before a mentorship program can be established. Performing a gap analysis can thus be helpful to ensure the success of the program. Along with data from a needs assessment, this literature review was used to create an evidence-based framework for the development and implementation of an APC mentorship program at a local health care organization.

Theoretical Framework

Donabedian's Quality of Care (1988) and Benner's Novice to Expert model (1982) were used for this quality improvement project. Donabedian's model provides a conceptual framework for quality improvement in health care settings using structure, process, and outcome measures. Benner's model describes how a novice progresses through stages to become an expert. Derived from the Dreyfus Model of Skill Acquisition, it is often used in health care systems to develop mentorship and leadership programs (Benner, 1982).

Methods

Setting

Swedish Health Services (SHS) is the largest nonprofit health care provider in the greater Seattle area that is comprised of five hospital campuses in First Hill, Cherry Hill, Ballard, Edmonds, and Issaquah; ambulatory care centers in Redmond and Mill Creek; and a network of 123 primary and specialty care locations throughout the Puget Sound area. It is affiliated with Providence Health & Services, which operates 34 hospitals across five states including Washington, Oregon, California, Montana, and Alaska (Swedish Health Services, n.d.).

SHS employs 3,867 health care providers, approximately 380 of which are APCs (Swedish Health Services, n.d.). Over the past decade, SHS has enhanced organizational support for APCs in various ways including endorsement of an APC council in 2012, appointment of a lead APC medical director in 2018, and creation of three additional APC medical director positions for primary care, specialty care, and surgical care services in 2020.

Participants and Recruitment

Participants included APCs who are employed by SHS. APCs who work for third parties were excluded. Original recruitment of mentors began with a needs assessment survey that was sent to all APCs. Future recruitment of mentors will occur through internal emails, newsletters, and announcements during APC council meetings. Mentees were and will continue to be recruited during their provider orientation upon hire. Mentee and mentor participation is entirely voluntary.

Ethical Considerations

The Providence St. Joseph Health Institutional Review Board (IRB) and Seattle University IRB reviewed the project and determined it exempt as it did not meet federal regulatory definition of human subjects research (see Appendices A and B). Informed consent occurs at the beginning of the first survey

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that is completed by any participant. For some participants, the first survey was the needs assessment and for others, it may be the process or outcomes evaluation survey.

Design

This project is a five-step quality improvement project, which is being conducted using the steps below:

1. A needs assessment survey was distributed to all APCs within the health care organization to examine their responses regarding their onboarding experience and endorsement of the need for an APC mentorship program.
2. A one-to-one mentorship program pairing seasoned APCs to newly hired APCs was developed and implemented with a curriculum driven by the needs assessment in Step 1. Cohorts of new mentee-mentor pairs are being enrolled in the project on an ongoing basis. This will continue until the conclusion of the project.
3. A process evaluation survey regarding program activities and whether they are implemented as intended is being completed by cohorts of mentor-mentee pairs after three months of participation in the APC mentorship program.
4. A one-year outcomes evaluation survey examining the APC mentorship program's impact on job satisfaction and intent to stay will be completed by cohorts of mentor-mentee pairs at the end of their participation in the 12-month APC mentorship program.
5. Employee data on annual first-year APC turnover rates pre- (-3, -2, -1 years) and post- (+1, +2, +3 years) implementation of the APC mentorship program will be compared.

Step 1: Gap Analysis

In November 2020, a needs assessment was conducted to identify gaps between the current and desired state of the APC onboarding process at SHS. All APCs employed by SHS were asked to complete the needs assessment survey online via their work email. The objectives were to describe: (1)

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whether mentorship was part of the onboarding experience of APCs; (2) whether their desire to have been mentored influenced their willingness to mentor; (3) whether they were interested in participating a mentorship program; and (4) whether they had preferences regarding characteristics of a mentorship program. The survey collected limited demographic information from the APCs and provided an opportunity to share their onboarding and mentorship experiences, preferences, and recommendations. It also measured potential mentors' willingness to serve. Responses were gathered over a period of three weeks and were used to highlight organization-specific onboarding needs of the APCs. The APC mentorship program (Step 2) was developed based on this needs assessment.

Step 2: Development

A one-to-one mentorship program was designed to pair newly hired APCs with seasoned APCs at SHS. Key components of the program included:

- designation of a MPC;
- development of a mentorship program handbook;
- exploration of recruitment strategies;
- screening and matching of participants;
- an orientation and training curriculum for participants;
- a monitoring process; and
- an evaluation process

Steps 3, 4, and 5: Evaluation

After three months of participation in the mentorship program, mentee-mentor pairs were asked to complete a process evaluation survey online to monitor whether the program was being implemented as intended and address any areas of concern (Step 3). After 12 months of participation, the mentee-mentor pairs will be asked to complete an outcomes evaluation survey online as well to measure the effects of the mentorship program on APC job satisfaction and intent to stay (Step 4).

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These surveys will be conducted on an ongoing basis until the conclusion of the project as cohorts of new mentee-mentor pairs are being enrolled every month. Finally, data concerning first-year turnover trends of APCs at SHS pre- (-3, -2, and -1 years) and post- (+1, +2, and +3 years) implementation will be compared (Step 5).

At the conclusion of the DNP portion of this project, the mentorship program was only six months under way. Steps 4 and 5 of this three-year quality improvement project will take place after January 2022.

Intervention

APC Mentorship Program

Data from the needs assessment was combined with evidence from the literature on mentorship to create the general framework for the APC mentorship program at SHS. A MPC was designated to maintain the database of mentees and mentors, assist the matching process, coordinate training, and provide ongoing support. A mentorship program handbook was developed by the MPC, Boyon Yun, ARNP, along with the APC medical director, Adam Gilbert, PA-C, which detailed the objectives, mission, values, vision, and overview of the program. Recruitment strategies for mentors were explored to include announcements in the APC Pulse Newsletter, advertisements during APC council meetings, and word-of-mouth.

The first cohort of mentees and mentors were matched in January 2021. Mentees and mentors were asked to complete profile questionnaires (see Appendices F and G) in advance to assess professional and social compatibility. Participants were asked to provide information regarding their education, clinical experiences, professional and personal interests, and hopes and expectations for the mentoring relationship to aid the matching process. Based on shared experiences and interests, two of the most compatible mentor options were selected from a list of available mentors by the MPC and

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presented to each mentee with their profile questionnaires. Mentees were then given the opportunity to select one of the two mentors to be their mentor.

Once matched, mentee-mentor pairs were asked to attend a virtual mentorship training to introduce themselves to each other, get oriented to the program, and receive guidelines on how to carry out the mentoring relationship. Objectives of this training led by the MPC and APC medical director were to establish an understanding of what mentorship is and what it is not, ensure a level of consistency in the mentorship being provided, and address any questions or concerns participants had prior to starting the mentoring relationship. Specifically, the agenda included a program overview; definitions and best practices; results of the needs assessment; recommendations and expectations; and evaluation plans. Completion of this training marked the beginning of their year-long relationship. During their initial meeting, mentee-mentor pairs were asked to complete a mentorship agreement form (see Appendix H) to establish clear expectations and goals, preferred mode of communication, as well as cadence and duration of meetings.

Data Collection

All quantitative and qualitative data are being collected through a 15-item needs assessment (Step 1), 10-item process evaluation (Step 3), and 12-item outcomes evaluation (Step 4) surveys (see Appendices C, D, and E). The online surveys were created and are being administered using Qualtrics Survey Software. Request to complete the surveys are sent through work emails.

The request to complete the needs assessment survey was sent to 380 APCs at SHS in November 2020 (Step 1). The request to complete the process evaluation survey was sent to the first cohort of participants (i.e., 10 mentees and 10 mentors) in March 2021 and will be sent to subsequent cohorts after three months of participation in the APC mentorship program (Step 3). The request to complete the outcomes evaluation survey will be sent to cohorts of mentee-mentor pairs after 12 months of participation in the APC mentorship program (Step 4). For each survey, responses will be gathered over

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a period of two to four weeks. Employment data pertaining to SHS APC first-year annual turnover rates will be collected using the SHS human resource database (Step 5).

All surveys will be completed anonymously. Demographic information including the age group, years since board certification, years of employment at SHS, advanced practice role, and specialty category of APCs are collected for the needs assessment survey only (Step 1). Participants of the APC mentorship program will be reassured their responses to the process evaluation and outcomes evaluation surveys will not affect their employment status in any way. No personal health information is being collected, and no data points will be extracted from medical records of patients in this project. All project materials, consent forms, and survey results are stored on a secure SHS server. Only the MPC, Boyon Yun, ARNP, has access to the data. Upon conclusion of the project, data will be kept for a minimum of three years before being destroyed. Participant names or other identifying information will never be used in any public dissemination of the data (e.g., presentations, publications, etc.).

Data Analysis

APC responses from the needs assessment survey (Step 1), mentee-mentor pair responses regarding their participation in the APC mentorship program (Step 3), mentee-mentor pair responses regarding the effect of the mentorship program on their job satisfaction and intent to stay (Step 4), and first-year turnover trends of APCs at SHS (Step 5) will be analyzed. Quantitative data from the surveys will be analyzed using descriptive statistics and crosstabs with Pearson's chi-square test of significance. Qualitative data from the surveys will be analyzed using the conventional approach to content analysis as outlined by Hsieh and Shannon (2005) in which emergent categories are used to group codes into meaningful clusters that can then be organized into a hierarchical structure. Finally, SHS data on first-year APC turnover rates at +1, +2, +3 year(s) after implementation (Step 5) will be compared to those at -3, -2, and -1 year(s) before implementation of the APC mentorship program to assess the overall impact

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of the program on APC turnover rate at SHS. Findings will be shared with Seattle University DNP program faculty and students as well as APCs, APC medical directors, and leadership at SHS.

Results

Needs Assessment

Demographics

The needs assessment survey was distributed to 380 APCs. Ninety APCs completed the survey (24% response rate). Respondents were between the ages of 20-29 (n=4), 30-39 (n=37), 40-49 (n=30), 50-59 (n=17), and 60+ (n=2). Thirty-six (40%) had 10+ years of experience since board certification, 22 (24.4%) had 4-6 years, 18 (20%) had 1-3 years, and 14 (15.6%) had 7-9 years. A little less than half of the respondents (n=41; 45.6%) had been at SHS for 4-6 years while 31 (34.4%) had been at SHS for 1-3 years, 10 (11.1%) had been at SHS for 7-9 years, and eight (8.9%) had been at SHS for 10+ years. The majority of respondents were NPs; 61 (67.8%) were NPs including certified nurse midwives and certified registered nurse anesthetists, whereas 29 (32.2%) were PAs. In terms of specialty, 40 (44.4%) practiced in specialty care, 30 (33.3%) practiced in primary care, while 20 (22.2%) practiced in surgical care. Almost half of the respondents provided outpatient care (n=44; 48.9%) while 12 (13.3%) provided inpatient care, and 34 (37.8%) provided a mixture of both.

Quantitative Findings

Quantitative data from the needs assessment were grouped into four categories—mentorship experience, willingness to mentor, interest in mentorship, and mentorship program characteristics:

Mentorship Experience. Seventy-nine (87.8%) reported that mentorship was not part of their onboarding experience at SHS.

Willingness to Mentor. Of the 69 APCs that indicated a desire to have been mentored upon hire, 60 (87%) said they would be willing to mentor newly hired APCs sometime in the future while 39 (56.5%) of them said they would be willing to mentor during the next hiring phase. There was a

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significant association between a desire to have been mentored upon hire and willingness to mentor sometime in the future or immediately ($\chi^2 (2, N = 90) = 6.131, p = .047$ and $\chi^2 (2, N = 90) = 7.774, p = .021$, respectively).

Table 1

Quantitative Analysis of Needs Assessment: Desire for Mentorship and Willingness to Mentor

	Would you have wanted a mentor?						Sig.*
	Yes		Neutral		No		
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
	69 (76.7)		15 (16.7)		6 (6.7)		
	Yes	No	Yes	No	Yes	No	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
Are you willing to mentor in the future?	60 (87.0)	9 (13.0)	11 (73.3)	4 (26.7)	3 (50)	3 (50)	.047
Are you willing to mentor immediately?	39 (56.5)	30 (43.5)	6 (40)	9 (60)	0 (0)	6 (100)	.021

Interest in Mentorship. Most APCs showed an interest in participating in a mentorship program; 69 (76.7%) said they would have wanted a mentor themselves, 87 (96.7%) believed a mentorship program would be helpful for APCs who are new to practice, 69 (76.7%) believed a mentorship program would be helpful for experienced APCs who are new to the organization, and 75 (83.3%) believed a mentorship program would increase job satisfaction and reduce turnover.

Mentorship Program Characteristics. In terms of the matching process, 61 (67.8%) of the APCs thought it would be helpful for mentees to be able to choose their mentors from a list of available mentors based on shared interests, and 82 (91.1%) thought it would be helpful for mentees and mentors to work in the same specialty. APCs ranked the following mentorship topics in order of helpfulness: APC resources and benefits; clinical knowledge, skills, and scholarly work; interpersonal support and networking; work-life balance; and career progression inside and outside the organization. For frequency of interactions, 30 (33.3%) thought monthly, 29 (32.2%) thought biweekly, and 21 (23.3%) thought weekly interactions would be helpful. In person was ranked as the most preferred mode of

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interaction with virtual, telephone, text messages, and email following after that. Most APCs (n=80; 88.9%) thought a mixture of formal (professional) and informal (personal) mentorship would be helpful for newly hired APCs. Lack of protected time was identified as the greatest potential barrier to effective mentorship, followed by mismatched expectations between the mentee and the mentor, lack of organizational support, lack of role preparation, lack of compensation, and lack of recognition.

Qualitative Findings

Qualitative data from the needs assessment were grouped into three categories—mentorship topics, barriers to mentorship, and recommendations for an effective mentorship program:

Mentorship Topics. APCs were asked to list additional mentorship topics they thought would be helpful for newly hired APCs. Twenty-four APCs responded to this question. The following five categories emerged:

Support. Sixteen APCs (66.7%) mentioned clinical practice support (e.g., electronic medical record, technology, clinical skills, clinical knowledge, clinical consults, clinical protocols, workflow, support services, referrals, and role transition); non-clinical practice support (e.g., coding, billing, staff relations, collaboration with physicians); and social support as possible mentorship topics.

Organizational Structure and Function. Based on 13 APC responses (54.2%), subcategories identified under this category included an overview of the organization; practice models/expectations; administrative structure; leadership structure; engagement; advancement opportunities; culture of the organization; and APC community.

Resources. Seven APCs (29.2%) identified clinical resources (e.g., medical conferences, journals) as well as non-clinical resources (e.g., benefits, resources, new employee questions) as areas of interest.

Networking. Four APCs (16.7%) showed interest in learning about networking based on their practice location, within their specialty, and outside their specialty.

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Mentoring Relationship. Two responses (8.3%) did not pertain to mentorship topics but rather provided recommendations on what the mentoring relationship could look like. One APC commented on what the role of the mentor should be while another suggested having the ability to switch mentors in case of a personality conflict.

Table 2*Qualitative Analysis of Needs Assessment: Helpful Mentorship Topics for Newly Hired APCs*

Categories	n (%)	Response Example
Support	16 (66.7)	The world of the EHR (EMR)! This was so difficult for me and it seemed just when I thought I "got it" something would change
Clinical practice support		
EMR		
Technology		
Clinical skills		For new APCs, it would be very helpful to have a mentor to discuss clinical topics and provide support as an APC transitions into their new role
Clinical knowledge		
Clinical consults		
Clinical protocols		
Workflow		
Support services		Support services. Referral process
Referrals		
Role transition		Techniques to develop and maintain with support staff
Non-clinical practice support		
Coding		
Billing		Teamwork with MDs
Staff relations		
Collaboration with physicians		
Social		
Organizational structure and function	13 (54.2)	I think mentorship should include an overview of the entire organization, not just the patient care specialty of the APC... Some way to connect me in an ongoing fashion to the work of the larger organization
Overview		
Practice models/expectations		
Administrative structure		
Leadership structure		
Engagement		
Advancement opportunities		Professional development/progression opportunities within the organization
Culture		
APC community		
Resources	7 (29.2)	Clinical resource recommendations i.e. medical conferences, journals, etc.
Clinical resources		
Medical conferences		
Journals		I feel it is generally helpful to have a go to person to ask questions and to help to
Non-clinical resources		

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Benefits		navigate the system as a new employee, especially as a new grad APC
Resources		
New employee questions		
Networking	4 (16.7)	Networking and knowing there are other APCs on the campus you work at. Especially as a new grad or even new hire it's nice to know you are not alone
Outside the specialty		
Within the specialty		
Based on practice location		
Mentoring relationship	2 (8.3)	Perhaps an option to change to a new mentor if there is a personality conflict... or something falls through... sort of an "out" without feeling bad about it
Role of the mentor		
Matching process		

Barriers to Mentorship. APCs were asked to identify barriers to effective APC mentorship besides the ones that were already listed in the survey. Twenty-four APCs responded to this question. The following five categories emerged:

Lack of Organizational Support. Eleven APCs (55%) indicated that lack of organizational support would be a major barrier to effective mentorship. Subcategories of responses included lack of protected time for both mentees and mentors and lack of incentives (e.g., lack of mentor role celebration, lack of monetary or non-monetary compensation). For example, multiple APCs stated, "It would be nice for our practices to at least set time aside for APCs who wish to be a part of the mentor program," "Time would have to be set aside to mentor during the working hours not added on to an already long day," and "I would want dedicated time built into my schedule." In terms of compensation, one APC stated, "The role of a mentor needs to be celebrated and rewarded with something substantial. Money is nice but it isn't everything – effective mentors could be rewarded in other ways, too."

Lack of Role Preparation. Three APCs (15%) cited lack of expertise as a mentor and lack of knowledge as potential barriers.

Lack of Program Standardization. Three APCs (15%) mentioned the need to standardize program characteristics like meeting frequency and program expectations for both mentees and mentors.

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Mentee-Mentor Pair Mismatch. Mismatched personalities, expectations, and experiences (e.g., different roles or practice environments) were identified as possible challenges by three APCs (15%).

Lack of Mentors. One APC (5%) mentioned lack of available mentors and lack of specialty mentors as areas of concern for the program.

Table 3*Qualitative Analysis of Needs Assessment: Potential Barriers to Effective Mentorship*

Categories	n (%)	Response Examples
Lack of organizational support	11 (55)	I find it difficult to find protected time, especially because I am working Mon - Fri 8am - 5pm and lunch time is often used to chart and catch up
Lack of protected time		
Lack of protected time for mentors		
Lack of protected time for mentees		
Lack of incentives		
Lack of mentor role celebration		
Lack of mentor role compensation		
Monetary	Biggest barrier in my opinion would be lack of protected time on the part of both mentor and mentee	
Non-monetary		
Lack of role preparation	3 (15)	I would want dedicated time built into my schedule
Lack of expertise as a mentor		
Lack of knowledge		
Lack of program standardization	3 (15)	The role of a mentor needs to be celebrated and rewarded with something substantial. Money is nice but it isn't everything - effective mentors could be rewarded in other ways, too
Mentorship program characteristics		
Meeting frequency		
Mentorship program expectations		
Mentees		
Mentors		
Mentee-mentor pair mismatch	3 (15)	Lack of knowledge - I would love to serve as a mentor but as the only APC in my area, not having had time to network with other APCs at Swedish I don't know what I don't know!
Mismatched personalities		
Mismatched expectations		
		It would be beneficial to have more frequent meetings at first (i.e. weekly), then progress to biweekly or monthly meetings over time
		There should be some consistency of what the mentorship program is, what is expected of mentors, what the mentees what from mentors
		Mismatch of personality, experience, and expectation

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Mismatched experience Different roles Different practice environments		Conflicting personalities Differences in role/practice between APCs
Lack of mentors Lack of available mentors Lack of specialty mentors	1 (5)	Availability of an experienced mentor within the specialty field

Recommendations for an Effective Mentorship Program. APCs were also given the opportunity to voice their opinion on characteristics of an effective APC mentorship program. Twenty-four APCs responded to this question. The following five categories emerged:

Program Characteristics. Twenty-one APCs (87.5%) listed specific recommendations for mentorship program characteristics. Eight subcategories were identified under this category. APCs made recommendations on what the focus of the program should be (e.g., onboarding experience, logistics, support navigating the organization, professional development, isolation prevention); what participation criteria should look like (e.g., newly hired/graduated, experienced, those who are switching specialties); factors that should be taken under consideration during the match like selection process (e.g., mentee-driven, mentor-driven, option to switch), roles, responsibilities, practice environments, and specialty; what the ideal interaction frequency would be; the importance of flexibility within the program; the need for built-in protected time to participate in the program; possible program perks; and need for organizational support.

Mentor Role Preparation. Seven (29.2%) endorsed the need for training and resources for mentors. One APC mentioned the need for “Formal mentor training. Creating pathways to give mentors access to leadership resources.”

Guidelines. A quarter of APCs who responded to this question (n=6; 25%) thought guidelines for mentors, mentorship topics, and tools would be helpful.

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Expectations. Four (16.7%) thought having clear expectations for mentees, mentors, and the relationship would be important.

Mentor Considerations. One APC (4.2%) made suggestions on the mentor selection process, type of support that should be provided by mentors (e.g., clinical, professional, organizational), and appropriate number of mentors; “The selection of mentors is critical... It may be really beneficial to have mentors in several different areas: organizational, clinical, professional development are ones that come to mind... I think more than one mentor might be a wise approach.”

Table 4

Qualitative Analysis of Needs Assessment: Recommendations for Effective Mentorship

Categories	n (%)	Response Examples
Program characteristics	21 (87.5)	Voluntary on both ends
Program focus		
Onboarding experience		Let the mentee interview with each potential mentor to see who they fit best with. they must feel comfortable with their mentor and have similar learning/teaching styles
Logistics		
Support navigating the organization		
Professional development		
Isolation prevention		Matching APCs in closely related specialties with similar responsibilities (e.g., inpatient vs outpatient, billing incident-to vs having their own panel, part of call group vs not taking call) is key
Participation criteria		
Voluntary		
Mentees		
Newly graduated		Consideration of same specialty matches vs. different specialty
Experienced		
Specialty switch		
Consideration for the match		
Selection process		I would suggest tailoring the time with the mentor/mentee (frequency) to the individual need. An experienced APC would likely not need as much time as a new graduate
Mentee-driven		
Mentor-driven		
Option to switch		
Roles		To make this the most effective and provide the best outcome for the mentee is setting aside quality time to discuss roles, expectation, etc. Time to get to know each other and how best to help each other
Responsibilities		
Practice environments		
Specialty		
Interaction frequency		
Flexibility		
Protected time		It would be good if leadership took some interest in onboarding new APCs
Program perks		

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<ul style="list-style-type: none"> Shadowing APC communication forum Organizational support <ul style="list-style-type: none"> Providers Leadership Organization 		
<ul style="list-style-type: none"> Mentor role preparation Training <ul style="list-style-type: none"> Organizational policies Resources 	7 (29.2)	<p>I think training for the mentor on Swedish policies would be helpful</p> <p>Formal mentor training. Creating pathways to give mentors access to leadership resources</p>
<ul style="list-style-type: none"> Guidelines <ul style="list-style-type: none"> Mentors Topics Tools 	6 (25)	Some guidelines on what should be covered/addressed during the mentorship. Somewhat of a checklist might be helpful
<ul style="list-style-type: none"> Expectations <ul style="list-style-type: none"> Mentees Mentors Relationship Goals 	4 (16.7)	<p>Explicit expectations for both mentee and mentor</p> <p>Setting appropriate goals of relationship</p>
<ul style="list-style-type: none"> Mentor considerations <ul style="list-style-type: none"> Mentor selection process Support to be provided by mentors <ul style="list-style-type: none"> Clinical Professional Organizational Number of mentors 	1 (4.2)	It may be really beneficial to have mentors in several different areas: organizational, clinical, professional development are ones that come to mind

Process Evaluation***Demographics***

The request to complete the process evaluation survey was sent out to 20 APCs, who were part of the first cohort of APCs to be enrolled in the APC mentorship program. A total number of 10 mentees and 10 mentors completed the survey (N=20), resulting in a 100% response rate.

Quantitative Findings

Quantitative data from the process evaluation survey were grouped into three categories—mentorship program activities and tools; mentoring relationships; and effects of the mentorship

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program. The difference in responses between the mentees and mentors were not found to be statistically significant for the quantitative findings.

Mentorship Program Activities and Tools. Of the 20 APCs, 19 (95%) thought the mentee-mentor matching process using the mentorship profile questionnaire was effective; 17 (85%) thought the mentorship training was helpful for their role preparation; and 20 (100%) thought the mentorship agreement form helped to establish clear expectations for the mentorship program with their partners.

Mentoring Relationships. Sixteen APCs (80%) felt like their partners were engaged and committed to the success of the mentoring relationship; 16 (80%) felt comfortable approaching their partners with questions or concerns; and 18 (90%) found the MPC to be supportive of their mentoring relationship.

Effects of the Mentorship Program. All but one APC (n=19; 95%) thought the APC mentorship program added value to the APC onboarding process at SHS. Fourteen (70%) thought the APC mentorship program was helpful for their personal and professional growth, five (25%) reported feeling neutral, and one did not find the program helpful.

Qualitative Findings

Qualitative data from the process evaluation survey were grouped into two categories—challenges and positive experiences. Themes identified from the responses were so similar across mentees and mentors that data are not reported separately.

Challenges. APCs were asked to identify challenges they encountered during the APC mentorship program. All 20 APCs responded to the question. Findings were collapsed into the following five categories:

Mentoring Relationship Challenges. Seven APCs (35%) reported mentoring relationship challenges. Subcategories under this category included lack of responsiveness; lack of role clarity; difficulty identifying relationship goals; and difficulty understanding partner needs. Regarding partner

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responsiveness, one APC reported, “We seem to be having difficulty in setting up times to meet. I emailed following our first meeting with no response. I re-emailed and then received a response stating that a second visit would be appreciated but we still haven’t been able to connect to schedule a time.”

Lack of Protected Time. Six APCs (30%) cited lack of time and work schedule conflict as a major challenge. One reported, “We have difficulty in meeting or communicating as we are always very busy,” and many other similar responses were noted.

Virtual Workspace Challenges. Three APCs (15%) listed difficulty engaging, lack of space to meet virtually, and technical difficulties under this category.

Role Differences. Two APCs (10%) reported unmet clinical and non-clinical needs as a challenge. One APC reported, “My mentor helped with giving me advice, but I would like to be able to bounce cases with my mentor,” while another reported, “I am a PA paired with a NP. She was not able to answer PA practice questions, such as if I needed a co-signer and operating room assistant billing.”

Location Challenges. Two APCs (10%) brought up challenges related to being on different campuses. One stated, “I do almost wonder if being at the same campus would be more beneficial but understand the limitations that come with that as well.”

Table 5*Qualitative Analysis of Process Evaluation: Challenges Encountered in the APC Mentorship Program*

Categories	Subcategories	n (%)	Response Example
Mentoring relationship challenges	Lack of responsiveness	7 (35)	We seem to be having difficulty in setting up times to meet. I emailed following our first meeting with no response. I re-emailed and then received a response stating that a 2nd visit would be appreciated but we still haven't been able to connect to schedule a time
	Lack of role clarity		Because I am not part of my mentee's onboarding, I want to give space for that to be his focus. As a result, I'm not sure where my mentor role fits in yet
	Difficult to identify relationship goals		It was initially challenging to identify our measurable goals

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	Difficult to understand partner's needs		Relevance of guidance. Unsure what mentee really needed or would benefit from
Lack of protected time	Lack of time Work schedule conflict	6 (30)	Time constrains. We have difficulty in meeting or communicating as we are always very busy
Virtual challenges	Difficult to engage Lack of space Technical difficulties	3 (15)	I am not getting what I had hoped with email/zoom when i didn't have remote access until very recently I also work in a shared workspace, so talking at work also is a barrier Technical virtual meeting challenges only
Role differences	Unmet clinical needs Unmet non-clinical needs	2 (10)	My mentor helped with giving me advice, but I would like to be able to bounce cases with my mentor I am a PA paired with an NP. She was not able to answer specific PA practice questions such as if I needed a co-signer and OR assistant billing
Location challenges	Different campuses	2 (10)	I do almost wonder if being at the same campus would be more beneficial but understand the limitations that come with that as well

Positive Experiences. APCs were asked to share examples of positive experiences they encountered during the APC mentorship program. All 20 APCs responded to the question. Findings were collapsed into the following five categories:

Partner Match. Eight APCs (40%) appreciated their partner's personality, communication style, expectations, and ability to support them.

Bonding. Bonding, welcoming, and sharing experiences were noted as positive aspects of the program by seven APCs (35%). One mentioned, "I feel welcomed and part of a supportive group" while another reported enjoying "Sharing/validating common experiences of juggling careers and parenting" with his or her partner.

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Practice Enhancement. Seven APCs (35%) reported their practice enhancing as a result of new knowledge, collaboration, and clinical support. One reported, “My practice is enhanced because I have to review both medical and available resource information on a particular topic to prep for our APC mentor-mentee meetings.”

Networking. Being able to network with APCs from other specialties and within the organization were mentioned as positive aspects of participating in the program by four APCs (20%). One APC described his or her partner as, “A reliable and known individual I can talk about any questions I may have regarding their specialty.”

Resources. Three APCs (15 %) mentioned having access to resources including general support and research opportunities as a result of participating in the program.

Table 6

Qualitative Analysis of Process Evaluation: Positive Experiences Encountered in the APC Mentorship Program

Categories	Subcategories	n (%)	Response Example
Partner match	Personality	8 (40)	(My partner) was easy to approach Communication was great, very quick to respond Initial meeting was great to setup expectations My mentor has been very supportive and helpful
	Communication style		
	Expectation		
	Ability to support		
Bonding	Bonding	7 (35)	It has been great to get to know another Swedish NP so well I feel welcomed and part of a supportive group Sharing/validating common experiences of juggling careers and parenting
	Welcoming		
	Sharing experiences		
Practice enhancement	Knowledge	7 (35)	My practice is enhanced because I have to review both medical and available resource information on a particular topic to prep for our APC mentor-mentee meetings Collaborating with a new colleague.
	Collaboration		

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	Clinical support		Able to ask questions about specific encounters in clinic and review of agreed upon disease processes
Networking	Specialty connections	4 (20)	A reliable and known individual I can talk to about any questions I may have regarding their specialty
	Organizational connections		Helping connect (my partner) with others in the organization
Resources	General support	3 (15)	I find it very helpful to have a designated experienced APC to go to with questions
	Research opportunities		I was happy to hear that my mentee was interested in research and able to introduce him to some of the ways the campus engages in research

Outcomes Evaluation

Findings from the outcomes evaluation survey will be available in February 2022, which will be after the conclusion of the DNP portion of this project.

Discussion**Needs Assessment**

Many health care organizations lack mentorship programs for newly hired APCs. The needs assessment from this project revealed that mentorship was not a part of the onboarding experience for most APCs prior to the development and implementation of the mentorship program at SHS. This is consistent with prior studies confirming the scarcity of APC mentorship. For example, Freeman (2004) found that 65% of 565 advanced practice nurses were not assigned a mentor after graduation. Likewise, 72.97% of 37 NPs did not have a mentor upon hire in a study by Horner (2017).

The needs assessment also highlighted growing APC interest and willingness to participate in mentorship. Participants endorsed the need for a mentorship program by indicating that they would have wanted a mentor upon hire and thought mentorship would be helpful for APCs who are new to the organization. It also demonstrated that the majority of APCs who responded were willing serve as

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mentors to newly hired APCs. Similarly, 61.54% of those surveyed (n = 37) in the study by Horner (2017) reported they would have preferred to have a mentor, and 97.22% were willing to serve as a mentor.

Morgan et al. (2020) stressed the importance of considering unique institutional needs as well as issues identified by other projects for successful planning and administration of an APC onboarding program. The needs assessment confirmed that the onboarding needs of APCs at SHS were similar to those of APCs at other health care organizations. SHS APCs showed a preference for a mentee-driven matching process, face-to-face modes of communication (i.e., in-person or virtual), and biweekly to monthly interaction frequencies, while prioritizing APC resources and benefits as mentorship topics they would like to see and anticipating challenges like lack of organizational support and role preparation, much like the APCs in Horner's study (2017).

Process Evaluation

The majority of APCs in the first cohort of the mentorship program indicated the program activities and tools were effective in helping them prepare for their mentorship roles and establishing expectations for the mentorship program. This further supports the use of evidence-based recommendations from the literature to create an APC mentorship program.

Most of the APCs thought their partners were engaged and committed to the success of the relationship and felt like they were able to approach their partners with questions or concerns. In a study by Pop (2017), all eight mentee-mentor pairs (100%) reported feeling this way and being able to connect with each other.

In addition, the APCs thought the mentorship program helped their personal and professional growth and believed it added value to the APC onboarding process at SHS. This is in line with Freeman's study in which 72% of its 565 participants (n = 466) reported valuing their mentoring relationship "very much," whereas 1.2% (n = 8) rated the relationship to be of "limited" or "no value" (2004).

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Finally, one of the biggest challenges that APCs pointed out in the process evaluation was the lack of protected time. This has been identified as a major barrier in mentorship literature time and again (Myall et al., 2008; Ramani et al., 2008).

Limitations

Given the 24% response rate, findings of the needs assessment survey may not reflect experiences of all APCs at SHS. Moreover, the process evaluation survey was only completed by the first cohort of mentees and mentors in the mentorship program. Therefore, findings to date can only be considered preliminary. Cohorts of new mentee-mentor pairs will be enrolled in the program on an ongoing basis until the conclusion of the quality improvement project. Additional data from subsequent process evaluation surveys as well as outcomes evaluation surveys will likely reveal new findings. Finally, the results of the quality improvement project may not be generalizable beyond the care system in which the data have been and will be gathered.

Implications for Advanced Practice

This quality improvement project will offer new insight into existing knowledge regarding the impact of mentorship on APCs. It will also provide evidence-based recommendations for the development and implementation of an APC mentorship program that other health care organizations can use. An immediate result for SHS was that the process evaluation survey findings were used to approach organizational leadership to see if more support could be obtained for protected time for program participants. The MPC and APC medical director have been able to secure initial approval and are currently in the process of formalizing this change with directors of operation and clinic administrators at SHS. Whether or not this mentorship program leads to increased job satisfaction and intent to stay remains to be seen. If it does and it translates to decreased turnover rates for APCs, greater support for APCs can be justified within this organization and provide useful data for other organizations. As APCs are expected to be one of the main drivers of the future health care system, such

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enhanced support for APCs can result in better patient outcomes. However, its true impact on patient care warrants further investigation.

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I would also like to thank Dr. Carrie Miller for her mentorship and for showing me what it means to be a great nurse educator.

I am grateful to my colleague and friend Adam Gilbert for his assistance in this quality improvement project and leadership as the advanced practice clinician medical director at Swedish Health Services. I would not have gotten this far in the project or my career without his ongoing support.

Finally, I would like to express my gratitude to the nurse practitioners and physician assistants at Swedish Health Services. This project only exists because of their willingness to help each other and serve as mentees and mentors.

Appendix A

Providence St. Joseph Health IRB Determination



PROJECT DETERMINATION

Date: November 6, 2020

To: Boyon Yun, ARNP
boyon.yun@swedish.org

Cc: Adam Gilbert, PA-C
adam.gilbert@swedish.org
Kristen Swanson, RN, PhD, FAAN
swansonk@seattleu.edu

From: Madeliene Carlos, CIM, CIP
Manager, Behavioral and Minimal Risk Panel

Project Title: "Gap Analysis, Development, and Evaluation of an Advanced Practice Clinician Mentorship Program"

This represents the IRB determination for the above referenced project.

The IRB has determined that this project, as submitted, does not meet the definition of human subjects' research and does not require IRB review as defined in the federal regulations.

The determination is based upon the information submitted only, revisions must be submitted to the IRB prior to implementation.

This determination does not exempt you from following hospital policies and procedures as they relate to conduct of this project. It is your responsibility to ensure compliance with those policies.

If you have questions related to this determination, please contact:
Madeliene Carlos, CIM, CIP | Manager, Behavioral and Minimal Risk Panel
Madeliene.Carlos@providence.org

If you have questions related to QI/PI/EBP review, please contact us at:
PSJHIRBDetermination@providence.org



Project Leads/Student Faculty-Advisors/Providence Sponsors must comply with all the following:

- Conduct your project in accordance with the information submitted to and reviewed by the IRB.
- All revisions to this project must be submitted to the IRB prior to implementation.
- Students **cannot** directly access any Protected Health Information (PHI) through Epic or any other database, this must be completed by the Providence Sponsor.
- All PHI and confidential PSJH information must remain on a PSJH campus and on a PSJH secure computer.
 - PHI and confidential PSJH information must not be recorded on personal computers or other electronic devices including USBs, smartphone (including taking pictures of data), emailing information to a personal e-mail account.
 - Paper copies of PHI cannot leave the PSJH facility.
- Project results that leave PSJH for inclusion in a poster/paper presentation/publication must be in aggregate (summary statistics) form only and/or be de-identified. There must be no way to link the data to a patient, either alone or in combination with other information.
- Failure to comply with PSJH integrity, compliance, privacy and security standards and requirements will result in appropriate corrective action.
- This project may be audited.

PHI Includes:

- 1) Names
- 2) All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
- 3) All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
- 4) Phone numbers
- 5) Fax numbers
- 6) Electronic mail addresses
- 7) Social Security numbers
- 8) Medical record numbers
- 9) Health plan beneficiary numbers
- 10) Account numbers
- 11) Certificate/license numbers
- 12) Vehicle identifiers and serial numbers, including license plate numbers
- 13) Device identifiers and serial numbers
- 14) Web Universal Resource Locators (URLs)
- 15) Internet Protocol (IP) address numbers
- 16) Biometric identifiers, including finger and voice prints
- 17) Full face photographic images and any comparable images; and
- 18) Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)

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Appendix B

Seattle University IRB Determination



November 17, 2020

Boyon Yun
College of Nursing
Seattle University

Dear Boyon,

Thank you for submitting the Providence/St. Joseph Health IRB review and determination materials for your DNP project Gap Analysis, Development, and Evaluation of an Advanced Practice Clinician Mentorship Program, which indicates that activities will involve

- A needs assessment, process evaluation, and outcomes evaluation through online surveys and existing aggregated APC turnover rates.

Given the nature of these activities, the SU IRB concurs with the PSJH IRB that this project does not meet the federal regulatory definition of human subjects research, and you do not need to go through further IRB review and approval process

Note that this determination does not indicate IRB "approval." *Do not include statements for publication or otherwise that the SU IRB has "reviewed and approved" this study; rather, say the SU IRB has identified the study as "Not Human Subjects Research (NHSR)." Please retain this letter with your study files.*

If your project alters in nature or scope, contact the IRB right away. If I can assist you further, please let me know.

Best wishes,

Andrea McDowell, PhD
IRB Administrator

Email: irb@seattleu.edu
Phone: (206) 296-2585

cc: Dean Kristen Swanson, Faculty Adviser

Appendix C**Needs Assessment Survey**

You are invited to participate in a quality improvement project Gap Analysis, Development, and Evaluation of an Advanced Practice Clinician Mentorship Program, which seeks to identify and address gaps between the current and desired state of onboarding processes for advanced practice clinicians (APCs) at Swedish Medical Group (SMG). This project is being conducted by Boyon Yun, ARNP in partial fulfillment of her Doctorate in Nursing Practice at Seattle University.

This 15-item survey will assess the onboarding needs of our APCs. The information will subsequently be used to develop and implement an APC mentorship program at SMG. The survey will take about 5-10 minutes to complete. Participation in this survey is completely voluntary, and you may stop at any time without any consequences. While some demographic information will be gathered to better understand the varying needs of our APCs, direct identifiers will not be collected. A secure online survey software called Qualtrics will be used to collect and store the data, which will be de-identified. If you have any questions about this project, please contact the project lead, Boyon Yun, ARNP, at (206) 501-8533 or boyon.yun@swedish.org.

Please proceed with the survey if you are an APC, are at least 20 years old, are currently employed at SMG, and would like to participate in this project. Completing the survey will indicate that you consent to being a survey participant and understand the information that has been presented to you about the use of the survey responses.

D1 - Please specify your age group

- 20-29
- 30-39
- 40-49
- 50-59

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- 60+

D2 - How many years has it been since your board certification?

- 1-3 years
- 4-6 years
- 7-9 years
- 10+ years

D3 - How many years have you been at Swedish Medical Group (SMG)?

- 1-3 years
- 4-6 years
- 7-9 years
- 10+ years

D4 - Which of the following best describes you?

- Nurse practitioner (includes Certified Nurse Midwife and Certified Registered Nurse Anesthetist)
- Physician Assistant
- 7-9 years
- 10+ years

D5 - Which of the following best describes the category you are in?

- Primary care services
- Specialty services
- Surgical services

D6 - Which of the following best describes the type of care you provide?

- Inpatient
- Outpatient
- Mixture of both

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Q1 - 1. Did you have a mentor as a newly hired APC at SMG?

- Yes, mentorship was part of my onboarding plan
- No, mentorship was not part of my onboarding plan

Q2 - 2. To what extent do you agree or disagree with the following statement?

I would have wanted a mentor as a newly hired APC at SMG

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q3 - 3. To what extent do you agree or disagree with the following statement?

An APC mentorship program would be helpful for newly hired APCs who are new to practice and new to the organization

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q4 - 4. To what extent do you agree or disagree with the following statement?

An APC mentorship program would be helpful for newly hired APCs who are experienced but new to the organization

- Strongly Disagree
- Disagree
- Neutral

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- Agree
- Strongly Agree

Q5 - 5. To what extent do you agree or disagree with the following statement?

An APC mentorship program would increase job satisfaction and decrease turnover of APCs

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q6 - 6. To what extent do you agree or disagree with the following statement?

It would be helpful for a mentee to be able to choose his/her/their mentor from a list of available mentors based on shared interests

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q7 - 7. To what extent do you agree or disagree with the following statement?

It would be helpful for a mentor and mentee to belong in the same specialty (i.e., primary care services, specialty services, surgical services)

- Strongly Disagree
- Disagree
- Neutral
- Agree

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- Strongly Agree

Q8 - 8. The following mentorship topics would be helpful for newly hired APCs:

Clinical knowledge, skills, and scholarly work

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Career progression (inside and outside of SMG)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Interpersonal support and networking

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Work-life balance

- Strongly Disagree
- Disagree
- Neutral

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- Agree
- Strongly Agree

APC resources and benefits

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q8 - 8. The following mentorship topics would be helpful for newly hired APCs: Other. Please elaborate

Q9 - 9. Rank the following modes of interaction between the mentor and mentee in order of helpfulness

(drag and drop):

- In person
- Virtual
- Telephone
- Text messages

Q10 - 10. It would be helpful for the mentor and mentee to interact:

- Weekly
- Biweekly
- Monthly
- Bimonthly
- Quarterly

Q11 - 11. To what extent do you agree or disagree with the following statement?

A mixture of formal (professional) and informal (personal) mentorship would be helpful for newly hired

APCs

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- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q12 - 12. The following is a potential barrier to effective APC mentorship (select all that apply):

- Mismatched expectations between the mentor and mentee
- Lack of role preparation
- Lack of protected time
- Lack of recognition
- Lack of compensation
- Lack of organizational support

Q12 - 12. The following is a potential barrier to effective APC mentorship (select all that apply): Other.

Please elaborate

Q13 - 13. In your opinion, what other characteristics would make the APC mentorship program more effective (e.g., alternative mentor-mentee matching process, additional mentorship topics, role preparation, etc.)?

Q14 - 14. Would you be willing to serve as a mentor to a newly hired APC in an APC mentorship program at SMG (your answer to this question does not commit you to being a mentor)?

- Yes
- No

15 - 15. Would you like to serve as a mentor to a newly hired APC during the next hiring phase at SMG?

- Yes. Please email the program coordinator Boyon Yun, ARNP at boyon.yun@swedish.org upon completion of the survey

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- No

Appendix D**Process Evaluation Survey**

You are invited to participate in a quality improvement project Gap Analysis, Development, and Evaluation of an Advanced Practice Clinician Mentorship Program, which seeks to identify and address gaps between the current and desired state of onboarding processes for advanced practice clinicians (APCs) at Swedish. This project is being conducted by Boyon Yun, ARNP in partial fulfillment of her Doctorate in Nursing Practice at Seattle University.

This 10-item survey will ask questions regarding activities of the APC Mentorship Program and evaluate whether or not they have been implemented as intended. The information will be used to guide modifications for the APC Mentorship Program. The survey will take about 5-10 minutes to complete. Participation in this survey is completely voluntary, and you may stop at any time without any consequences. Direct identifiers will not be collected, and your responses will remain anonymous. A secure online survey software called Qualtrics will be used to collect and store the data, which will be de-identified. If you have any questions about this project, please contact the project lead, Boyon Yun, ARNP, at (206) 501-8533 or boyon.yun@swedish.org.

Please proceed with the survey if you are currently employed at Swedish, are enrolled in the APC Mentorship Program, and would like to participate in this project. Completing the survey will indicate that you consent to being a survey participant and understand the information that has been presented to you about the use of the survey responses.

D1 - Which of the following best describes your current role in the APC Mentorship Program?

- Mentee
- Mentor

Q1 - 1. To what extent do you agree or disagree with the following statement?

The mentee-mentor matching process using the Mentorship Profile Questionnaire was effective

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- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q2 - 2. To what extent do you agree or disagree with the following statement?

The Mentorship Training helped me prepare for my role in the mentoring relationship

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q3 - 3. To what extent do you agree or disagree with the following statement?

The Mentorship Agreement form helped me establish clear expectations for the APC Mentorship Program with my partner

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q4 - 4. To what extent do you agree or disagree with the following statement?

The APC Mentorship Program adds value to the Swedish APC onboarding process

- Strongly Disagree
- Disagree

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- Neutral
- Agree
- Strongly Agree

Q5 - 5. To what extent do you agree or disagree with the following statement?

My partner is engaged and committed to the success of the mentoring relationship

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q6 - 6. To what extent do you agree or disagree with the following statement?

I feel comfortable approaching my partner with questions or concerns

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q7 - 7. To what extent do you agree or disagree with the following statement?

The APC Mentorship Program has been helpful for my personal and professional growth

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

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Q8 - 8. To what extent do you agree or disagree with the following statement?

The APC Mentorship Program coordinators are supportive of the mentoring relationship I have with my partner

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q9 - 9. Please share examples of challenges you have encountered in the APC Mentorship Program.

Q10 - 10. Please share examples of positive experiences you have encountered in the APC Mentorship Program.

Appendix E**Outcomes Evaluation Survey**

You are invited to participate in a quality improvement project Gap Analysis, Development, and Evaluation of an Advanced Practice Clinician Mentorship Program, which seeks to identify and address gaps between the current and desired state of onboarding processes for advanced practice clinicians (APCs) at Swedish. This project is being conducted by Boyon Yun, ARNP in partial fulfillment of her Doctorate in Nursing Practice at Seattle University.

This 12-item survey will ask questions regarding outcomes of the APC Mentorship Program. The information will be used to guide modifications to the APC Mentorship Program. The survey will take about 5-10 minutes to complete. Participation in this survey is completely voluntary, and you may stop at any time without any consequences. Direct identifiers will not be collected, and your responses will remain anonymous. A secure online survey software called Qualtrics will be used to collect and store the data, which will be de-identified. If you have any questions about this project, please contact the project lead, Boyon Yun, ARNP, at (206) 501-8533 or boyon.yun@swedish.org.

Please proceed with the survey if you are currently employed at Swedish, have completed one year of the APC Mentorship Program, and would like to participate in this project. Completing the survey will indicate that you consent to being a survey participant and understand the information that has been presented to you about the use of the survey responses.

D1 - Which of the following best describes your current role in the APC Mentorship Program?

- Mentee
- Mentor

Q1 - 1. To what extent do you agree or disagree with the following statement?

The APC Mentorship Program has enhanced the onboarding experience of newly hired APCs at Swedish

- Strongly Disagree

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- Disagree
- Neutral
- Agree
- Strongly Agree

Q2 - 2. To what extent do you agree or disagree with the following statement?

I was able to accomplish what I hoped to during my participation in the APC Mentorship Program

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q3 - 3. To what extent do you agree or disagree with the following statement?

The APC Mentorship Program has fostered a positive work environment for me

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q4 - 4. To what extent do you agree or disagree with the following statement?

The APC Mentorship Program has helped me feel connected to the APC community at Swedish

- Strongly Disagree
- Disagree
- Neutral
- Agree

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- Strongly Agree

Q5 - 5. To what extent do you agree or disagree with the following statement?

The APC Mentorship Program has helped me feel supported by Swedish as an organization

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q6 - 6. To what extent do you agree or disagree with the following statement?

Participation in the APC Mentorship Program has added to my job satisfaction

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q7 - 7. To what extent do you agree or disagree with the following statement?

Participation in the APC Mentorship Program has strengthened my commitment to Swedish

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q8 - 8a. Please choose one of the following statements that applies to you best:

- I am actively looking for another job

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- I would prefer to work at another organization
- I see myself working at Swedish one year from now
- I see myself working at Swedish three to five years from now
- I would like to work at Swedish until I retire

Q8 - 8b. Please explain your answer above.

Q9 - 9. Please share examples of challenges you have encountered in the APC Mentorship Program.

Q10 - 10. Please share examples of positive experiences you have encountered in the APC Mentorship Program.

Q11 - 11. Please share examples of how the APC Mentorship Program has made a difference in your patient care. Follow HIPAA guidelines for your response.

Q12 - 12a. Would you be willing to be a mentor (again) in the APC Mentorship Program (your answer to this question does not commit you to being a mentor)?

- Yes
- Maybe
- No

Q12 - 12b. Please explain your answer above.

Appendix F**Mentee Profile Questionnaire**

Thank you for your interest in the APC mentorship program at Swedish! This questionnaire is intended to help us get to know you so we can match you with a compatible mentor.

Name:

Education (e.g., schools, degrees):

Year of board certification:

When were you hired on at Swedish?

What is the role you have been hired on for at Swedish?

Which location or campus will you be practicing out of at Swedish?

Where will your daily practice take place? Check all that apply.

- Clinic
- Inpatient
- Operating room

What are your past professional experiences?

What are your professional interests?

What are your personal interests or hobbies?

What do you hope to achieve by participating in the mentorship program?

What are important qualities you seek in a mentor?

Appendix G**Mentor Profile Questionnaire**

Thank you for your interest in the APC mentorship program at Swedish! This questionnaire is intended to help us get to know you so we can match you with a compatible mentee.

Name:

Education (e.g., schools, degrees):

Year of board certification:

When were you hired on at Swedish?

What is your current role at Swedish?

Which location or campus do you practice out of at Swedish?

Where does your daily practice take place? Check all that apply.

- Clinic
- Inpatient
- Operating room

What are your past professional experiences?

What are your professional interests?

What are your personal interests or hobbies?

Why do you want to be a mentor?

What are important qualities you seek in a mentee?

Appendix H**Mentorship Agreement**

This Mentorship Agreement is between _____ and _____. The mentor and mentee have discussed the goal(s), objective(s), and expectation(s) of this partnership. Both partners understand and agree that:

- The partnership is voluntary
- The partnership is based on learning and sharing with the goal of personal and professional growth
- Both partners will work together to make the partnership a productive and rewarding experience
- Both partners will show the same level of commitment and engagement in the partnership
- Both partners will interact and communicate with each other regularly
- Both partners will treat information related to their partnership as confidential
- Both partners may seek advice from the program coordinator and/or program director(s) for possible solutions if conflicts arise
- The partnership will conclude at the end of one year
- The partnership may be dissolved at any time prior to the end of one year upon request of either partner after having notified the other partner, program coordinator, and/or program director(s)
- Both partners will complete a final evaluation if the partnership is dissolved prematurely to identify the cause
- Both partners will keep their contact information current
- Both partners will complete evaluation questionnaires during and after the end of the partnership to assist in determining the success of the mentorship program

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The goal(s) and objective(s) of this partnership are:

- _____
- _____
- _____
- _____

The preferred method of interaction is:

- In person
- Virtual
- Telephone
- Text messages
- Emails

The desired frequency of interaction is:

- Every week
- Every 2 weeks
- Every month
- Every 2 months
- Every quarter
- Other _____

The anticipated length of interaction is:

- 15 minutes
- 30 minutes
- 60 minutes
- 90 minutes
- 120 minutes

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- Other _____

Mentee's name/signature: _____

Mentor's name/signature: _____

Date: _____